

Northeast Consortium/ Division of Survey & Certification

DATE: May 29, 2014
TO: State Agency Directors
FROM: Suzanne Yurk, Acting Manager, Certification and Enforcement Branch,
Division of Survey & Certification
SUBJECT: Hospital Restraint/Seclusion Death Reporting

Please forward this information to your State Agency Hospital Coordinators/Supervisors to disseminate to the hospitals and Critical Access Hospitals (CAHs) in your State.

The Centers for Medicare and Medicaid Services (CMS) has modified and simplified the prior Hospital Restraint/Seclusion Death Reporting worksheet to reflect the regulatory changes. The Federal Office of Management & Budget (OMB) gave approval to require hospitals to use the updated report. The enclosed Form CMS 10455 is an official form which cannot be altered. All information listed on the form is required to be completed and faxed to the Regional Office within the timeframes indicated in the regulation. After reviewing a report, the RO may contact the hospital for additional information it needs in order to determine whether an investigation of the hospital's use of restraint or seclusion is warranted.

42 C.F.R. §482.13(g) requires hospitals to report directly to CMS the following deaths associated with restraint and seclusion:

- Each death that occurs while a patient is in restraint or seclusion, **excluding those in which ONLY 2-point soft wrist restraints were used and the patient was not in seclusion at the time of death;**
- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion, **excluding those in which ONLY 2-point soft wrist restraints were used and the patient was not in seclusion within 24 hours of their death;** and
- Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death, regardless of the type(s) of restraint used on the patient.

Patient deaths involving only the use of 2-point soft wrist restraints, including mitten type restraints, no longer need to be reported directly to CMS but must be recorded in an internal hospital log which, in accordance with 42 C.F.R. §482.13(g)(2), must be made available

immediately upon request to CMS. The elements that must be recorded in the medical record and in the log are specified in 42 C.F.R. §482.13(g)(3) and (4).

Soft wrist restraints used in conjunction with other types of restraints, such as side rails, vest restraints, Posey belts, chemical restraints, etc., must still be reported to the RO.

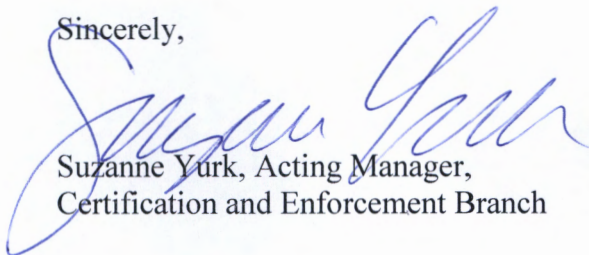
The following must also be documented in the patient's medical record for *any* patient whose death is associated with the use of restraint or seclusion:

- The date and time the death was reported to CMS for deaths required to be directly reported; and
- The date and time the death was recorded in the hospital's/CAH's internal log or other system for deaths that are required to be logged and not directly reported to CMS.

For those deaths that still must be reported directly to the Regional Office (RO), the timeframe for reporting continues to be no later than the close of business on the next business day following knowledge of the patient's death. Timely submission of the report must be sent via fax at (443) 380-8903 or (215) 861-4146.

Additional information about the requirement may be found at S&C: 14-27-Hospital-CAH/DPU. If you need any assistance or further clarification with the reporting requirements, please contact Pat McNeal of my staff at (215) 861-4662, or pat.mcneal@cms.hhs.gov or forward a fax to (443) 380-5664. To reach backup staff, contact Carrissa Sanchez at (215) 861-4514 or carrissa.sanchez@cms.hhs.gov .

Sincerely,



Suzanne Yurk, Acting Manager,
Certification and Enforcement Branch

Enclosure