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Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

AFL REVISION NOTICE

Subject: Centers for Medicare and Medicaid (CMS) Restraint/Seclusion Death Reporting Requirements

Revision To: AFL 09-23

Revision Date: April 26, 2012

Attachment: AFL 12-13

This notice is to inform you that the California Department of Public Health has revised All Facilities Letter (AFL) 09-23 and has replaced it with the attached AFL 12-13. The AFL has been revised to update the contact information for reporting. The reporting requirements have not changed.

Please review the AFL and contact your local District Office if you have further questions.



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AFL 12-13
(Supersedes AFL 09-23)

TO: General Acute Care Hospitals
Critical Access Hospitals with Psychiatric or Rehabilitative Distinct Part Units

SUBJECT: Centers for Medicare and Medicaid (CMS) Restraint/Seclusion Death Reporting Requirements

AUTHORITY: 42 Code of Federal Regulations (CFR) 482.13(e)-(g)

This letter is to serve as a reminder of hospital reporting procedures for patient deaths associated with the use of restraints or seclusion and to provide updated CMS contact information for reporting these incidents. Other than the contact information, the reporting requirements remain unchanged.

Hospitals must report to CMS patient deaths under the following circumstances:

- Each death that occurs while a patient is in restraint or seclusion.
- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
- Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of the restraint or placement in seclusion contributed directly or indirectly to a patient's death. "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.

Each death must be reported to CMS no later than the close of business the next business day following knowledge of the patient's death. Hospital staff must document in the patient's medical record the date and time the death was reported to CMS.

Reportable events should be faxed or mailed to CMS in writing using the *Hospital Restraint/Seclusion Death Report Worksheet* (Attachment A). Please enter in all required fields of the worksheet. These fields are marked with an "*". If there are missing fields, you will be notified and asked to re-submit the worksheet. Please refer to the *Procedure for Reporting* (Attachment B).

The CMS Regional Office can also accept reports by phone. There is no need to alert CMS by phone if the worksheet has already been faxed to the CMS Regional Office. If a facility faxes the report, this will complete the reporting process. If a facility does not have fax access or wishes to deliver the report solely by phone, it must provide all of the information requested on the worksheet in a voicemail. Please refer to the attached *Frequently Asked Questions* (Attachment C) for questions on reporting requirements.

Facilities are responsible for following all applicable laws. CDPH's failure to expressly notify facilities of legislative or regulatory changes does not relieve them of this responsibility. Facilities should refer to the full text of 42 CFR 482.13(e)-(g) to ensure compliance.

For additional questions, please contact Cassie Dunham, Chief, Policy Unit, at Cassie.Dunham@cdph.ca.gov or by phone at (916) 552-8778.

Sincerely,

Original Signed by Debby Rogers

Debby Rogers, RN, MS, FAEN
Deputy Director
Center for Health Care Quality

Attachments A-C

ATTACHMENT A

HOSPITAL RESTRAINT/SECLUSION DEATH REPORT WORKSHEET (Revised 7/08)

A. Regional Office (RO) Contact Information:

RO Contact's Name: Rosanna Dominguez Fax Number: 443-380-8909

*Date of Report to RO: _____ Time: _____

B. Provider Information:

*Hospital Name: _____ *CCN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

*Person Filing the Report: _____ *Filer's Phone Number: _____

C. Patient Information:

*Name: _____ *Date of Birth: _____

*Admitting Diagnoses: _____ *Date of Admission: _____

*Date of Death: _____ *Time of Death: _____

*Cause of Death: _____

*Did the Patient Die: (*check one only*)

_____ While in Restraint, Seclusion, or Both

_____ Within 24 Hours of Removal of Restraint, Seclusion, or Both

_____ Within 1 Week, Where Restraint, Seclusion or Both Contributed to the Patient's Death

*Type: Physical Restraint _____ Seclusion _____ Drug Used as a Restraint _____

***Was a Two Point Soft Wrist Restraint used alone, without seclusion or chemical restraint or any other type of physical restraint? Yes_____ No_____**

If YES, check "02" below and stop. No further information is required.

If NO, complete the rest of the worksheet.

*If Physical Restraint(s), Type:

_____ 01 Side Rails

_____ 08 Take-downs

_____ 02 Two Point, Soft Wrist

_____ 09 Other Physical Holds

_____ 03 Two Point, Hard Wrist

_____ 10 Enclosed Beds

_____ 04 Four Point, Soft Restraints

_____ 11 Vest Restraints

_____ 05 Four Point, Hard Restraints

_____ 12 Elbow Immobilizers

_____ 06 Forced Medication Holds

_____ 13 Law Enforcement Restraints

_____ 07 Therapeutic Holds

_____ 14 Other Physical Holds

If Drug Used as Restraint: *Drug Name _____ Dosage _____

ATTACHMENT A

D. Hospital-Reported Restraint/Seclusion Information:

*1. Reason(s) for Restraint/Seclusion use: (*mandatory only if answer to D.4. is "Yes"*) _____

2. Circumstances Surrounding the Death: _____

3. Restraint/Seclusion Order Details:

a. Date & Time Restraint/Seclusion Applied: _____

b. Date & Time Last Monitored: _____

*c. Total Length of Time in Restraint/Seclusion: _____

*4. Was restraint/seclusion used to manage violent or self-destructive behavior? Yes___ No___

*a. *If YES, was 1 hour face-to-face evaluation documented?* Yes___ No___

If NO, skip to Section E.

*b. Date/Time of Last Face-to-face Evaluation: _____

*c. Was the order renewed at appropriate intervals based on patient's age? Yes___ No___

Note: Orders may be renewed at the following intervals for up to 24 hours:

<i>> 18 years of age</i>	<i>every 4 hours</i>
<i>9 – 17 years of age</i>	<i>every 2 hours</i>
<i>< 9 years of age</i>	<i>every hour</i>

*5. If simultaneous restraint and seclusion ordered, describe continuous monitoring method(s):

E. RO Action(s):

1. *Was a survey authorized? Yes___ No___

If YES, date SA received authorization for investigation: _____

If NO, provide brief rationale: _____

2. *If answer to E1 is yes, date RO contacted P & A: _____

(Do not contact the P&A unless a survey was authorized)

ATTACHMENT A

3. In the past two years, has a survey related to a restraint/seclusion death at this hospital resulted in finding condition-level patients' rights deficiencies? Yes____ No____

**Mandatory field*

Attachment B

Procedure For Reporting:

A hospital designee will need to either fax the worksheet, mail the report to the CMS Regional Office or call and report the information to Rosanna Dominguez at (415-744-3735).

Regional Office fax number: 443-380-8909

If mailed, our address is:



Division of Survey and Certification
Centers for Medicare and Medicaid Services
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103

E-mail is NOT acceptable

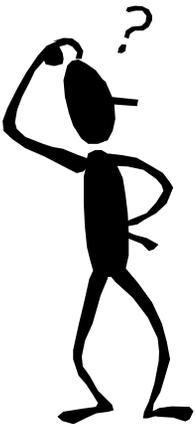
Points of contact for CMS Region 9
Hospital Restraint/ Seclusion Death Report Worksheets

- **Rosanna Dominguez / data tracking and reporting**
- **Linda Brim/ content and completeness**
- **Alex Garza/ Hospital Lead**

NOTE: Failure to comply with the regulation could prompt a survey covering Conditions of Participation for Patient Rights

Attachment C

Frequently Asked Questions



If a patient's death occurs within 24 hours of restraint use but the restraints did not contribute to the death, do I still need to report this?

Yes. If a patient expires while in restraints or within 24 hours of restraint removal, these reports are required. The only time a report is not required is if the patient expires within one week of restraint use and the restraints DID NOT contribute to the death.

Are all deaths that occur in a hospital's ICU and/or critical care units required to be reported?

Yes, any death that occurs in any unit of the hospital is required to be reported to CMS.

What is a CCN number?

This is your CMS certification number and also may be known as your provider number. (CA facilities begin with 05 or 55, NV facilities 29, AZ facilities 03 and HI facilities 12)

***Please note that the NPI number is no longer required to be filled out by facilities.**

Can a facility create their own worksheet instead of using the CMS worksheet?

Yes. If a facility does not wish to report all information over the phone, a facility may create their own worksheet. It is recommended to use the CMS worksheet however, as long as a facility has captured all of the same information that is required within the CMS worksheet, it will be accepted.

Does CMS need to be alerted by phone if the worksheet has already been faxed to the RO?

No. The Regional Office can accept reports two ways, by fax or solely over the phone. If a facility faxes the report, this will complete the reporting process. If a facility does not have fax access or wishes to deliver the report solely over the phone, they need to provide all of the information requested on the worksheet in a voicemail.

What are the most common reasons for CMS having to place a follow up call to the facility?

Missing Information

Poor Handwriting (CMS recommends electronic entry)

Unacceptable Explanations (i.e. TBA, unknown, blank responses)

Missing Pages of Report