

## Professional Practice Corner

### Restraints Revisited .....

In the October issue of the Spectator, the subject of restraints was discussed. At that time I stated that PAs could order restraints but only in the medical or surgical patient. This was based on some very specific language in the Wisconsin Mental Health Act. Wisconsin Statute, section 51.61, Patients Rights, states that a physician (emphasis added) must order restraint or isolation for a patient “who is receiving services for mental illness, developmental disabilities, alcohol or drug dependency...”. Recently, further clarification has been received.

A memo from the Wisconsin Department of Health and Family Services, Bureau of Quality Assurance dated November 30, 2001(DSL-BQA-01-046) reviewed this section of the law in light of the CMS (formerly HCFA) Interpretive Guidelines regarding restraints. The HCFA Interpretive Guidelines (dated October 10, 2001) state *“For the purpose of this rule, a LIP is any practitioner permitted by both law and the hospital to independently order restraints, seclusion, or medications for patients. This is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified healthcare personnel (i.e., Physician Assistants and Nurse Practitioners) to the extent recognized under State law or a State's regulatory mechanism.”*. Based on this guideline, the Bureau of Quality Assurance concluded, “In Wisconsin, the hospital may develop policies and procedures permitting the physician to delegate the task of performing the one hour evaluation to Physician Assistants and to Advance Practice Nurse Prescribers (APNPs). “

With this clarification, PA's in Wisconsin can order restraints and perform the one-hour evaluation in both the medical/surgical patient and the mental health patient. The Wisconsin Department of Health and Family Services, Bureau of Quality Assurance memo is available on request.