

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: REPORTING DEATHS THAT OCCUR WHILE PATIENT IS RESTRAINED OR IN SECLUSION		Original Issue Date: 3/12/02 Supersedes: 11/8/16	Policy # 305 Effective Date: 9/8/23
Policy Owner(s): Director Office of Risk Management Executive Sponsor(s): Chief Medical Officer			
Departments Consulted: Office of Risk Management Regulatory Affairs Nursing Services Patient Safety Quality Improvement Medical Administration Psychiatric Services	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Medical Officer Chief Executive Officer	

PURPOSE

To provide guidelines for reporting to the Centers for Medicare and Medicaid Services (CMS) and the California Department of Public Health (CDPH), Licensing and Certification District Office any death that occurs while a patient is restrained or in seclusion.

POLICY

It is the policy of Los Angeles General Medical Center to comply with federal, State, and local laws and regulations as they relate to reporting any injury and/or death that occur while a patient is restrained or where it is reasonable to assume the patient's injury and/or death may have been a result of restraint and/or seclusion.

Reporting Criteria:

- Deaths that occur while a patient is in restraint or seclusion
- Deaths that occur within 24 hours after the patient has been removed from restraint or seclusion.
- Deaths that occur one week after restraint or seclusion where it is reasonable to assume that the use of restraint or placement in seclusion contributed directly or indirectly to a patient's death.
- Deaths while in restraints that occur related to restricted movement for prolonged periods of time, or death related to chest compression, restriction of breath, or asphyxiation.

Excluded in the reporting are the deaths involving patients placed in Non-Violent or Non-Self-Destructive Behavior soft wrist restraints without seclusion.

PROCEDURE

Frontline Reporter (Medical Center Workforce Members)

- The workforce member shall notify their immediate supervisor or department head/designee, or Area Nursing Office supervisor (off-hours).

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- The workforce member shall report the event following the steps delineated in the Medical Center Policy #300, Event Notification Guidelines Section I and II.
- The workforce member shall complete a Safety Intelligence (SI) Event Report.

Area Manager/Director/Administrator or Designee

- Shall contact the Office of Risk Management within 24 hours of occurrence or becoming aware of the event and follow steps delineated in the Medical Center Policy #300, Event Notification Guidelines Section I and II.
- Shall complete/approve Attachment A – Patient Death While Patient is Restrained or in Seclusion Report Worksheet and email it to the Office of Regulatory Affairs within 24 hours of occurrence or becoming aware of the event.

Medical Center Office of Risk Management

Refers events reported via SI to the Office of Regulatory Affairs (ORA) in a timely manner for evaluation of reporting criteria. The Office of Risk Management provides the available supporting documentation to ORA.

Medical Center Office of Regulatory Affairs

- The Office of Regulatory Affairs (ORA) shall report the event to CMS electronically no later than the close of business day following knowledge of the patient's death.
- Upon notification to CMS, ORA will request nursing management to document in the patient's medical record, within 24 hours, the date and time the death was reported to CMS.
- Additionally, the incident shall be reported to the appropriate Licensing and Certification District Office as soon as reasonably practical.

Deaths involving patients placed in Non-Violent or Non-Self-Destructive Behavior soft restraints without seclusion.

- All deaths involving patients while in Non-Violent or Non-Self-Destructive Behavior soft restraints or within 24 hours of the restraints being removed, shall be entered into the hospital's CMS Restraint Death log within seven days after the date of the death of the patient.
- Each entry must contain 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.
- The information in the log is available to CMS, either electronically or in writing, immediately upon request.

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RESPONSIBILITY

Workforce members (Residents, Attending Staff, Nursing, Allied Health Professionals)
Area Manager/Director/Administrator or Designee
Office of Regulatory Affairs
Office of Risk Management

REFERENCES

CMS, Code of Federal Regulations, Title 42, Part 482, Section 482.13(g)(1-3)
Joint Commission Standards, Provision of Care, Treatment, and Services, (PC 03.05.19)
Los Angeles General
Medical Center Policy #300 Event Notification Guidelines.
Medical Center Policy #924 Restraint/Seclusion

ATTACHMENT

MC305 Attachment A – Patient Death While Patient is Restrained or in Seclusion Report Worksheet.

REVISION DATES

March 02, 2002; October 15, 2008; July 10, 2012; November 8, 2016; September 8, 2023