CMS 10455 Screenshots of the Electronic Submission Process

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

Please enter your information

CCN #

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OMB 0938-XXXX: expiration date (XX/XX/XX) According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated as an average (--) minutes per response, including the time to review instructions, search existing data resources, gather the data needed to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HospitalSGC.cms.hhs.gov.

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

***If a Two Point Soft Wrist Restraint was used alone without use of seclusion, drug used as restraint, or other physical restraint,*

DO NOT SEND REPORT OF DEATH TO THE 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***

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REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

Section A | Section B | Section C | Section D

You can download complete instructions here or follow the instructions for each section as described in this survey

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

Hospital Information

Hospital Name	
CCN	
Street Address	
City	
State	
Zip Code	
Name of person filling out report	
Title	
Phone Number	

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REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

Section A | Section B | Section C | Section D

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

Patient Information

Name
DOB (mm/dd/yyyy)
Medical Record Number

Primary Diagnosis(es) / Psychiatric Diagnosis(es) if applicable *(write N/A if not applicable)*:

Date of Admission

Date of Death

Time of Death

Condition leading to death

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

Section A | Section B | Section C | Section D

Mortality review to be completed:

- ○ Yes
- ○ No
- ○ N/A

When will this report be placed in the patient's Medical Record? (Once the form is submitted you will have the opportunity to print/screenshot this form for the Medical Record)

Date
Time

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CENTERS FOR MEDICARE & MEDICAID SERVICES

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

Section A | Section B | Section C | Section D

Section C. Restraint Information Part I

The hospital/CAH is to select one of the following to indicate when the patient's death occurred:

- While in restraint, seclusion, or both
- 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.

Restraint Information Part I

Patient Death Occurred:

- ○ While in Restraint, Seclusion, or Both
- ○ Within 24 Hours of Removal of Restraint, Seclusion, or Both
- ○ Within 1 Week, Where Restraint, Seclusion or Both is REASONABLE TO ASSUME Contributed to the Patient's Death

Type (check all that apply):

- ☐ Physical Restraint
- ☐ Seclusion
- ☐ Drug Used as a Restraint

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Type (check all that apply):

- [ ] Two Point, Hard Wrist
- [ ] Two Point, Soft Wrist
- [ ] Four Point, Soft
- [ ] Four Point, Hard
- [ ] Side Rail (x4)
- [ ] Soft Ankle (x1)
- [ ] Soft Ankle (x2) Forced Medication Hold
- [ ] Therapeutic Hold
- [ ] Take-down
- [ ] Vest Restraint
- [ ] Elbow Immobilizer
- [ ] Bilateral Secured Mitten
- [ ] Bilateral Unsecured Mitten
- [ ] Roll Belt
- [ ] Lap Belt
- [ ] Drug Used as Restraint/Violent Behavior
- [ ] Spit hood
- [ ] Enclosed Bed
- [ ] Other

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REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

You selected Two Point, Soft Wrist as a restraint type. Is this the only restraint type used for this patient?

- (●) Yes
- ( ) No

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REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

This is the end of CMS Form 10455.
Please press 'Submit' to send to your CMS Regional Office.

<< Submit

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Only 2 point soft wrist restraints were indicated. Each death that occurs while a patient is in restraint but not seclusion and the only restraints used on the patient were applied exclusively to the patient's wrist(s) and were composed solely of soft, non-rigid, cloth-like materials must be recorded in an internal hospital log or other system. The log must include the information specified at 42 CFR §482.13(g)(4)(ii) and the log entry must be made no later than seven days after the date of death of the patient.

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.

If you have any questions about this requirement please contact your State Survey Agency or Regional Office.

Thank you!

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You selected Two Point, Soft Wrist as a restraint type. Is this the only restraint type used for this patient?

- ○ Yes
- ◉ No

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REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

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 resultedin 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.).

Restraint Information Part II:

Reason(s) for Restraint/Seclusion use:

Circumstances Surrounding Death:

Restraint/Seclusion Order Details:

Date Restraint/Seclusion Applied	
Time Restraint/Seclusion Applied	
Date Patient Last Monitored	
Time Patient Last Monitored	
Total Length of Time in Restraint/Seclusion	
Drug: Name/Route/Dose/Time	

Was restraint/seclusion used to manage violent or self-destructive behavior?

- ○ Yes
- ○ No

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Section A | Section B | Section C | Section D

Was 1 hour face-to-face evaluation documented?

- ○ Yes
- ○ No

Was the order renewed at appropriate intervals based on patient's age?

- ○ Yes
- ○ No
- ○ N/A

If simultaneous restraint and seclusion ordered, describe continuous monitoring methods:

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***Please print/screenshot this page as a record of your submission.**
***Please place a copy in the Patient's Medical Record.**

CMS 10455 Sections A-D	Form sent to RO for Section E completion

Thank you for submitting CMS Form 10455 to your CMS Regional Office as required by 42 CFR 482.13(g).

Hospital CCN	**123456**
Hospital Name	**Qualtrics Community**
Patient Name	**Patient Name**
Patient DOB	**09/26/1965**
Patient Medical Record #	**88888**
Date and Time of Death	**11/28/2018 0100**
Date and Time Form Submitted	**11/29/2018 8:14 AM**

***Please print/screenshot this page as a record of your submission.**
***Please place a copy in the Patient's Medical Record.**

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