

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: REPORTING OF A HOSPITAL DEATH ASSOCIATED WITH USE OF RESTRAINTS **Policy No.:** B814.2

Supersedes: April 8, 2020	Review Date: May 8, 2023
Origin Date: August 1, 2000	Revision Date:

PURPOSE:

To assure that Rancho Los Amigos National Rehabilitation Center complies with the Centers for Medicare and Medicaid Services (CMS) and Title 22 requirements for reporting deaths while a patient is in restraints.

POLICY:

Rancho Los Amigos National Rehabilitation Center will:

- Report to CMS via electronic form any patient death that occurs while a patient is restrained or in seclusion for behavior management, or where it is reasonable to assume that a patient's death is a result of restraint or seclusion for behavior management. (Reporting is required whether the restraint or seclusion was the cause of death.)
- Notify the California Department of Health Services (CDPH) of any patient death that occurs while a patient is restrained or secluded. Refer to Policy B704 "Event Notification Reporting" for Adverse Event Notification.

PROCEDURE:

Should a patient expire while in restraints **or** when restraints are suspected to have caused or contributed to the patient's death, the following procedure will occur:

1. The Nurse Manager or designee or hospital charge nurse shall immediately notify the patient's physician or on-call physician, hospital administrators at X57022, or the Administrative Officer of the Day (AOD), the Risk Manager, and the Director of Accreditation/Regulatory Compliance at X57900. The patient's physician or designee shall notify the coroner as indicated.
2. The patient's primary care physician or designee is responsible for disclosure of event to patient's next of kin or surrogate decision maker. Refer to Policy B518 "Disclosure of Unanticipated Outcomes."
3. The Director of Accreditation/Regulatory Compliance or hospital administrator, or designee shall be responsible for notifying CMS Regional Office of the following within 24 hours:

The Death Reporting Requirements under CMS Condition of Participation are:

Hospitals must report deaths associated with the use of seclusion or restraint electronically to CMS.

Here's the link to electronic form CMS-10455:

https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV_5pXmjlw2WAzto8J

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Approved By:

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1. With the exception of deaths described under paragraph (1)(ii) of this section, the hospital must report the following information to CMS by telephone, facsimile, or electronically, as determined by CMS, no later than the close of business on the next business day following knowledge of the patient's death:
 - (i) Each death that occurs while a patient is in restraint or seclusion.
 - (ii) Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
 - (iii) 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 during this time. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.
2. When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff must record in an internal log or other system, the following information:
 - (i) Any death that occurs while a patient is in such restraints.
 - (ii) Any death that occurs within 24 hours after a patient has been removed from such restraints.
3. The staff must document in the patient's medical record the date and time the death was:
 - (i) Reported to CMS for deaths described in paragraph (1)(i) of this section; or
 - (ii) Recorded in the internal log or other system for deaths described in paragraph (1)(ii) of this section.
4. For deaths described in paragraph (1)(ii) of this section, entries into the internal log or other system must be documented as follows:
 - (i) Each entry must be made not later than seven days after the date of death of the patient.
 - (ii) Each entry must document the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number, and primary diagnosis(es).
 - (iii) The information must be made available in either written or electronic form to CMS immediately upon request.
5. The California Department of Public Health (CDPH) shall be notified of the Adverse Event in accordance to Policy B704 "Event Notification Reporting" for Adverse Event Notification.
6. Frontline staff must document in the patient's medical record the date and time the death was reported to CMS. Alternatively, the completed electronic form CMS-10455 can be placed in the patient's medical records as documentation.

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REFERENCES:

Code of Federal Regulations (CFR), Title 42 of the Code of Federal Regulations (CFR) [Section 482.13\(g\)](#)
AFL 20-21 “new Electronic Process for Hospitals to Report a Death Associated with Restraint or Seclusion

CMS-10455 Electronic Form Instructions: https://qsep.cms.gov/data/263/Electronic_Form_CMS-10455_Training_Slides-12-09-19.pdf