



# **Report of Hospital Death Associated With the Use of Restraint or Seclusion Form CMS-10455**

Training for Hospitals and Critical Access Hospital Rehabilitation and/or  
Psychiatric Distinct Part Units

# Report of a Hospital Death Associated with the Use of Restraint or Seclusion Form CMS-10455

## Training Objectives

- Determining which deaths require the Form CMS-10455 to be completed and submitted to the CMS Regional Office.
- Locating and accessing the electronic Form CMS-10455.
- Understanding how to complete and submit the Form CMS-10455.

## Training Goal

- Form CMS-10455 will be accurately completed and submitted to the CMS Regional Office within the time requirements.

# Training Agenda

## **1. Introduction to Form CMS-10455.**

- a) Background and References.
- b) Layout of the Form CMS-10455.

## **2. How to Use The Electronic Form CMS-10455.**

- a) Where to access the electronic Form?
- b) What information is needed to start the Form?
- c) Where to find instructions on completing the Form?
- d) How to complete the Form?

## **3. Instructions for Hospitals/CAHs Entering the Content Information – Sections A-D.**

## **4. How to Submit the Electronic Form CMS-10455.**

- a) How to “Submit” the Form?
- b) How to download and print the submitted Form?
- c) Document in Patient’s Medical Record.

## **5. Instructions for CMS Regional Offices Entering the Content Information – Section E.**

## **6. Frequently Asked Questions (FAQs).**

# **Introduction to Form CMS-10455**

# Background

The purpose of the electronic Form CMS-10455, *Report of a Hospital Death Associated with Restraint or Seclusion* is to report these deaths to the Centers for Medicare and Medicaid Services (CMS) Regional Offices (ROs).

All types of Hospitals (including Psychiatric Hospitals, Rehabilitation Hospitals, Long Term Care Hospitals, Acute Care Hospitals, etc.) and Critical Access Hospitals (CAHs) with rehabilitation and/or psychiatric distinct part units (DPUs) are required to report patient deaths that occurred during or after restraint or seclusion was used.

Reference – CMS State Operations Manual Appendix A, 42 CFR 482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of restraint or seclusion. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

# Reference for Definitions and Requirements

For definitions and requirements, refer to the CMS State Operations Manual (SOM), Appendix A, 42 CFR 482.13(e) Standard: Restraint and Seclusion and 42 CFR 482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of seclusion or restraint.

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

# Layout of the Form CMS-10455

The Form consists of **four sections** to be completed by the Hospital or Critical Access Hospital (CAH) with Distinct Part Units (DPUs).\*

**Section A** – Hospital Information.

**Section B** – Patient Information.

**Section C** – Restraint Information (Part 1).

**Section D** – Restraint Information (Part 2).

\*In this training the term **Hospital** refers to Hospitals and CAHs with DPUs.

# **How to Use the Electronic Form CMS-10455**



# Access to the Electronic Form CMS-10455

Insert the URL below into any browser and click to access the electronic Form CMS-10455.

[https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV\\_5pXmjIw2WAzto8J](https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV_5pXmjIw2WAzto8J)

# Information Needed to Start the Form

- After accessing the Form using the URL link below,

[https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV\\_5pXmjIw2WAzto8J](https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV_5pXmjIw2WAzto8J)

- To start the Form, enter your Hospital's CCN into the text box as shown in the screenshot on this slide.
- Click "Next Page" to advance to the following page.



## **REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION**

Please enter your Hospital CCN

You have three attempts to log in with your CCN. If the system does not recognize your CCN after the third attempt please use a newly provided link to access the form.

CCN

1. Type your Hospital CCN into this box

2. Click the "Next Page" button to begin the Form

Next Page

# Finding Form Instructions

- Each section of the Form has bulleted instructions on how to fill out that section.
- Additionally, a complete written instruction document can be found on the initial page of the Form. (See screenshot to the right). Click on the link to download a PDF document with a complete set of instructions.
- Read the written instruction document and the bulleted instructions for each section before entering information into the Form and advancing the pages.



## REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

Each section will have the instructions written out on the page



You can download complete instructions [here](#) or follow the instructions for each section as described in this survey

You also get the full instruction document by clicking on this link

### Section A. Hospital Information

- Document the complete name of hospital/CAH, CCN#, and full address. Use the legal name of the hospital/CAH that is used on the facility's enrollment form (Form CMS-855A)
- Document the name of the person filing the report and include their title and contact information/phone number

# Completing the Form

- You will not be able to advance to the next page until all required information has been entered.
- You will be able to return to a page once you have clicked the "Next" button and have advanced to the next page.
- If you need to correct or change entered information after advancing to the next page, click on the Menu bars located on the top left corner of each screen to go between Sections.
- Information at this point has not been submitted yet to CMS.
- To complete text box questions, click into each empty field (box) and type in the answer.
- Click the "Next Page" button to advance to the next page.

## Section A. Hospital Information

- Document the complete name of hospital/CAH, CCN#, and full address. Use the legal name of the hospital/CAH that is used on the facility's enrollment form (Form CMS-855A).
- Document the name of the person filing the report and include their title and contact information/phone number.

### Hospital Information

Hospital Name	<input type="text"/>
CCN	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Name of person filling out report	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>

Click in each box and type the information. Answer ALL blank question on the page

Confirm all information is correct on the page and click the "Next Page" button to continue the form

Next Page

# Completing the Form

How to select dates on the calendar:

- Click on the blank text box to open the calendar.
- On the calendar, click on the selected date to populate the text box.
- The date may also be typed into the text box using your keyboard.
- The MM/DD/YYYY format is required.

## Patient Information

Name

DOB (mm/dd/yyyy)

1. Click into the Blank Date Box

Medical Record  
Number

Jul 2019						
Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

2. Select the Date  
from the Calendar

Primary Diagnosis(es) /

Applicable (write N/A if not applicable):

# Completing the Form

How to select answers from multiple choice questions:

- When presented with multiple choice questions click on the grey bar to select the correct answer.
- Once an answer is selected, the bar turns from grey to blue.

The screenshot shows a form with four sections: Section A, Section B, Section C, and Section D. Section B is currently active. The question is "Mortality review to be completed:". Below the question are three options: "Yes", "No", and "N/A". A red arrow points to the "Yes" option. A red box with a white border contains the text "Click on the grey bar to choose that answer".

# Completing the Form

How to select answers from multiple choice questions that have more than one answer:

- When presented with multiple choice questions, some questions on the Form may have more than one answer.
- Click each answer that applies to select multiple answers.

## Restraint Information Part I

Patient Death Occurred:

While in Restraint, Seclusion, or Both

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

Within 1 Week, Where Restraint, Seclusion or Both is REASONABLE TO ASSUME Contributed to the Patient's Death

Type (check all that apply):

Click on the grey to choose that answer

Physical Restraint

Seclusion

Drug Used as a Restraint

# Returning to Previous Sections

How to return to previous form sections:

- At the top of each page is a menu bar.
- Click on the menu bar to open the available sections.
- Click on a section from the list to return to that section.

1.

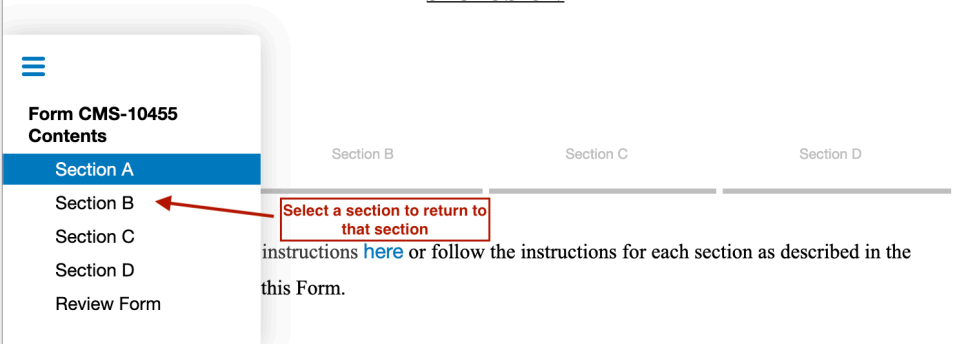
## REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION



You can download complete instructions [here](#) or follow the instructions for each section as described in the headers on each page within this Form.

2.

## REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION



instructions [here](#) or follow the instructions for each section as described in this Form.



**Instructions for Hospitals/CAHs  
Entering the Content Information  
Sections A-D**

# Entering the Content Information

## **Section A. Hospital Information.**

- Document the complete name of hospital/CAH, CCN#, and full address. Use the legal name of the hospital/CAH that is used on the facility's enrollment form (Form CMS-855A).
- Document the name of the person filing the Form CMS-10455 and include their title, contact information, phone number, and email address.

# Entering the Content Information

## **Section B. Patient Information.**

- List the patient's name and date of birth (DOB).
- List the medical diagnosis(es) and include psychiatric diagnosis(es), if applicable.
- List the date of the patient's admission or presentation for care.
- List the date and time of death.

# Entering the Content Information

## Section B. Patient Information (continued).

- Condition of the patient leading to death -

In the text box, **document health condition(s) leading, causing, or contributing to death** such as hypoxia, hypovolemia, hemorrhage, sepsis, kidney failure, dehydration, infection, temperature elevation, hypoglycemia, electrolyte imbalance, probable drug interaction, etc. as per 42 CFR 482.13(e)10.

- Condition(s) leading, causing, contributing to death - This should be the physician's best medical opinion to include any contributing factors leading to the death.
- A condition may be listed as "probable" even if it has not been definitively diagnosed. (Cardiac failure or respiratory arrest is not a sufficient answer to this question).
- Note – The condition of a patient who is restrained must be monitored.

# Entering the Content Information

## **Section B. Patient Information (continued).**

- Mortality Review is to be completed, if applicable per your state requirements.
  - Indicate Yes or No.
- Report Submission –
  - The date and time that the Form CMS-10455 report was submitted to CMS must be documented in the patient's medical record.
  - Indicate if this has been documented.

# Entering the Content Information

## Section C. Restraint Information (Part I).

- For restraint and seclusion definitions and death reporting requirements, refer to CMS State Operations Manual (SOM), Appendix A, 42 CFR 482.13(e) Standard: Restraint and Seclusion and 42 CFR 482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of seclusion or restraint.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Hospitals.html>

# Entering the Content Information

## **Section C. Restraint Information (Part I).**

The hospital/CAH must select one of the following to indicate when the patient's death occurred:

- While in restraint, seclusion, or both
- Within 24 hours of the removal of restraint, seclusion, or both
- Within 1 week (7 days), where the use of restraint, seclusion, or both is reasonable to assume contributed to the patient's death.\*

# Entering the Content Information

## Section C. Restraint Information (Part I).

\*Within 1 week (7 days), where the use of restraint, seclusion, or both is reasonable to assume contributed to the patient's death (continued).

- If the use of restraint or seclusion was not a factor in the patient's death (i.e.: no falls, aspiration, became injured by self or others, entanglement, etc.) and the patients' death occurred 2-7 days after the removal of the restraint, the hospital/CAH would not be required to report the death.
- However, if the use of the restraint or seclusion was a factor (i.e. while being placed in restraint or seclusion or while in restraint, or seclusion, the patient fell, became entangled, became injured by self or others, aspirated, etc.) and the death occurred 2-7 days after the use of restraint, seclusion, or both, the hospital/CAH would be required to report the death.



# Entering the Content Information

## Section D. Restraint Information (Part II).

- The hospital/CAH must document in the text box titled: *Reason(s) for Restraint/Seclusion Use*, the **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.

# Entering the Content Information

## Section D. Restraint Information (Part II).

- The hospital/CAH must document in the text box titled: *Circumstances Surrounding 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), affect 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.

# Entering the Content Information

## **Section D. Restraint Information (Part II).**

- Document the restraint and/or seclusion order details.
- Date and Time restraint and/or seclusion were applied.
- Date and Time the patient was last monitored and/or assessed.
- Total length of time restraint and/or seclusion were applied.
- For drug(s) used as a restraint:
  - List the drug name, drug dose, and time drug was administered (for ALL doses).  
When a combination of drugs was used that resulted in drugs used as a restraint, enter this information for each drug.

# Entering the Content Information

## Section D. Restraint Information (Part II).

- Document if the restraint and/or seclusion were **used as an intervention for violent behavior.**
  - If **NO** – Form CMS-10455 documentation is complete at this point.
  - If **YES** -
    - Indicate if the face-to-face evaluation was completed and documented.
    - Indicate the date and time the face-to-face evaluation was completed.
    - Indicate if the order was renewed at required intervals (age dependent), if applicable.
    - If simultaneous restraint and seclusion were ordered, describe in the text box the continuous monitoring method(s) that were used to monitor the patient. (i.e.: 1:1 continuous staff monitoring, use of 1:1 staff, as well as video monitoring, etc.).

# Entering the Content Information

## Section D. Restraint Information (Part II).

After answering No or Yes -

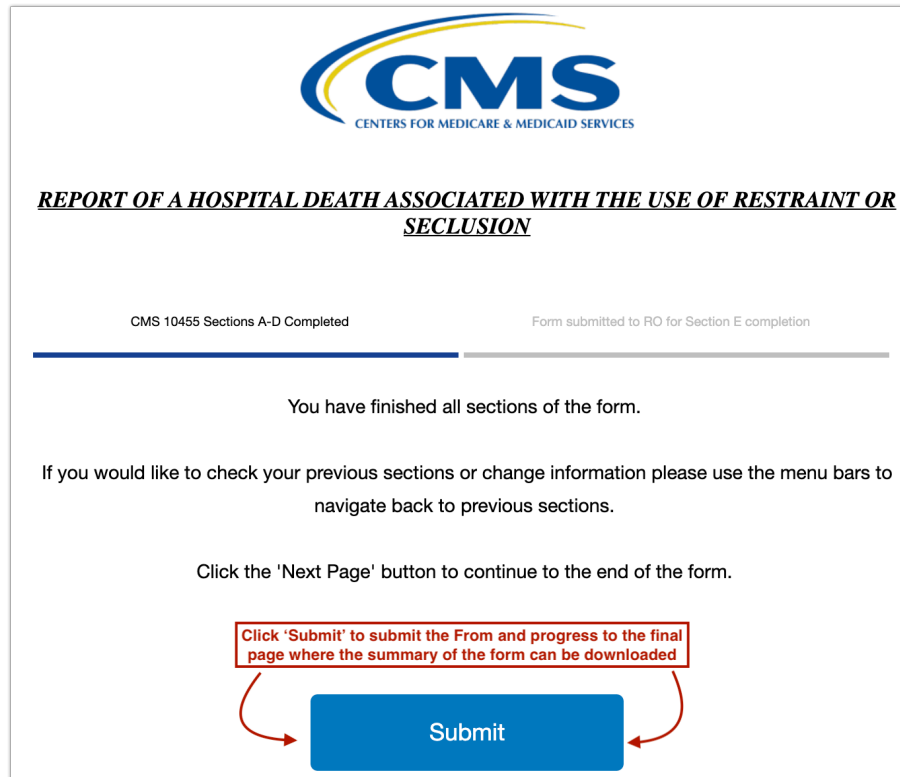
- Hospital/CAH documentation stops here. **Submit\***.
- Form CMS-10455 will automatically send to the respective CMS Regional Office for review.
- **Document** in patient's medical record.

\*The submission process will be outlined in the next few slides.

# **How to Submit the Electronic Form CMS-10455**

# Submitting the Form CMS-10455

- On the last page of the Form, click the **“Submit”** button.
- The submitted Form automatically sends the information that was entered to your CMS Regional Office, where after their review, a determination to survey will be decided.



The screenshot shows the final page of the CMS-10455 form. At the top center is the CMS logo, which consists of a stylized blue and yellow arc above the letters "CMS" in a bold, blue, sans-serif font. Below the logo, the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" is written in a smaller, blue, sans-serif font. Below the logo and text is the title of the form: **REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION**. Below the title is a progress bar with two segments: the left segment is blue and labeled "CMS 10455 Sections A-D Completed", and the right segment is grey and labeled "Form submitted to RO for Section E completion". Below the progress bar is the text: "You have finished all sections of the form." Below this text is the instruction: "If you would like to check your previous sections or change information please use the menu bars to navigate back to previous sections." Below this instruction is the text: "Click the 'Next Page' button to continue to the end of the form." Below this text is a red-bordered box containing the text: "Click 'Submit' to submit the Form and progress to the final page where the summary of the form can be downloaded". Below this box is a blue button with the text "Submit" in white. Two red curved arrows point from the text box to the button, one on each side.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION**

CMS 10455 Sections A-D Completed      Form submitted to RO for Section E completion

You have finished all sections of the form.

If you would like to check your previous sections or change information please use the menu bars to navigate back to previous sections.

Click the 'Next Page' button to continue to the end of the form.

Click 'Submit' to submit the Form and progress to the final page where the summary of the form can be downloaded

Submit

# Confirmation of Form Submission

**Note** - The submitted Form automatically sends the information that was entered to your CMS Regional Office, where after their review, a determination to survey will be decided.

For Hospital deaths associated with restraint or seclusion:

- A confirmation page containing the date and time the Form was submitted to CMS will display on your computer screen.
- For hospital deaths associated with restraint or seclusion, the date and time the death was reported to CMS must be documented in the patient's medical record.
- To download, save, or print a PDF document of the submitted Form, click on the "Download PDF" link located at the bottom of the final page.

**REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION**

This is the FINAL page that displays after the Form is submitted

Date and time death was reported to CMS must be documented in the patient's medical record. One option for documentation can be to download, save, or print this page to file in the medical record.

If printing this document, to shorten the length of Form CMS-10455, you can resize the pages when printing. Click [here](#) for an example on how to resize the page when printing.

CMS 10455 Sections A-D Form sent to RO for Section E completion

Thank you for submitting CMS Form 10455 to your CMS Regional Office as required by 42 CFR 482.13(g).

Hospital CCN	
Hospital Name	
Patient Name	
Patient DOB	
Patient Medical Record #	
Date and Time of Death	
Date and Time Form Submitted	10/14/2019 5:13 PM

This is summary of important information from the submitted Form

If you need to change information on this form in the future: Please use re-open the Form CMS-10455 survey link and restart a new form providing the new/updated information

[https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV\\_5pXmjw2WAzt8J](https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV_5pXmjw2WAzt8J)

Date and time death was reported to CMS must be documented in the patient's medical record. One option for documentation can be to download, save, or print this page to file in the medical record.

Click this link to download a PDF of the submitted Form

Below is a summary of your responses

[Download PDF](#)



# Document in the Patient's Medical Record

Remember to **document** in patient's medical record.

- According to the State Operations Manual 42 CFR 482.13(g)(3)(i) *Death Reporting Requirements*: - *Hospitals must report deaths associated with the use of seclusion or restraint*, staff must document in the patient's medical record the date and time the death was reported to CMS.
- One option for documentation can be to download, save, or print the summary page to file in the patient's medical record.



# **Instructions for CMS Regional Offices Entering the Content Information Section E**

# Entering the Content Information

## **Section E. CMS Regional Office to Complete this Section of the Form CMS-10455.**

- Select “Yes” or “No” to indicate if a survey was authorized.
  - If a survey was authorized based on reported information, document the date that the State Agency (SA) was notified. Also provide the ACTS Intake ID.
  - If a survey was not authorized, provide a rationale for this decision. (i.e. explain in the text box why a survey was not indicated based on specific diagnosis, circumstances, restraint/seclusion, etc. after a full review of reported events).

# Entering the Content Information

## **Section E. CMS Regional Office to Complete this Section of the Form CMS-10455 (continued).**

- Select “Yes” or “No” to indicate if the hospital/CAH has had a survey in the past two years based on any Patient Rights findings pertaining to previous reports of patient death(s) associated with restraint and/or seclusion, and if so, was there a Condition-level or Immediate Jeopardy (IJ) finding.
  - If yes, list in the text box the deficiencies cited on those Form CMS-2567s.
  - For hospitals/CAHs accredited by an Accreditation Organization (AO), also document in the text box, the date the AO was notified of IJ finding(s).

# Entering the Content Information

## **Section E. CMS Regional Office to Complete this Section of the Form CMS-10455 (continued).**

- The State Protection and Advocacy Agency (P&A) is to be notified only when a survey is authorized AND the P&A has a current Data Use Agreement (DUA).
  - Document in the text box the date the P&A was notified.
  - Send questions regarding whether or not a P&A has a current DUA to: [QSOG\\_Hospital@cms.hhs.gov](mailto:QSOG_Hospital@cms.hhs.gov).
- If a survey was authorized and the P&A was notified, document the date of the P&A notification in the text box.
- The AO must be notified of IJ and Condition-level findings, if applicable.

# **Frequently Asked Questions (FAQs)**

# FAQs

Can you return to previously completed pages?

- Yes. You are able to return to previous pages once you have progressed beyond that page.
- Click on the Menu bars located on the top left corner of each screen to go between the Sections.

What if the system returns to the same page when the “Next” tab is clicked?

- This may indicate that you have not entered all required information into the Form.
- Check to make sure there are no unanswered questions; that all text boxes have been filled in; and any dates that have been entered use the required format of mm/dd/yyyy.
- Once all required information has been entered into the Form click “Next” to advance to the next page.

What if additional or different information needs to be added to an already submitted Form?

- After the Form has been submitted, it cannot be amended or changed.
- Reopen the link to the Form: [https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV\\_5pXmjIw2WAzto8J](https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV_5pXmjIw2WAzto8J)
- Complete and submit a new Form.
- Each **submitted** Form is automatically electronically sent to your CMS Regional Office.

# End of Training



**For any additional questions, please contact your  
CMS Regional Office or email  
[QSOG\\_hospital@cms.hhs.gov](mailto:QSOG_hospital@cms.hhs.gov)**



# Disclaimer

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference

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