# Instructions for completing CMS 10455-Report of a Hospital Death Associated with the use of Restraint or Seclusion

# The hospital/CAH is to complete sections A-D.

### **Section A. Hospital Information**

- Document the complete name of hospital/CAH, CCN#, and full address. Use the legal name of the hospital/CAH that is used on the facility's enrollment form (Form CMS-855A)
- Document the name of the person filing the report and include their title and contact information/phone number

#### **Section B. Patient Information**

- List the patient's name and date of birth (DOB)
- List the medical diagnosis(es) and include psychiatric diagnosis(es) if applicable
- List the date of the patient's admission or presentation for care
- List the date and time of death
- Condition leading to death- This should be the physician's best medical opinion to include any contributing factors leading to the death. A condition may be listed as "probable" even if it has not been definitively diagnosed. (cardiac or respiratory arrest is not a sufficient answer to this question)
- Mortality Review to be completed- indicate Yes or No
- Report Submission- The date and time that the CMS 10455 report was submitted to CMS must be documented in the patient's medical record. Indicate if this has been documented

#### Section C. Restraint Information Part I

- The hospital/CAH is to select one of the following to indicate when the patient's death occurred:
  - o While in restraint, seclusion, or both
  - o Within 24 hours of the removal of restraint, seclusion, or both
  - Within 1 week (7 days), where the use of restraint, seclusion, or both is reasonable to assume contributed to the patient's death. If the use of restraint or seclusion was not a factor in the patient's death (i.e.: no falls, aspiration, became injured by self or others, entanglement, etc.) and the patients' death occurred 2-7 days after the removal of the restraint, the hospital/CAH would not be required to report the death. However, if the use of the restraint or seclusion was a factor (i.e.: while being placed in restraint or seclusion or while in restraint, or seclusion, the patient fell, became entangled, became injured by self or others, aspirated, etc.) and the death occurred 2-7 days after the use of restraint, seclusion, or both, the hospital/CAH would be required to report the death.

#### Section D. Restraint Information Part II

- 1. The hospital/CAH must document the circumstances leading up to the use of restraint, seclusion, or both (patient behavior, alternative interventions attempted, etc.)
- 2. The hospital/CAH must document the circumstances or events leading up to the death of the patient
- 3. Document the restraint or seclusion order details
  - a. Date & Time restraint or seclusion was applied
  - b. Date & Time the patient was last monitored and/or assessed.
  - c. Total length of time restraint and/or seclusion were applied
  - d. For drug(s) used as a restraint:
    - i. List the drug name, drug dose, and time drug was administered (for ALL doses). When a combination of drugs was used that resulted in drug used as restraint, enter this information for each drug.
- 4. Document if the restraint or seclusion was used as an intervention for violent behavior. If NO-- report documentation is completed for #4 and #5 of this section.
  - a. Indicate if the face-to -face evaluation was completed and documented
  - b. Indicate the date and time the face-to-face evaluation was completed
  - c. Indicate if the order was renewed at required intervals (age dependent), if applicable
- 5. If simultaneous restraint and seclusion were ordered, describe the continuous monitoring method(s) that were used to monitor the patient. (i.e.: 1:1 continuous staff monitoring, use of 1:1 staff as well as video monitoring, etc.).

# Hospital/CAH documentation stops here.

## **Section E- Regional Office to Complete this Section**

- 1. Indicate if a survey was authorized.
  - a. If a survey was authorized based on reported information document the date that the State Agency (SA) was notified
  - b. If a survey was **not** authorized, provide a rationale for this decision. (i.e.: not indicated based on review of reported events)
- 2. Indicate if the hospital/CAH has had a survey based on a previous report of a patient death associated with restraint or seclusion, and if so, was there a condition-level or IJ finding.
- 3. If yes to #2, list the deficiencies cited on those 2657s.

- 4. The Accreditation Organization must be notified of IJ findings. Please indicate if this was done.
- 5. The State Protection and Advocacy Agency (P&A) is to be notified only when a survey is authorized <u>AND</u> the P&A has a current Data Use Agreement (DUA). Indicate if the P&A was notified. Please send questions regarding whether or not a P&A has a current DUA to <u>HospitalSCG@cms.hhs.gov</u>.
- 6. If a survey was authorized and the P&A was notified, document the date of the P&A notification.