

Revisions to Form CMS-10455 Hospital Death Associated with Restraint or Seclusion Crosswalk

<b>Issue #</b>	<b>Page #</b>	<b>Section</b>	<b>Action to be performed</b>	<b>Changes to Reporting</b>	<b>Reason for the Change</b>
1.	1	Heading	Revise as follows:	Added: *If a Two Point Soft Wrist Restraint was used alone without use of seclusion, drug used as a restraint , or physical restraint, DO NOT SEND REPORT OF DEATH TO RO. Documentation of this death must be entered in the hospital/CAH internal log or tracking system as well as in the patient's medical record, per 42 CFR 482.13(g). If any other combination of restraint and/or seclusion was used, COMPLETE SECTIONS A-D.	To ensure that hospitals/CAHs are submitting required reports. The Regional Offices were over-burdened with reports from hospitals/CAHs submitting reports that are not required. This heading is added to provide clarity to the hospitals/CAHs about the types of restraint/seclusion that are required to be submitted.
2.	1	A	Revise as follows:	Add: Filer's Title	To identify person responsible for required information
3.	1	B	Revise as follows:	Add: Psychiatric Diagnosis(es) if applicable	To track data related to incidence of restraint and seclusion usage with a medical versus a psychiatric diagnosis
4.	1	B	Revise as follows:	Remove: medical record number	This additional information would not be necessary to assess for threat to health and safety or for oversight.
5.	1	B	Revise as follows:	Add: Time of Death	To assess with the triaging of information in order

					to determine if a survey should be authorized (assess staffing patterns relative to day and night shifts trends)
6.	1	B	Revise as follows:	Remove: Cause of Death	The majority of reports stated “cardiac or respiratory arrest”. This information was not useful in determining how the restraint may have been related to the patient’s death.
7.	1	B	Revise as follows:	Add: Condition leading to death	To encourage providers submitting reports to describe the suspected medical condition contributing to the death of the patient
8.	1	B	Revise as follows:	Add: Mortality Review : Yes or No check boxes	Part of hospital review data for unexpected /unanticipated deaths; performance improvement reviews
9.	1	B	Revise as follows:	Add: Report Submission Documented in Medical Record Yes or No check boxes	42 CFR §482.13(g) The hospital must document in the patient’s medical record the date and time the death report entry was made into the log or tracking system.
10.	1	C	Revise as follows:	Added: “IS REASONABLE TO ASSUME”	To aid providers in submitting required reports. Providers were submitting unnecessary reports in which the use of restraint/seclusion was not reasonable to assume contributed to the patient’s death.(Reduce burden)
11.	1	C	Revise as follows:	Added Under Restraint type: multiple commonly reported restraint examples with check boxes for selection	To assist providers in reporting restraint types on form using check boxes rather than writing/typing the name of the restraint type used (reduce burden)

12.	2	D	Revise as follows:	Added: Section D Restraint information Part II added to document	Added to assist Regional Office staff in assessing information related to the health, safety and wellbeing of patients who require restraint/seclusion intervention.
13.	2	D	Revise as follows:	Added: 1. Reason(s) for Restraint/Seclusion Use	Filer of report to describe events leading up to restraint/seclusion use to determine if least restrictive measures were attempted; to determine behavior that led to restraint/seclusion use
14.	2	D	Revise as follows:	Added: 2. Circumstances Surrounding Death:	To assess what events led up to the patient's death. Requires Hospital or CAH to self-investigate for potential process improvement to ensure the safety of patients and staff.
15.	2	D	Revise as follows:	Added: 3. Restraint/Seclusion Order Details	To assess restraint order regulatory requirements (Date & Time of the order as well as monitoring requirements) to ensure compliance.
16.	2	D	Revise as follows:	Added: 4. Was restraint/seclusion used to manage violent or self-destructive behavior	To assess specific requirements related to violent or self-destructive behavioral interventions to ensure compliance and safety of patients and staff.
17.	2	D	Revise as follows:	Added: 5. If simultaneous restraint and seclusion used to manage violent or self-destructive behavior check Yes or No (check boxes)	To assess specific requirements related to violent or self-destructive behavioral interventions to ensure compliance and safety of patients and staff.
18.	2	E	Revise as follows:	Added: Section E for the Regional Office ONLY to complete	To document finding related to triaging of the MS 10455 form. Currently, ROs only

					<p>enter data into ACTS when a survey is authorized. Because of this process there was no way to capture data related to CMS 10455 data when no surveys were authorized. This section will allow Central Office oversight data to be collected more efficiently and will provide documentation of the RO process for reviewing these forms to ensure all relevant hospital survey historical data is reviewed prior to survey determinations being made.</p>
--	--	--	--	--	--