

DECEMBER
2006

SHCC SUMMARY

SPECIAL INTEREST ARTICLES:

CMS-3018-F,
ENTITLED "MEDICARE
AND MEDICAID
PROGRAMS; HOSPITAL
CONDITIONS OF
PARTICIPATION;
PATIENTS' RIGHTS,"
WAS RELEASED
12/8/06. IT
BECOMES EFFECTIVE
1/8/07

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INC.**



CMS 3018F @ SECLUSION & RESTRAINT

- ❖ A RESTRAINT IS ANY MANUAL METHOD, PHYSICAL OR MECHANICAL DEVICE, MATERIAL, OR EQUIPMENT THAT IMMOBILIZES OR REDUCES THE ABILITY OF A PATIENT TO MOVE HIS OR HER ARMS, LEGS, BODY, OR HEAD FREELY; OR A DRUG OR MEDICATION WHEN IT IS USED AS A RESTRICTION TO MANAGE THE PATIENT'S BEHAVIOR OR RESTRICT THE PATIENT'S FREEDOM OF MOVEMENT AND IS NOT A STANDARD TREATMENT OR DOSAGE FOR THE PATIENT'S CONDITION.
- ❖ THE FINAL RULE ALSO CLARIFIES THAT A RESTRAINT DOES NOT INCLUDE DEVICES, SUCH AS ORTHOPEDICALLY PRESCRIBED DEVICES, SURGICAL DRESSINGS OR BANDAGES, PROTECTIVE HELMETS, OR OTHER METHODS THAT INVOLVE THE PHYSICAL HOLDING OF A PATIENT FOR THE PURPOSE OF CONDUCTING ROUTINE PHYSICAL EXAMINATIONS OR TESTS, OR TO PROTECT THE PATIENT FROM FALLING OUT OF BED, OR TO PERMIT THE PATIENT TO PARTICIPATE IN ACTIVITIES WITHOUT THE RISK OF PHYSICAL HARM (THIS DOES NOT INCLUDE A PHYSICAL ESCORT)... STANDARD (E) ALSO CLARIFIES THAT SECLUSION MAY ONLY BE USED FOR THE MANAGEMENT OF VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR THAT JEOPARDIZES THE IMMEDIATE PHYSICAL SAFETY OF THE PATIENT, A STAFF MEMBER, OR OTHERS.
- ❖ ...STANDARD (E) RETAINS THE FOLLOWING REQUIREMENTS: RESTRAINT OR SECLUSION MAY ONLY BE USED WHEN LESS RESTRICTIVE INTERVENTIONS HAVE BEEN DETERMINED TO BE INEFFECTIVE TO PROTECT THE PATIENT OR OTHERS FROM HARM; THE TYPE OR TECHNIQUE OF RESTRAINT OR SECLUSION USED MUST BE THE LEAST RESTRICTIVE INTERVENTION THAT WILL BE EFFECTIVE TO PROTECT THE PATIENT OR OTHERS FROM HARM; AND, THE USE OF RESTRAINT OR SECLUSION MUST BE IN ACCORDANCE WITH A WRITTEN MODIFICATION TO THE PATIENT'S PLAN OF CARE, AND IMPLEMENTED IN ACCORDANCE WITH SAFE AND APPROPRIATE RESTRAINT AND SECLUSION TECHNIQUES AS DETERMINED BY HOSPITAL POLICY IN ACCORDANCE WITH STATE LAW.
- ❖ STANDARD (E) RETAINS AND CLARIFIES THE REQUIREMENT THAT USE OF A RESTRAINT OR SECLUSION MUST BE IN ACCORDANCE WITH THE ORDER OF A PHYSICIAN OR OTHER LIP WHO IS RESPONSIBLE FOR THE CARE OF THE PATIENT AS SPECIFIED UNDER § 482.12(C) AND IS AUTHORIZED TO ORDER RESTRAINT OR SECLUSION BY HOSPITAL POLICY IN ACCORDANCE WITH STATE LAW....

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CMS 3018F: CONTINUED

- ❖ STANDARD (E) ALSO SETS LIMITS ON THE LENGTH OF EACH ORDER FOR RESTRAINT OR SECLUSION USED TO MANAGE VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR THAT JEOPARDIZES THE IMMEDIATE PHYSICAL SAFETY OF THE PATIENT, A STAFF MEMBER, OR OTHERS BASED ON THE AGE OF THE PATIENT, AND STATES THAT THE ORDER MAY ONLY BE RENEWED IN ACCORDANCE WITH THESE LIMITS FOR UP TO A TOTAL OF 24 HOURS UNLESS SUPERSEDED BY STATE LAW THAT IS MORE RESTRICTIVE. AFTER 24 HOURS, BEFORE WRITING A NEW ORDER FOR THE USE OF RESTRAINT OR SECLUSION FOR THE MANAGEMENT OF VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR THAT JEOPARDIZES THE IMMEDIATE PHYSICAL SAFETY OF THE PATIENT, A STAFF MEMBER, OR OTHERS, A PHYSICIAN OR OTHER LIP (IF ALLOWED BY STATE LAW) MUST SEE AND ASSESS THE PATIENT.
- ❖ ...WHEN RESTRAINT OR SECLUSION IS USED FOR THE MANAGEMENT OF VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR THAT JEOPARDIZES THE IMMEDIATE PHYSICAL SAFETY OF THE PATIENT, A STAFF MEMBER, OR OTHERS, A PHYSICIAN OR OTHER LIP, OR A RN OR PA TRAINED IN ACCORDANCE WITH THE REQUIREMENTS SPECIFIED UNDER § 482.13(F), MUST SEE THE PATIENT FACE-TO-FACE WITHIN 1-HOUR AFTER THE INITIATION OF THE INTERVENTION.
- ❖ ...ALL REQUIREMENTS SPECIFIED UNDER STANDARD (E) APPLY IN THE SIMULTANEOUS USE OF RESTRAINT AND SECLUSION, WHICH IS NOT PERMITTED UNLESS THE PATIENT IS CONTINUALLY MONITORED FACE-TO-FACE BY AN ASSIGNED, TRAINED STAFF MEMBER, OR CONTINUALLY MONITORED BY TRAINED STAFF USING BOTH VIDEO AND AUDIO EQUIPMENT....
- ❖ WHEN RESTRAINT OR SECLUSION IS USED, THERE MUST BE DOCUMENTATION IN THE PATIENT'S MEDICAL RECORD OF THE FOLLOWING: THE 1-HOUR FACE-TO-FACE MEDICAL AND BEHAVIORAL EVALUATION IF RESTRAINT OR SECLUSION IS USED TO MANAGE VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR THAT JEOPARDIZES THE IMMEDIATE PHYSICAL SAFETY OF THE PATIENT, A STAFF MEMBER, OR OTHERS; ALTERNATIVES OR OTHER LESS RESTRICTIVE INTERVENTIONS ATTEMPTED (AS APPLICABLE); THE PATIENT'S CONDITION OR SYMPTOM(S) THAT WARRANTED THE USE OF THE RESTRAINT OR SECLUSION; AND, THE PATIENT'S RESPONSE TO THE INTERVENTION(S) USED, INCLUDING THE RATIONALE FOR CONTINUED USE OF THE INTERVENTION....
- ❖ STANDARD (F), a new standard, STATES THAT THE HOSPITAL MUST REQUIRE APPROPRIATE STAFF TO HAVE EDUCATION, TRAINING, AND DEMONSTRATED KNOWLEDGE BASED ON THE SPECIFIC NEEDS OF THE PATIENT POPULATION IN AT LEAST THE FOLLOWING: • TECHNIQUES TO IDENTIFY STAFF AND PATIENT BEHAVIORS, EVENTS, AND ENVIRONMENTAL FACTORS THAT MAY TRIGGER CIRCUMSTANCES THAT REQUIRE RESTRAINT OR SECLUSION; • THE USE OF NON-PHYSICAL INTERVENTION SKILLS; • CHOOSING THE LEAST RESTRICTIVE INTERVENTION BASED ON AN INDIVIDUALIZED ASSESSMENT OF THE PATIENT'S MEDICAL, OR BEHAVIORAL STATUS OR CONDITION; • THE SAFE APPLICATION AND USE OF ALL TYPES OF RESTRAINT OR SECLUSION USED IN THE HOSPITAL, INCLUDING TRAINING IN HOW TO RECOGNIZE AND RESPOND TO SIGNS OF PHYSICAL AND PSYCHOLOGICAL DISTRESS (FOR EXAMPLE, POSITIONAL ASPHYXIA); • CLINICAL IDENTIFICATION OF SPECIFIC BEHAVIORAL CHANGES THAT INDICATE THAT RESTRAINT OR SECLUSION IS NO LONGER NECESSARY; • MONITORING THE PHYSICAL AND PSYCHOLOGICAL WELL-BEING OF THE PATIENT WHO IS RESTRAINED OR SECLUDED, INCLUDING BUT NOT LIMITED TO, RESPIRATORY AND CIRCULATORY STATUS, SKIN INTEGRITY, VITAL SIGNS, AND ANY SPECIAL REQUIREMENTS SPECIFIED BY HOSPITAL POLICY ASSOCIATED WITH THE 1-HOUR FACE-TO-FACE EVALUATION; AND, • THE USE OF FIRST AID TECHNIQUES AND CERTIFICATION IN THE USE OF CARDIOPULMONARY RESUSCITATION, INCLUDING REQUIRED PERIODIC RECERTIFICATION....
- ❖ STANDARD (G), a new standard, REQUIRES THE HOSPITAL TO REPORT TO CMS EACH DEATH THAT: OCCURS WHILE A PATIENT IS IN RESTRAINT OR IN SECLUSION AT THE HOSPITAL; OCCURS WITHIN 24 HOURS AFTER THE PATIENT HAS BEEN REMOVED FROM RESTRAINT OR SECLUSION; AND, 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.