

Michigan Bed Rail Use Guidelines

Introduction

Safety Hazards related to bed rail use have been realized since 1990. There has been confusion regarding the difference between bed rails and “assist bars”- which are used for the sole purpose of aiding the resident to move in the bed.

For the last two decades, bed rail improvements have been targeted at identifying risks and ensuring the safety of frail consumers who use hospital-like beds. Complicating the issue of ensuring resident safety is the fact that there are no universal standards for the design of bed rails – especially considering variation in size and type of mattress.

Most reported entrapments occur in one of the following ways:

1. Through the bars of an individual bed rail
2. Through the space between split bed rails
3. Between the bed rail and the mattress
4. Between the head board or footboard, bed rail, and mattress

In addition to the entrapment hazards that have been clearly associated with bed rail use, these devices have also been used, and often act, as physical restraints and must be addressed as such.

Best practices when bed rails are indicated shall include:

1. A defined and routine inspection process to eliminate the hazards of poorly fitting or mismatched equipment
2. Additional assessment and planning for persons at high risk for entrapment, such as those with cognitive problems, unusual body weight or size
3. Prohibition of bed rail use as a protective restraint
4. Ongoing Monitoring and staff training

Background

With the increasing concern over use of bed rails over the past two decades, Michigan has developed a Bed Rail Use Clinical Process Guideline as an optional tool for both facility and surveyor use in long-term care facilities. This tool is were intended to outline the process steps that a facility is expected to demonstrate when caring for residents with certain care concerns/needs. A Guideline for Use of Bed Rails in Michigan’s Long Term Care Facilities was established 4/1/01.

In June 2006, “A Guide for Modifying Bed Systems and Using Accessories to Reduce the Risk of Entrapment” was developed by the Hospital Bed Safety Workgroup. For information about this safety workgroup, see the FDA’s website at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072662.htm#8>

The Michigan Department of Licensing and Regulatory Affairs recently moved away from the general practice of issuing clinical process guidelines to establish best practice resources partly because of the work needed to keep such guidelines up to date. However, there continues to be a specific requirement in State law that mandates a clinical process guideline for bed rail use.

Review of Relevant Acts

1. Federal Nursing Home Reform Act from the Omnibus Budget Reconciliation Act of 1987.

In 1987, President Ronald Reagan signed into law the first major revision of the federal standards for nursing home care since the 1965 creation of both Medicare and Medicaid (Federal Regulations: 42 CFR 483). The landmark legislation forever changed society's legal expectations of nursing homes and the care they are expected to provide. Long term care facilities receiving Medicare or Medicaid funding must provide services so that each resident can "attain and maintain her highest practicable physical, mental, and psychological well-being".

42 CFR Part 483 - REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

42 CFR 483.13 - Resident behavior and facility practices

- (a) Restraints. The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

"Physical Restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement..."

"Side rails sometimes restrain residents. The use of side rails as restraints is prohibited unless they are necessary to treat a resident's medical symptom or assist with physical functioning. Residents who attempt to exit a bed through, between, over or around side rails are at risk of injury or death. The potential for serious injury is more likely from a fall from a bed with raised side rails than from a fall from a bed where side rails are not used...As with other restraints, for residents who are restrained by side rails, it is expected that the process facilities employ to reduce the use of side rails as restraints is systematic and gradual to ensure the resident's safety while treating the resident's medical symptom. The same device may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances..."

2. Public Act 437 (State regulation 333.21734) was added to Public Health Code; Act 368 of 1978, and became effective January 2001.

MCL 333.21734 Nursing home; bed rails; provisions; guidelines; liability: requires a nursing home to:

- Offer the option of bedrails to new residents upon admission and to other residents upon request
- Inform the resident or the resident's legal guardian, patient advocate, or other legal representative of alternatives to, and the risks involved in, using bed rails
- Provide bed rails to a resident only upon receipt of a signed consent form authorizing bed rail use
- Obtain a written order from the resident's attending physician that contains statements and determinations regarding medical symptoms as well as specifies the circumstances under which bed rails are to be used
- Document that the above requirements for appropriate use are met, monitor the resident's use of the bed rails, and periodically reevaluate the resident's need for the bed rails

For purposes of this subsection, “medical symptoms” includes: a concern for the physical safety of the resident and/or a resident's fear of falling may be the basis of a medical symptom

The Department is required through this legislation to develop clear and uniform guidelines to be used in determining what constitutes each of the following:

- Acceptable bed rails for use in a nursing home in this state
- Proper maintenance of bed rails
- Properly fitted mattresses
- Other hazards created by improperly positioned bed rails, mattresses, or beds

In addition to MCL 333.21734, State regulation MCL 333.20201 (also in PA 368) describes the rights and responsibilities of patients or residents and specifies that a resident is entitled to be free from mental abuse, physical abuse, physical restraints, and chemical restraints, except those restraints authorized in writing by the attending physician for a specified and limited time.

General Guidelines for Safe Bed Rail Use

Purpose: This Clinical Process Guideline has been developed to identify the basic activities warranted to help

- Improve the quality of care delivered to the resident
- Reduce the safety risk hazards including but not limited to entrapment and falls
- Improve interdisciplinary team and resident/legal surrogate or guardian communication
- Decrease unwanted practice variation

General Requirements:

- All Residents, and especially those at risk for safety hazards related to use of bed rails, must be assessed and appropriate interventions and activities must be developed, implemented, and evaluated regularly. All care planning necessitates the active engagement of the resident (and when appropriate, family or representatives) in this process as they desire.
- Routine and consistent application of critical thinking by all members of the resident's care team is required to ensure that bed rail use is limited to those circumstances where the resident has medical needs that warrant the use of a bed rail, and never for discipline or convenience of staff.
- While there must be a physician's order reflecting the presence of a medical symptom, the physician's order alone is not sufficient to warrant the use of bed side rails for the resident.
- The resident's medical needs should not be viewed in isolation. Rather, the sum of issues should be viewed in the context of the resident's condition, circumstances, and environment. Objective findings from the clinical evaluation and resident preferences should both be considered to determine the presence of medical need. The resident's preferences may not be used as the sole basis for using bed side rails.
- In order to ensure that residents have adequate information to aid them in decision-making, staff must explain, within the context of the individual resident's condition and circumstances, the potential risks and benefits of all options under consideration.
- Staff must also explain the potential negative outcomes of general bed side rail use which may include, but are not limited to: strangling, suffocating, bodily injury or death when caught between side rails or between the side rails and mattress, serious injuries from falls when residents climb over side rails, skin bruising, cuts/scrapes, induced agitated behavior, feelings of isolation, incontinence, and decreased transfer ability.
- In the case of a resident who is incapable of making a decision, the legal surrogate or guardian may agree to bed rail use based on the same information that would have been provided to the resident. However, the legal surrogate or guardian may not give permission to use bed side rails for the sake of discipline or staff convenience, or when the bed side rails are not necessary to treat the resident's medical symptoms. That is, the Nursing Home may not use bed side rails in violation of federal regulations solely based on a legal surrogate or representative's request or approval.

- “The Nursing Home shall implement a plan to gradually reduce the use of bed side rails to the extent that patient safety is assured and that addresses the patient’s medical condition and symptoms.
- The Nursing Home leadership team shall be responsible for the use and support of the Bed Side Rail CPG through continuous monitoring and training.”

Definitions:

- “Physical Restraints” are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.
- “Convenience” is defined as any action taken by the Nursing Home to control a resident’s behavior or manage a resident’s behavior with a lesser amount of effort by the Nursing Home and not in the resident’s best interest.