

Webinar



CMS Hospital Restraint and Seclusion: *Navigating the Most Problematic CMS Standards and Proposed Changes*

June 19, 2019

10:00 AM - 12:00 PM ET

Fee: \$185

Login information: Provided after registration

Registration online: www.kyha.com/events

General Overview: Did you know that the number one area of deficiencies in the CMS CoP is regarding restraints? CMS issued a memo summarizing all of the deficiencies against hospitals which is updated quarterly. This program will discuss the most problematic standards in the restraint section. If a CMS surveyor showed up at your hospital tomorrow would you be prepared? Does your staff understand all 50 pages of the CMS interpretive guidelines? This program will also discuss the proposed changes to restraints published in the Hospital Improvement Rule which address changing the term to licensed practitioners so PAs can order restraints.

Did you know any physician or provider who orders restraint must be trained in the hospital's policy? Did you know that both CMS and Joint Commission require hospital staff to be educated on restraint and seclusion interpretive guidelines? This program can be used to help hospitals meet this requirement. CMS also says that restraint training must be on-going so you can't just provide training at orientation and forget about it. Did you know that CMS has ten pages of training requirements?

This program will discuss the requirements for an internal log and what must be in the log for patients who die in one or two soft wrist restraints. It will include what must be documented in the medical record also. It will also discuss the reporting requirements for patients who die in restraints and within 24 hours of being in a restraint.

As discussed, Restraint and Seclusion is a hot spot with both CMS and the Joint Commission and a common area where hospitals are cited for being out of compliance. The restraint policy is one of the hardest to write and understand in healthcare today.

CMS has issued interpretive guidelines on restraint and seclusions for hospitals. This program will simplify and take the mystery out of those 50 page restraint and seclusion interpretive guidelines. It will provide a crosswalk to the Joint Commission standards. Avoid the restraint nightmare now and let us take the mystery out of these confusing regulations by attending this program.

Every hospital that accepts Medicare patients will have to comply with the interpretive guidelines even if the hospital is accredited by the Joint Commission, HFAP, CIHQ, or DNV Healthcare. Hospitals will need to make sure their policies and procedures comply with these. Joint Commission and CMS both require restraint training to staff. There is also a requirement that physicians and anyone who writes an order for restraints will have to be educated on the hospital's policy. The guidelines explain the training requirements for the RN doing the one hour face to face visits for patients who are violent and or self destructive. There are basically 21 rules covered by the CMS interpretive guidelines. The Joint Commission standards on restraint and seclusion will be reference and are now closer in the crosswalk. Patient safety is at risk and patients have been injured or died from improper restraint usage.

Faculty:

Sue Dill Calloway, RN, AD, BA, BSN, MSN, JD, CPHRM, CCMSCP, is a nurse attorney, a medical legal consultant and the past chief learning officer for the Emergency Medicine Patient Safety Foundation. She is the immediate past director of Hospital Patient Safety and Risk Management for The Doctors Company. She is currently president of Patient Safety and Health Care Education and Consulting. She was a medical malpractice defense attorney for many years and a past director of risk management for the Ohio Hospital Association. She was in-house legal counsel for a hospital in addition to being the privacy officer and compliance officer. She has done many educational programs for nurses, physicians, and other health care providers. She has authored over 102 books and numerous articles. She is a frequent speaker and is well known across the country in the area of healthcare law, risk management, and patient safety. She has taught many educational programs and written many articles on compliance with the CMS and Joint Commission restraint standards.

Intended Audience:

All nurses with direct patient care, compliance officer, chief nursing officer, chief of medical staff, COO, Nurse Educator, ED nurses, ED physicians, Medical staff coordinator, risk manager, patient safety officer, senior leadership, hospital legal counsel, Risk Manager, Chief Risk Officer, PI director, Joint Commission coordinator, nurse managers, quality director, chief medical officer, security guards, compliance officer, chief risk officer, accreditation and regulation staff and others responsible for compliance with hospital regulations and anyone involved in the restraint or seclusion of patients. Persons responsible for rewriting the hospital policies and medical staff bylaws should attend. This also includes staff that remove and apply them as part of their care such as radiology techs, ultra sound technologists, transport staff, and others.

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Webinar: CMS Hospital Restraint and Seclusion (continued)

Objectives:

- Define the CMS restraint requirement of what a hospital must document in the internal log if a patient dies within 24 hours with having two soft wrist restraints on.
- Recall that CMS requires that all physicians and others who order restraints must be educated on the hospital policy.
- Describe that CMS has restraint education requirements for staff.
- Discuss that CMS has specific things that need to be documented in the medical record for the one hour face to face evaluation on patients who are violent and or self destructive.

Continuing Education Credit:

This program is approved by the Kentucky Board of Nursing for 2.4 contact hours, program offering number 5-0023-1-20-155. The Kentucky Board of Nursing approval of individual nursing education provider does not constitute endorsement of program content. Participants must attend the entire session and complete the evaluation. Those desiring continuing education credit must have nursing license number.

Webinar Outline

- Right to be free from restraint,
 - Number of deficiencies
 - Providing copy of right to patients,
 - Restraint protocols
 - Proposed changes in the hospital improvement rule
 - PA to order and change from LIP to LP
 - CMS deficiency reports
 - CMS changes effective to internal log and soft wrist restraints
 - Most current manual,
 - Medical restraints,
 - Behavioral health restraints,
 - Violent and self destructive behavior,
 - Definition of restraint and seclusion,
 - Manual holds of patients,
 - Leadership responsibilities,
 - Two soft wrist restraints, internal log and documentation
 - Culture of safety,
 - Drugs used as a restraint,
 - Standard treatment,
 - Learning from each other,
 - Restraints does not include,
 - Side rails, forensic restraints, freedom splints, immobilizers,
 - Assessment,
 - Need order ASAP,
 - Order from LIP and notification of attending physician ASAP,
 - Documentation requirements,
 - Least restrictive requirements,
 - Alternatives,
- RNs and One hour face to face assessment,
 - Training for RN doing one hour face to face assessment,
 - New training requirements,
 - New death reporting requirements,
 - Ending at earliest time,
 - Revisions to the plan of care,
 - PI requirements,
 - Time limited orders,
 - Renewing orders,
 - Staff education,
 - First aid training required,
 - Stricter state laws,
 - Monitoring of patient in R/S,
 - Joint Commission Hospital Restraint standards and differences from CMS



For more information, contact:

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