

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH RESTRAINT OR SECLUSION WORKSHEET

Directions: The worksheet MUST be reviewed and approved by your Department Manager and submitted to the Office of Regulatory Affairs (ORA) [IRD, Room 936] via e-mail to orareporting@dhs.lacounty.gov.

A. Hospital Information			
Hospital Name: Los Angeles General Medical Center			CCN: 050373
Address 2051 Marengo Street	City Los Angeles	State California	Zip Code 90033
Person Filing the Report/Title		Filer's Email	Flier's Phone Number

B. Patient Information:		
Name		Date of Birth
Primary Diagnosis(es)/Psychiatric diagnosis(es) if applicable:		
Medical Record Number	Date of Admission	Date and Time of Death
Cause of Death (document health condition(s) leading, causing, or contributing to death)		

C. Restraint Information Part I	
Patient death occurred (check only one) <input type="checkbox"/> While in Restraint, Seclusion, or Both <input type="checkbox"/> Within 24 Hours of Removal of Restraint, Seclusion, or Both <input type="checkbox"/> Within 1 Week, Where Restraint, Seclusion or Both Contributed to the Patient's Death	
Type (check all that apply) <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Drug Used as a Restraint	
If Physical Restraint(s), Type (check all that apply):	
<input type="checkbox"/> 1. Side Rails (x4) <input type="checkbox"/> 2. Two Point, Soft Wrists <input type="checkbox"/> 3. Two Point, Hard Wrists <input type="checkbox"/> 4. Four Point, Soft Restraints <input type="checkbox"/> 5. Four Point, Hard Restraints <input type="checkbox"/> 6. Forced Medication Holds <input type="checkbox"/> 7. Therapeutic Hold <input type="checkbox"/> 8. Bilateral Secured Mittens <input type="checkbox"/> 9. Bilateral Unsecured Mittens <input type="checkbox"/> 10. Soft Ankle (x1)	<input type="checkbox"/> 11. Soft Ankle (x2) <input type="checkbox"/> 12. Take-down <input type="checkbox"/> 13. Other: <input type="checkbox"/> 14. Enclosed Beds <input type="checkbox"/> 15. Vest Restraint <input type="checkbox"/> 16. Elbow Immobilizers <input type="checkbox"/> 17. Roll Belt <input type="checkbox"/> 18. Lap Belt <input type="checkbox"/> 19. Spit hood

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D. Restraint Information Part II

1. Reason for Restraint/Seclusion use (**Circumstances leading up to the use of** restraint, seclusion, or both) Examples include patient behavior (e.g., kicking staff, using threatening language, pulling tubes out, moving during a procedure, sliding out of chair), alternative interventions attempted (e.g. sitters in the room, removing underlying causes of agitation or confusion), etc.

2. Circumstances surrounding the Death (**the circumstances or events leading up to the death of the patient** and describe how restraint and/or seclusion were associated with the death.) Examples include positioning of the patient (e.g., prone, supine), effect of the patient prior to death (e.g., unresponsive, agitate, verbal, non-verbal), medications administered minutes prior (e.g., side effects, reactions), location within the hospital/CAH (e.g., in the hallway, in a private room, in a chair, in bed, on the floor), etc.

3. Restraint/Seclusion Order Details

- a. Date and time restraint/seclusion applied:
- b. Date and time the patient was last monitored/assessed
- c. Total length of time restraint/seclusion were applied:
- d. For drugs used as a restraint, list the drug name, drug dose, and date/time drug was administered (for ALL doses).

Drug Name	Drug Dose	Date/Time Administered

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Restraint Information Part II (continued)			
4. Was restraint/seclusion used to manage violent or self-destructive behavior		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES,			
a. Was a face-to-face evaluation completed and documented in patient’s medical record?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Date and time of face-to-face evaluation completed		Date:	Time:
c. Was the order renewed at required intervals (age dependent), if applicable		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Note: Orders may be renewed at the following intervals for up to 24 hours: > 18 years of age every 4 hours 9 – 17 years of age every 2 hours < 9 years of age every hour</p>			
5. If simultaneous restraint and seclusion ordered, describe continuous monitoring method(s) used to monitor the patient (i.e.: 1:1 continuous staff monitoring, use of 1:1 staff, as well as video monitoring, etc.).			
Reported by:	Location:	Ext:	Date:
Approved by:		Ext:	Date:
Received by:		Date:	Time:
Reported to CMS by:		Date:	Time:
Confirmed documentation in the medical record by:		Date:	Time:

Note: Please attach additional pages as necessary.

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