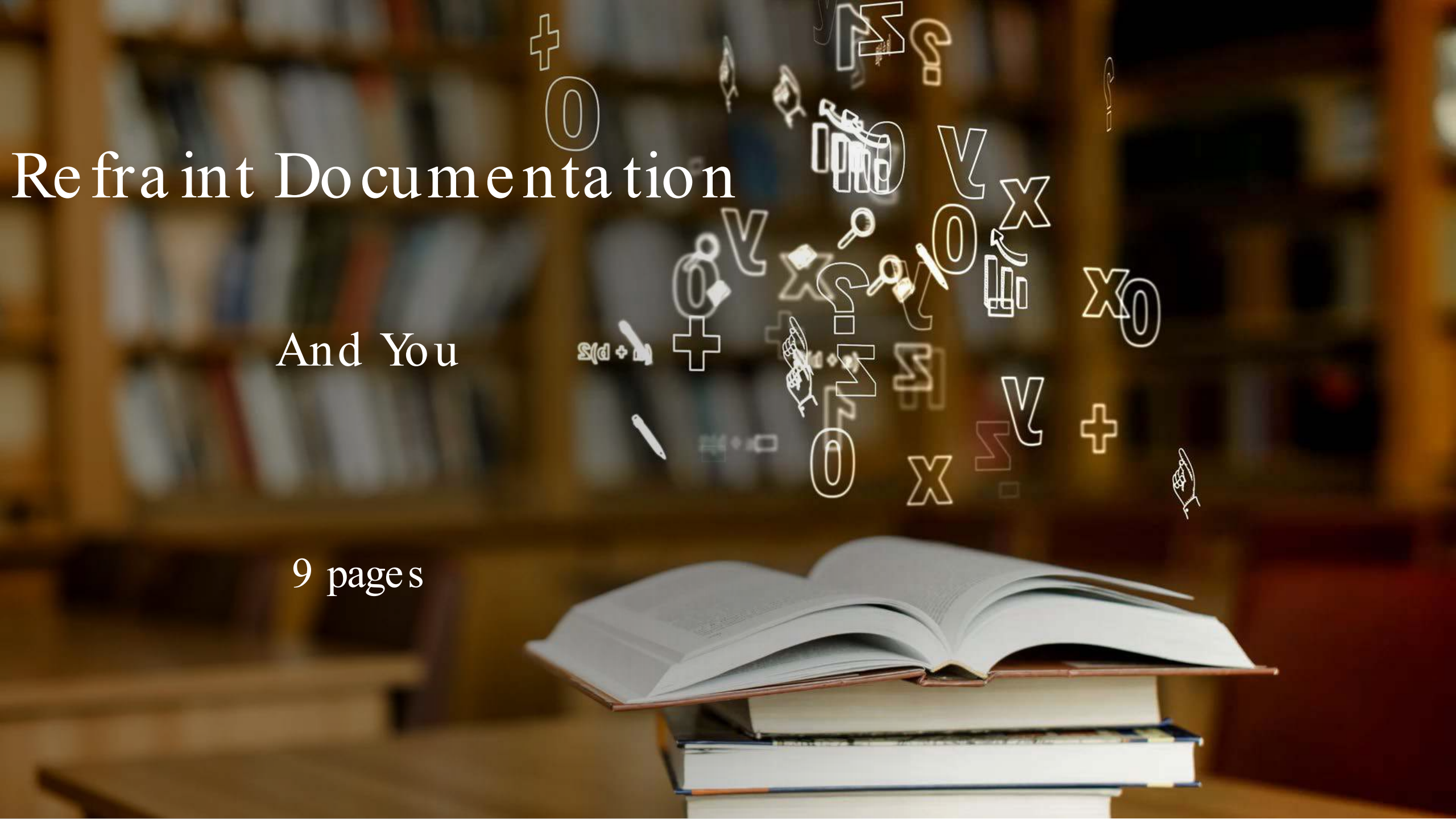
Refraint Documentation

And You

9 pages



CMS Documentation Requirements

CMS provides a definition of physical restraints in guidance. CMS does not determine whether a device is a restraint or not (except examples).

Healthcare facilities/providers make the determination as to whether the product is a restraint, and therefore whether or not it would be subject to restraint requirements/documentation.

CMS Guidelines (p.100): The use and description for a device determines whether or not it falls within the definition of a restraint.

CMS Documentation Requirements

§482.13(e)(1)(i)(C) - A restraint does not include devices…to permit the patient to participate in activities without the risk of physical harm.

‘A mechanical support used to achieve proper body position… or alignment so as to allow greater freedom of mobility than would be possible without the use of such a mechanical support is not considered a restraint.’

Assistive exercise devices allowing engagement in therapeutic exercise and activity without entanglement in/disruption of vital equipment.

Reimbursement

Current model for restraints: Bundled costs/DRG

Reimbursement now linked to patient satisfaction, complications & readmissions

No coverage for extra testing related to sedation (e.g. head CT)

No coverage for extra care related to immobility
(hospital-associated complications, LOS, PT/OT)


Risk(y)
Management
Is it safer to: immobilize & sedate
or
mobilize & animate?

NIH

C.A.L.M.E.R. Project

Covid-Associated Lightning Manufacture of Exersides™ Refraints™

COVID Problem		Exersides™ Target
More Unplanned Extubations	⇨	Refraint from snagging in tubes
⇧ Long-acting sedation usage	⇨	Reduce sedation need/agitation
Less Patient:Staff interaction	⇨	Patient-controlled Early Mobility
Less Family visitation	⇨	Reduce fear, helplessness, anxiety

Unplanned Extubation Studies

- 121,000 (7.3%) Unplanned Extubations yearly in the US
- 33,000 lives lost
- ⬆ Avg Length of Stay from 9 to 18 days.
- Average cost of an Unplanned Extubation: $40,000
- COVID patients have more Unplanned Extubations
- Risk Factors: Physical Restraints, Agitation, Lower Sedation (with physical restraints)

Influence of Physical Restraint on Unplanned Extubation of Adult Intensive Care Patients: A Case-Control Study. Li-Yin Chang, RN, MSN et al. Am J Crit Care (2008) 17 (5): 408–415.

Many other studies

Email hello@exersides.com for a printed copy

STICKER
Name:_____
MRN:_____
DOB:_____

Sample Refraint Log

Order Date/Time:_____ **Start Time:**_____ **End Time:**_____

Ordering Provider:_____

Frequency: Continuous
Duration: 1 Day
Priority: Routine

Refraint reason:

☐ **Allowance of mobility and freedom that avoids entanglement in attached vital tubes, catheters, and/or other medical equipment which would otherwise require restraint/immobilization.**

☐ **Other:**_____

Refraints must be completely removed when patient no longer meets criteria to require them. Orders must be renewed every calendar day.

Extremity ☐ **Bilateral Upper Limbs** ☐ **Right Upper Limb Only** ☐ **Left Upper Limb Only**

Starting Bed Strap ☐ **No Bed Strap** ☐ **Exercise Bed Strap** ☐ **Restraint Bed Strap**

Bed Strap Rationale

Exercise Strap: ☐ **Resistance exercise** ☐ **Low Level restraint***

****Restraint Strap:**

☐ **Dislodgement of device that may threaten life and/or interferes with medical devices/equipment - (e.g., pulling at or removing lines, tubes, catheters)**

☐ **Observed actions or behaviors that place patient at high risk for injury - (e.g., dangerous movement, procedure requiring stillness)**

***IF THE EXERCISE BED STRAP IMMOBILIZES THE PATIENT RATHER THAN ALLOWING RESISTANCE EXERCISE, THEN IT IS A *RESTRAINT* AND MUST BE DOCUMENTED AS SUCH**

****IF *RESTRAINT* STRAP APPLIED, REVERT TO YOUR INSTITUTION'S *RESTRAINT* FORM**

Add your Restraint Form to back of Refraint Log

Refraint Documentation

Thank You