

# Use of physical or mechanical restraints in facilities providing acute mental health care

## Alternate Name\*

Percentage of mental-health-bed hospitalizations in which physical restraints were used

## INDICATOR DESCRIPTION

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### Description\*

This indicator measures the percentage of patients in mental-health-designated beds in Ontario who had an indication of the use of a mechanical or physical restraint in their *Ontario Mental Health Reporting System* record.

### Indicator Status\*

Active

### HQO Reporting tool/product

Public reporting

### Dimension\*

Effective

### Type\*

Process

## DEFINITION AND SOURCE INFORMATION

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### Unit of Measurement\*

Percentage

### Calculation Methods\*

This indicator is calculated as: the numerator divided by the denominator, multiplied by 100.

### Numerator including inclusion/exclusion\*

Patients who had the following restraint use indicated on their OMHRS records:

- Mechanical restraint use (M1A greater or equal to 1)
- Chair prevents rising (M1B greater or equal to 1)
- Physical /manual restraint by staff (M1C greater or equal to 1)

### Denominator including inclusion/exclusion\*

Total number of individuals who were discharged from a designated adult mental health bed in an Ontario hospital

*Inclusions:*

1. Patients with records in OMHRS
2. Assessments with variables M1A, M1B and M1C
3. Valid OHIP number

**Adjustment (risk, age/sex standardization)- detailed**

Age- and sex-standardized to the 2006 Ontario census population

**Data Source**

Ontario Mental Health Reporting System (OMHRS)

Registered Persons Database (RPDB)

**Data provided to HQO by**

Institute for Clinical Evaluative Sciences (ICES)

**Reported Levels of comparability /stratifications (defined)**

Time

Age

Income

Region

Sex

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**OTHER RELEVANT INFORMATION**

**Caveats and Limitations**

Control interventions in OMHRS are reported in full assessment records which typically occur at set intervals and may not capture information about incidents that occur between intervals. This is related to the fact that there is no reporting requirement for control interventions and, therefore, in instances where hospital stays are longer, a larger number of control interventions may go unreported. The analysis was limited by the exclusion of individuals with hospital stays of three days or less. Short-stay RAI-MH assessments do not require all data elements to be coded.

**Comments Detailed**

OMHRS data elements: • Mechanical restraint use (M1A) • Chair prevents rising (M1B) • Physical /manual restraint by staff (M1C)

**Footnotes**

1 R. Almvik et al., "Challenging Behaviour in the Elderly-Monitoring Violent Incidents", International Journal of Geriatric Psychiatry 21, 4 (2006): pp. 368-374. 2 W. A. Fisher, "Restraint and Seclusion: A Review of the Literature", American Journal of Psychiatry 151, 11 (1994): pp. 1584-1591. 3 Government of Ontario, Patient Restraint Minimization Act, 2001 (Toronto, Ont.: Government of Ontario, 2001). 4 Government of Ontario, Mental Health Act (Toronto, Ont.: Government of Ontario, 2001). 5 Government of Ontario, Health Care Consent Act, 1996 (Toronto, Ont.: Government of Ontario, 2010). 6 Restraint use and other control interventions for mental health inpatients in Ontario. August 2011. Accessed on 01.05.2014 at [https://secure.cihi.ca/free\\_products/Restraint\\_Use\\_and\\_Other\\_Control\\_Interventions\\_AIB\\_EN.pdf](https://secure.cihi.ca/free_products/Restraint_Use_and_Other_Control_Interventions_AIB_EN.pdf) 7 Gilmer PD. Adherence to Treatment With Antipsychotic Medication and Health Care Costs Among Medicaid Beneficiaries With Schizophrenia. Am J Psychiatry 2004 8 Practice standards. Restraints. College of Nurses in Ontario. 2009

## TAGS

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### TAGS\*

Acute Care/Hospital  
Process  
Mental Health and Addiction  
Effective  
Ontario Mental Health Reporting System (OMHRS)  
Registered Persons Database (RPDB)

## PUBLISH

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### PUBLISH DATETIME\*

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