

Can physician assistants order restraints?

Yes.

This has been a difficult issue from some time. In August 1999 the Health Care Financing Administration implemented Medicare rules designed to protect all patients (not just Medicare patients) from improper use of restraint and seclusion. The regulations limit the ordering of patient restraint or seclusion to "a physician or other licensed independent practitioner," which would seem to exclude physician assistants. Some had used the ability of the practitioner to independently write prescriptions as the test if you were an "LIP".

The January 2002 JCAHO Comprehensive Accreditation Manual for Hospitals section TX.7.5.3 and TX.7.5.3.1 provided much needed clarification. It reads: "Restraint is used upon the order of licensed independent practitioner. Note: This standard is not to be construed to limit the authority of an LIP to delegate tasks to other qualified health care personnel (that is, physician assistants and nurse practitioners) to the extent recognized under state law or a state's regulatory mechanism". A letter from the Associate Director of the Standards Interpretation Group of JCAHO restates this new clarification.

HCFA guidelines also allow a physician assistant to order restraints under our delegated authority. The HCFA Interpretive Guidelines 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." (Emphasis added.) This interpretation means that physicians are able to delegate to PAs the ordering of restraint and seclusion and the required face-to-face assessment of the patient within one hour, as long as it is within the PA's state authorized scope of practice and allowed under hospital policy.

HOWEVER, the Wisconsin Mental Health Act seemed to set limits on who can order restraints for mental health patients. 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..."

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.

Both the letter from the Associate Director of the Standards Interpretation Group of JCAHO and the section from the Comprehensive Accreditation Manual for Hospitals are available. Please call or email if you would like a copy