



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 14-27-Hospital-CAH/DPU

DATE: May 9, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Hospital Restraint/Seclusion Deaths to be Reported Using the Centers for Medicare and Medicaid Services (CMS) Form CMS-10455, Report of a Hospital Death Associated with Restraint or Seclusion

Memorandum Summary

- ***Hospital Restraint/Seclusion Deaths to be Reported Using Form CMS-10455:*** Hospitals must use Form CMS-10455 to report those deaths associated with restraint and/or seclusion that are required by 42 CFR §482.13(g) to be reported directly to their Centers for Medicare & Medicaid Services (CMS) Regional Office (RO). This requirement also applies to rehabilitation or psychiatric distinct part units (DPUs) in Critical Access Hospitals (CAHs).
- ***RO to Provide Submission Instructions:*** CMS ROs must provide hospitals with instructions for submitting the form to the RO by fax and/or e-mail, based on RO preference.

Hospitals (meaning all types of hospitals, including Psychiatric Hospitals, Rehabilitation Hospitals, Long Term Care Hospitals, and not just Short Term Acute Care Hospitals) and CAHs with rehabilitation and/or psychiatric DPUs must now use Form CMS-10455, "Report of a Hospital Death Associated with Restraint or Seclusion," to report deaths associated with restraint and/or seclusion that are required by 42 CFR §482.13(g) to be reported directly to the CMS RO. The form has been approved by the Federal Office of Management and Budget (OMB) and may be downloaded from the following webpage: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10455.pdf>.

CMS ROs must provide hospitals and affected CAHs in their regions instructions for submitting the form to the RO by fax and/or e-mail, based on RO preference. ROs are not expected to contact each hospital or affected CAH directly, but may provide their instructions to the applicable State Survey Agency (SA) and hospital association for further dissemination. ROs may not require hospitals to submit in their initial report any information beyond that contained in Form CMS-10455. However, 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.

ROs may also want to remind hospitals and affected CAHs that they are no longer to report deaths directly to the RO when no seclusion has been used and when the only restraints used on the patient were applied exclusively to the patient's wrist(s) and composed solely of soft, non-rigid, cloth-like materials, as provided in §482.13(g)(2). Rather, in such situations, the hospital staff must record information in an internal log or other system.

Under 42 CFR §482.13(g), the following hospital reporting of deaths associated with use of restraint or seclusion is required; since CAH DPUs are subject to the Hospital Conditions of Participation, every reference below to "hospital" also applies to a CAH DPU:

1. Hospitals must report the following deaths associated with restraint and seclusion directly to their CMS RO no later than the close of business on the next business day following knowledge of the patient's death:
 - 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 one 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 during this time.
2. Hospitals must record in an internal hospital log or other system deaths that occur in the following circumstances listed below. 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. Hospitals must not send reports of these deaths directly to the RO:
 - 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; and
 - Each death that occurs within 24 hours after the patient has been removed from restraint, when no seclusion has been used 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.

The information in the log must be made available in either written or electronic form to CMS immediately upon request.

3. 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.

Questions concerning this memorandum may be sent to hospitalscg@cms.hhs.gov.

Effective Date: ROs must issue instructions on how the required direct reports are to be submitted to them within thirty days of the date of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management