

Restraint Rate per 1000 LTCH Days Measure Specifications*

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These measure specifications were developed and provided by the National Association of Long Term Hospitals www.nalth.org. This document has been prepared by RTI International under the Centers for Medicare and Medicaid Services Contract # for posting on the CMS LTCH Quality Reporting Program Website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/>.

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Measure Short Name: Restraint Rate per 1000 LTCH days.

Improvement Noted as: A decrease in the rate / score / number of occurrences

Numerator Statement: Include number of days the patients were restrained during the LTCH stay.

Included Populations in Numerator: Include Physical Restraints according to the CMS and NQF definition – “A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.”

Excluded Populations in Numerator: Restraints that are only associated with medical. Dental, diagnostic or surgical procedures and are based on the standard practice for the procedure (sometimes referred to as treatment restraints)

- Seclusion
- Restraints that are forensic or correctional restrictions used for security purposes unrelated to clinical care
- Devices used to meet the assessed needs of a patient who requires adaptive support or a medical protective device

Also referencing the CMS Guidance Document titled “Revised Interpretive Guidelines for Restraint and Seclusion” dated April 4, 2008 that addresses hand mitts (see section below); and based on discussions with CalNOC; we would exclude a mitt that only restricts fine motor grasp if it does not meet any of the other criteria for hand mitts described in these Guidelines.

“Generally, placing hand mitts on a patient to prevent the patient from pulling on tubes or scratching him or herself would not be considered a restraint. However, pinning or otherwise attaching those same mitts to bedding or using a wrist restraint in conjunction with the hand mitts would meet the definition of restraint and the requirements would apply. In addition, if the mitts are applied so tightly that the patient's hand or fingers are immobilized, this is considered a restraint and the requirements would apply. Note: Because this definition of physical restraint does not name each device and situation that can be used to immobilize or reduce the ability of the patient to move his or her arms, legs, body or head freely, it promotes looking at each patient situation on a case-by-case basis. In addition, if a patient can easily remove a device, the device would not be considered a restraint. In this context, “easily remove” means that the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the patient’s physical condition and ability to accomplish the objective (e.g., transfer to a chair, get to the bathroom in time).”

Denominator Statement: Number of discharged LTCH patient days for the reporting period, with patient days calculated once per 24 hour period (usually at midnight).

Included Populations in Denominator: Total number of discharged LTCH patient days for the reporting period, with patient days calculated once per 24 hour period, usually at midnight.

Excluded Populations in Denominator: Exclude patient days for the period for non-LTCH patients and LTCH patients who are not yet discharged.

Sampling: No

Age Groups: All age groups

Risk Adjustment: The National Association of Long Term Hospitals Health Information System (NHIS) Data Repository does not currently have the volume of observations necessary to risk adjust. The repository contains patient level data with principal diagnosis and up to 14 secondary diagnosis, date of birth, and other variables that will allow for risk adjusting quality measures in the future.

Data Reported as: Aggregate rate reported as count data (Ratio)
Denominator Basis for Ratio: 1000