Restraint Use in Long-Term Care

Name: Restraint Use in Long-Term Care
Short/Other Names: Percentage of Residents in Daily Physical Restraints

Description: This indicator looks at how many long-term care residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls. There are many potential physical and psychological risks associated with applying physical restraints to older adults, and such use raises concerns about safety and quality of care.

Interpretation: Lower is better. It means that a lower percentage of long-term care residents were in daily physical restraints.

HSP Framework Dimension: Health System Outputs: Appropriate and effective

Areas of Need: Living With Illness, Disability or Reduced Function

Geographic Coverage: Newfoundland and Labrador, New Brunswick, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon

Reporting Level/Disaggregation: Province/Territory, Region, Facility, Corporation, Sector (residential and hospital-based continuing care)

Indicator Results: Accessing Indicator Results on Your Health System: In Depth

Identifying Information
Name: Restraint Use in Long-Term Care
Short/Other Names: Percentage of Residents in Daily Physical Restraints

Indicator Description and Calculation
Description: This indicator looks at how many long-term care residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls. There are many potential physical and psychological risks associated with applying physical restraints to older adults, and such use raises concerns about safety and quality of care.

Calculation: This indicator examines the percentage of residents in daily physical restraints. It is calculated by dividing the number of residents who were in daily physical restraints by the number of all residents (excluding comatose residents and those who are quadriplegic) with valid assessments within the applicable time period.

Unit of Analysis: Resident

Calculation: Place of service

Calculation: Percentage or proportion

Calculation: The following covariates are used in risk adjustment:
Individual Covariates: None
Facility-Level Stratification: Activities of Daily Living (ADLs) Long Form Scale

Calculation: Stratification, Direct Standardization, Indirect Standardization

Standard Population: Residents with valid assessments
Inclusions:
1. Residents with valid assessments. To be considered valid, the target assessment must
   a. Be the latest assessment in the quarter
   b. Be carried out more than 92 days after the Admission Date
   c. Not be an Admission Full Assessment

Exclusions:
1. Residents who are comatose (B1 = 1) or quadriplegic (I1bb = 1)
**Description:**
Residents who were physically restrained daily on their target assessment. For this indicator, restraints included
- Trunk Restraint (P4c = 2)
- Limb Restraint (P4d = 2)
- Chair Prevents Rising (P4e = 2)

**Inclusions:**
1. Residents with valid assessments. To be considered valid, the target assessment must
   a. Be the latest assessment in the quarter
   b. Be carried out more than 92 days after the Admission Date
   c. Not be an Admission Full Assessment

**Exclusions:**
1. Residents who are comatose (B1 = 1) or quadriplegic (I1bb = 1)

**Background, Interpretation and Benchmarks**
CCRS quality indicators were developed by interRAI (www.interrai.org), an international research network, to provide organizations with measures of quality across key domains, including physical and cognitive function, safety and quality of life. Each indicator is adjusted for resident characteristics that are related to the outcome and independent of quality of care. The indicators can be used by quality leaders to drive continuous improvement efforts. They are also used to communicate with key stakeholders through report cards and accountability agreements.

**Interpretation**
Lower is better. It means that a lower percentage of long-term care residents were in daily physical restraints.

**HSP Frame of Reference**

**Areas of Need**
Living With Illness, Disability or Reduced Function

**Target Benchmarks**
- CIHI: None
- Health Quality Ontario (external): 3% for long-term care

**References**
Health Quality Ontario. *Results From Health Quality Ontario’s Benchmark Setting for Long-Term Care Indicators*. 2017.

**Availability of Data Sources and Results**

**Data Sources**
CCRS

**Type of Year:**
Fiscal

**Available Data Years**
First Available Year: 2010
Last Available Year: 2018

**Geographic Coverage**
Newfoundland and Labrador, New Brunswick, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon

**Reporting Level/Disaggregation**
Province/Territory, Region, Facility, Corporation, Sector (residential and hospital-based continuing care)

**Update Frequency Every Year**

**Web Tool:**
Your Health System: In Depth

**URL:**
Accessing Indicator Results on Your Health System: In Depth

**Updates**
Not applicable

**Quality Statement**
Users should be cautious when interpreting results from the Continuing Care Reporting System (CCRS) because the CCRS frame does not currently contain all facilities in all provinces and territories that make up the CCRS population of interest; thus the population covered by CCRS may not be representative of all continuing care facilities across Canada.

Coverage is incomplete in the following jurisdictions:
- Manitoba (includes all facilities in Winnipeg Regional Health Authority only)
- New Brunswick
- Nova Scotia

Indicators are risk-adjusted to control for potential confounding factors.

Since 2003, the number of facilities and jurisdictions submitting to CCRS has been increasing. With the addition of new jurisdictions, it is possible that differences in care practices may impact indicator rates; however, changes to the underlying population would be controlled for using risk-adjustment. There is also evidence to suggest that trending and use of data from the entire time series is not an issue and that data quality is consistent over time (Hirdes et al., 2013).

The CCRS quality indicators use 4 rolling quarters of data for calculations in order to have a sufficient number of assessments for risk adjustment. Since residents are assessed on a quarterly basis, each resident can contribute to the indicator up to 4 times.

Data for this indicator is also available in the Quick Stats tool, which includes results for both the residential and hospital-based continuing care sectors: https://www.cihi.ca/en/quick-stats.