

PATIENT RIGHTS

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Note: Additional information is also found in Survey and Cert Letter 07-28, Survey and Cert Letter 08-07 and Survey and Cert Letter 11-36.</p>					
<p>If your facility is a physician-owned hospital, do you have a policy and provide written notice to all patients at the earliest possible encounter for an inpatient stay or outpatient visit that the hospital is physician-owned and that a list of the physician owners or investors is available upon request? A-0131 COP §482.13(b)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If there is not physician coverage 24/7 at a minimum of one location or campus, do you provide written notice of this to all patients at the earliest possible encounter for an inpatient stay or outpatient visit? A-0131 COP §482.13(b)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the notice indicate how you will meet the medical needs of a patient who develops an emergency medical condition when there is no physician on-site? A-0131 COP §482.13(b)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital's policy for notifying all patients of their rights include both inpatients and outpatients? A-0117 COP §482.13(a)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your facility inform each patient, or patient's representative, of the patient's rights in advance of furnishing or discontinuing patient care whenever possible? 19 CSR 30-20.84(1)(E) A-0117 COP §482.13(a)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital have an alternative means, such as written materials, signs or interpreters to communicate patient rights to all patients including individuals who need assistive devices or translation services? A-0117 COP §482.13(a)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are all Medicare inpatients given the notice "An Important Message (IM) from Medicare" within 2 days of admission?</p> <p>a. are all IMs signed and dated by the patient/representative?</p> <p>b. for inpatients whose discharge occurred more than 2 days after the initial IM was given, is a second IM given within 2 days of discharge?</p> <p>NOTE: See also SAQs for Discharge Planning and Social work. A-0117 COP §482.13(a)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the hospital provide a hospital-issued notice of non-coverage to any fee-for-service Medicare beneficiary that expresses dissatisfaction with an impending discharge? A-0120 COP §482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the patient rights' policy include the patient and patient's representative's right to:					
a. participate in the development and implementation of his/her plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. make informed decisions regarding his/her care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. be informed of his/her health status, including diagnosis and prognosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. be involved in care planning and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. request or refuse treatment? (Note: This right must not be construed as a mechanism to demand treatment or services deemed medically unnecessary or inappropriate.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. formulate advance directives and have hospital staff and practitioners comply with these directives including:					
- providing information on ADs to inpatients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- documenting in the patient record whether or not the patient has an AD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- placing in the medical record a copy of the AD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- complying with state laws? See RSMo 459.010 to 459.055.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- informing patients of right to file a complaint in regard to AD with state agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- providing community education on ADs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- having a process for patients to update AD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. be informed about any aspects of an advanced directive that the hospital will not implement due to institution-wide or individual physician conscientious objection(s) including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- the authority that permits such objections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- the range of medical conditions or procedures affected by the conscientious objection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. have a family member or representative of his/her choice and his/her own physician promptly notified of his/her admission to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. personal privacy including:					

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- privacy during personal hygiene activities, medical/nursing treatments? - release or disclosure of patient information? - confidentiality of his/her clinical records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: Review A-0143 and A-014 for specific examples and acceptable incidental use and disclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. care in a safe setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. assurance that staff will follow current standards of practice for patient environmental safety, infection control and security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. be free from all forms of abuse or harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. be free from restraints of any form that are not medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0130 COP 482.13(b)(1) A-0131 COP 482.13(b)(2) A-0132 COP 482.13(b)(3) A-0133 COP 482.13(b)(4) A-0143 COP 482.13(c)(1) A-0144 COP 482.13(c)(2) A-0145 COP 482.13(c)(3) A-0147 COP 482.13(d) A-0154 COP 482.13(e)					
Are there policies and procedures regarding visitation rights of patients?					
a. are all restrictions on visitation clinically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. does the policy ensure that there are no restrictions or limitations regarding visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. does the policy ensure that all visitors have full and equal visitation privileges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. are patients or their support person (where appropriate) informed of their visitation rights including restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. are patients or their support person (where appropriate) given a notice of their ability to consent to receive designated visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. does the notice allow for same visitation rights for anyone the patient designates including but not limited to, a spouse, a domestic partner (including a same-sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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domestic partner), another family member, or friend. g. does the notice to the patient regarding their visitation rights include the right to withdraw or deny his/her consent to receive specific visitors? h. is there documented training demonstrating that staff know and understand the visitation policy and how to facilitate access for patients? A-0215 COP 482.13(h) A-0216 COP 482.13(h)(1)&(2) A-0217 COP 482.13(h)(3)&(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there hospital policies addressing: a. the patient's right to make informed decisions and how the hospital assures the patient's ability to exercise this right? b. delegation of the patient's rights to a representative? c. the patient's right to have information on their medical status, diagnosis and prognosis? d. how the patient will be involved in their care planning and treatment? e. how patient requests for treatment will be handled, in particular, the circumstances under which a patient request for treatment can be denied? A-0131 COP 482.13(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
To protect patient rights, does the hospital: a. maintain adequate staff on duty at all times? b. provide appropriate security protections to prevent abduction of infants and children? c. curtail unwanted visitors? d. ensure hospital security policies/procedures are being followed? e. provide employees during orientation and ongoing training on information on abuse and neglect, reporting requirements, prevention, intervention and detection? f. conduct criminal background checks of new hires? g. check the Employee Disqualification list upon hire and quarterly so that disqualified persons are not employed? h. check the Family Care Safety Registry to see if home health, in-home service or LTC unit employees are registered? i. take a proactive approach to identifying events and occurrences that may contribute to abuse and neglect? j. notify appropriate agencies regarding incidences of abuse and neglect? k. protect patients from abuse during	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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investigation of any allegations of abuse, neglect or harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. investigate allegations in a timely and thorough manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. promptly report and analyze incidents of abuse, neglect or harassment in accordance with applicable laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. protect personal possessions that have been brought to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. limit access to all information regarding patients to those individuals designated by law, regulation and policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. apply the hospital's confidentiality process to both central records and clinical record information that may be kept at other locations in the hospital such as radiology, data system, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. prevent unauthorized persons from reading or removing information from the patient's medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. ensure the patient's right to access his/her clinical record information within a reasonable time frame and to receive copies of the record at a reasonable photocopy fee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0144 COP 482.13(c)(3) A-0145 COP 482.13(c)(3) A-0147 COP 482.13(d)(1) A-0148 COP 482.13(d)(2) A-0441 COP 482.24(b)(3)					
GRIEVANCES					
Do hospital's policies identify those circumstances as stated in federal HIPAA privacy standards, when information may be withheld from the patient? A-0148 482.13(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a process for prompt resolution of patient grievances? 19 CSR 30-20.84(1)(L) A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do hospital's policies and procedures assure its grievance process encourages all personnel to alert appropriate staff concerning any patient grievance? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital define a grievance as the following: a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS HospitalCoP, or a Medicare beneficiary billing complaint related to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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rights and limitations provided by 42 CFR §489? A-0118 COP 482.13(a)(2)					
Are all written, faxed and email complaints considered grievances? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all verbal and written complaints regarding abuse, patient harm or compliance with CoPs considered grievances? 19 CSR 30-20.84(1)(L) A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital provide the patient or representative a phone number/address for lodging a grievance with the state hospital licensure agency? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do patients and /or representatives know that they have a right to file a complaint with a state agency as well as or instead of utilizing the hospital's grievance process? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a procedure for clearly explaining to the patients the internal process for submitting written or verbal grievances including who to contact? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is data collected R/T patient grievances as well as other complaints incorporated in the hospital QAPI program? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital's governing body, or a committee (must be more than one individual) designated in writing by the governing body, review and assure resolutions of grievances? A-0119 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the hospital's grievance policy approved by the governing body? A-0119 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are beneficiaries aware of their right to seek review by the <i>Quality Improvement Organization (QIO)</i> for quality of care issues, coverage decisions, and to appeal a premature discharge? A-0120 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the grievance procedure assure that the review of the grievance and the provision of a written response usually is completed within seven days of the filing of the grievance? A-0122 COP 482.13(a)(2)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the grievance cannot be resolved within seven days, does the hospital notify the person filing the complaint that the hospital is still working to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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resolve the complaint and provide a completion date for the resolution? 19 CSR 30-20.84(1)(L) A-0122 COP 482.13(a)(2)(ii)					
Does the written notice to the patient of the grievance resolution include the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process and the date of completion? A-0123 COP 482.13(a)(2)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain documentation of grievances' resolutions? A-0123 COP 482.13(a)(2)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RESTRAINT AND SECLUSION					
Does the hospital have clear and concise policies that assure: <ul style="list-style-type: none"> a. a patient's right to be free from physical or mental abuse and corporal punishment? b. a patient's right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation? c. restraint or seclusion is only imposed to ensure the immediate physical safety of the patient, staff or others? d. restraint or seclusion is ended at the earliest possible time? A-0154 COP 482.13(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do hospital policies: <ul style="list-style-type: none"> a. define a restraint as: <ul style="list-style-type: none"> 1. 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? 2. any drug 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? b. define seclusion as the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving? A-0159 COP 482.13(e)(1) A-0160 COP 482.13(e)(1)(i)(B) A-0162 COP 482.13(e)(1)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: 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					

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<p>routine physical exams or tests. A restraint does not include devices that protect the patient from falling out of bed or permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>A-0161 COP 482.13(e)(1)(i)(C)</p> <p>CMS considers a drug to be a "standard treatment" for a patient's condition and therefore not a restraint, if the drug order:</p> <ol style="list-style-type: none">1. is within parameters approved by the FDA and manufacturer2. follows national professional practice standards3. treats a specific patient's clinical condition <p>A-0160 COP 482.13(e)(1)(i)(B)</p>					
<p>Is a comprehensive assessment of the patient performed addressing the following elements?</p> <ol style="list-style-type: none">a. the reason for restraint or seclusion, the type of restraint, and the duration of restraint or seclusion?b. the severity of the behavior justify seclusion or restraint usage by identifying an immediate and serious danger to the physical safety of the patient or others?c. consideration of factors other than the individual patient in determining causes for the need for restraints or seclusion (i.e., environmental factors)?d. whether the patient's behavior placed the patient or others at risk for harm? Was the patient's behavior violent or self-destructive?e. were other, less restrictive interventions tried and documented, or is there evidence that alternatives were considered and determined to be insufficient? <p>A-0164 COP 482.13(e)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If restraints and seclusion are used simultaneously, is the patient either:</p> <ol style="list-style-type: none">a. continuously monitored face-to-face by an assigned, trained staff member?b. or continuously monitored by staff in close proximity to the patient and using both video and audio equipment? <p>A-0183 COP 482.13(e)(15)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do the hospital's policies ensure that restraints or seclusion are only used:</p> <ol style="list-style-type: none">a. to protect the immediate physical safety of the patient, a staff member or others?b. when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member or others from harm?c. in accordance with a written modification to the patient's plan of care?d. when it is the least restrictive intervention that will be effective to protect the patient, staff member or others from harm?e. in accordance with safe and appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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restraint and seclusion techniques as determined by hospital policy in accordance with state law? A-0154 COP 482.13(e) A-0164 COP 482.13(e)(2) A-0165 COP 482.13(e)(3) A-0166 COP 482.13(e)(4)(i) A-0167 COP 482.13(e)(4)(ii) Note: Seclusion may only be used for the management of violent or self-destructive behavior. A-0162 COP 482.13(e)(1)(ii)					
The following questions only apply to non-violent and non-self-destructive patients in restraints.					
Are restraint orders: a. authorized by a physician or other licensed independent practitioner who is responsible for the care of the patient and permitted by the hospital to order restraints? b. authorized prior to the intervention whenever possible? c. never written as a standing order or on an as needed basis? d. always followed by consultation with the patient's attending physician as soon as possible if the restraint was not ordered by the patient's attending physician? e. written for time limits and renewed as specified by hospital policy? A-0168 COP 482.13(e)(5) A-0169 COP 482.13(e)(6) A-0170 COP 482.13(e)(7) A-0171 COP 482.13(e)(8)(iii)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		
The following questions only apply to violent and self-destructive patients in restraints and seclusion.					
1. Are restraint or seclusion orders: a. authorized by a physician who is responsible for the care of the patient and permitted by the hospital to order restraints? b. authorized prior to the intervention if possible? c. never written as a standing order or on an as needed basis? d. always followed by consultation with the patient's attending physician as soon as possible if the restraint was not ordered by the patient's attending physician? e. and renewals limited to 4 hours for adults, 2 hours for ages 9-17 and 1 hour for under age 9? f. only renewed for a maximum of 24 hours? 2. Within one hour after initiation of the intervention, does a physician or specially	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		

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trained R.N., P.A. or other LIP perform a face-to-face assessment to evaluate the patient? 3. Does this evaluation include an assessment of the patient's: <ul style="list-style-type: none"> a. immediate situation? b. reaction to the intervention? c. medical and behavioral condition? d. the need to continue the intervention? 4. If the assessment is conducted by a R.N. or P.A., is a physician responsible for the patient's care consulted ASAP after the 1-hour evaluation? 5. After 24 hours, and before writing a new order, does a physician or LIP who is responsible for the care of the patient and authorized by hospital policy see and assess the patient? A-0168 COP 482.13(e)(5) A-0169 COP 482.13(e)(6) A-0170 COP 482.13(e)(7) A-0171 COP 482.13(e)(8) A-0172 COP 482.13(e)(8)(ii) A-0178 COP 482.13(e)(12) A-0179 COP 482.13(e)(12)(ii) A-0182 COP 482.13(e)(14)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
If a restraint or seclusion is discontinued (trial release) and then reapplied, is a new order obtained? A-0169 COP 482.13(e)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital and its policies and procedures: <ul style="list-style-type: none"> a. identify who can initiate the emergency application of a restraint prior to obtaining an order? b. determine the level of monitoring and the interval at which the physician or other trained staff must monitor the condition of the patient? c. include a requirement to end the restraint or seclusion as soon as is safely possible? d. address who can discontinue the restraint and under what circumstances it can be discontinued? e. determine what are considered to be safe and appropriate restraint and seclusion techniques? f. reflect a culture that minimizes the use of restrictive interventions and ensures safe and quality care of patients in restraint or seclusion? g. incorporate restraint and seclusion usage in its QA/PI activities? h. differentiate between the use of restraints as 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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appropriate health care intervention and the use of weapons/restraint devices by law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. assure that handcuffs, manacles, shackles, and other chain-type restraint devices are considered law enforcement and are not used by hospital staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. assure that a patient who also is an officer's prisoner receives appropriate assessment and provision of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. assure that if a non-hospital employee or contracted law enforcement officer brings a prisoner wearing handcuffs or other restraints into the hospital for care, that the officer remains responsible for monitoring and maintaining the custody of the prisoner (the hospital's patient)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. address restraint and seclusion training requirements based on patient population needs? A-0154 COP 482.13(e) A-0167 COP 482.13(e)(4)(ii) A-0168 COP 482.13(e)(5) A-0174 COP 482.13(e)(9) A-0175 COP 482.13(e)(10) A-0176 COP 482.13(e)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the use of a restraint or seclusion trigger a written modification to the patient's plan of care? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the plan of care or treatment reflect a process of assessment, intervention and evaluation when restraint or seclusion is used? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence of assessment of the identified problem or of an individual patient assessment? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the patient's plan of care a. reflect the assessment? b. state the goal of the intervention c. describe the intervention d. designate who is responsible for implementation A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Was the patient informed of the changes in his or her treatment plan or plan of care? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Did the physician or other LIP write orders that included a time limit? Were these orders incorporated into the plan of care? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After the discontinuation of the restraint or seclusion intervention, was this information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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documented in an update of the plan of care or treatment plan? A-0166 COP 482.13(e)(4)(i)					
Does the medical record include documentation of:					
a. the patient's behavior and the intervention(s) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. changes in behavior and staff concerns regarding safety risks to the patient, staff, or others prompting use of seclusion or restraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. alternatives or other less restrictive interventions considered or attempted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. the patient's condition or symptoms(s) that warranted the use of restraint or seclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. the patient's response to the intervention(s) used, including the rationale for the continued use of the intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. the one-hour face-to-face medical and behavioral evaluation, if restraint or seclusion was used for violent or self-destructive patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. evidence that the decision to continue or discontinue the use of restraint or seclusion was based on an assessment and re-evaluation of the patient's condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. the date and time the restraint or seclusion was discontinued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. frequent assessments of the patient's readiness to discontinued intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0154 COP 482.13(e) A-0174 COP 482.13(e)(9) A-0179 COP 482.13(e)(16)(i) A-0185 COP 482.13(e)(16)(ii) A-0186 COP 482.13(e)(16)(iii) A-0187 COP 482.13(e)(16)(iv) A-0188 COP 482.13(e)(16)(v)					
Does the hospital have policies and procedures that:					
a. identify which categories of staff are responsible for assessing and monitoring the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. include time frames for offering fluids and nourishment, toileting/elimination, range of motion, exercise of limbs and systematic release of restrained limbs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. describe time frames for how often a patient is monitored for vital signs, respiratory and cardiac status, and skin integrity checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0175 COP 482.13(e)(10)					
Do all staff, including agency or contract staff, who have direct patient contact and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>individuals who may be involved in the application of restraints and seclusion (security guards, EMT's, etc.) receive training and are able to demonstrate competency in the safe use of seclusion and the safe application and use of restraints? A-0196 COP 482.13(f)(1)(i)-(iii)</p>					
<p>Are staff trained and able to demonstrate competency:</p> <ul style="list-style-type: none"> a. techniques related to the specific patient populations being served? <input type="checkbox"/> b. in the application of restraints? <input type="checkbox"/> c. implementation of seclusion? <input type="checkbox"/> d. monitoring, assessing and providing care for a patient in restraints or seclusion? <input type="checkbox"/> e. before performing restraint or seclusion, as part of their orientation and on a periodic basis consistent with the hospital's policy? <input type="checkbox"/> <p>A-0196 COP 482.13(f)(1)(i)-(iii) A-0199 COP 482.13(f)(2)(i)</p>					
<p>Does training include the following:</p> <ul style="list-style-type: none"> a. techniques to identify staff and patient behaviors, events and environmental factors that may trigger restraint or seclusion use? <input type="checkbox"/> b. use of nonphysical intervention skills? <input type="checkbox"/> c. choosing the least restrictive intervention based on individualized assessment? <input type="checkbox"/> d. safe application of restraint or seclusion, including how to recognize and respond to physical and psychological distress? <input type="checkbox"/> e. identification of behavioral changes that indicate that restraint or seclusion is no longer necessary? <input type="checkbox"/> f. monitoring physical and psychological well-being of patient (e.g., respiratory and circulatory status, skin integrity, vital signs) and any special requirements specified by hospital policy associated with the one-hour face-to-face evaluation? <input type="checkbox"/> g. first aid and current CPR certification? <input type="checkbox"/> h. more in-depth training in the areas included in the regulation for staff members who routinely provide care to patients who exhibit violent or self-destructive behavior (e.g., staff who work in the emergency department or psychiatric unit)? <input type="checkbox"/> i. restraint and seclusion death reporting requirements? <input type="checkbox"/> 					

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Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
A-0199 COP 482.13(f)(2)(i) A-0200 COP 482.13(f)(2)(ii) A-0201 COP 482.13(f)(2)(iii) A-0202 COP 482.13(f)(2)(iv) A-0204 COP 482.13(f)(2)(v) A-0205 COP 482.13(f)(2)(vi) A-0206 COP 482.13(f)(2)(vii) A-0213 COP 482.13(g)					
Does hospital policy specify physicians and LIP training? A-0199 COP 482.13(f)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
At a minimum, are physicians and LIPs who are authorized to order restraint and seclusion have a working knowledge of the hospital's restraint and seclusion use policies? A-0199 COP 482.13(f)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are trainers qualified by education, training and experience? A-207 COP 482.13(f)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are training and competency documented in staff records? A-0208 COP 482.13(f)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital report to CMS any patient death that occurs: a. during restraint or seclusion? b. within 24 hours after removal from restraint or seclusion? c. within one week after restraint and seclusion where it is reasonable to assume that use of restraint and seclusion directly or indirectly contributed to a death? Note: If patient was in soft, cloth-like two-point wrist restraints and death is not reasonably assumed to be related to restraint usage, the hospital does not have to report directly to CMS. A-0213 COP 482.13(g)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Note: "Reasonable to assume" includes but not limited to deaths related to restrictions of movement, death related to chest compression, restriction of breathing or asphyxiation. A-0213 COP 482.13(g)					
Are reports made by phone, facsimile, or electronically, to the CMS' regional office by close of the next business day following knowledge of the patients death? A-0213 COP 482.13(g)(1) & (3)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the date and time of the call recorded in the medical record? A-0213 COP 482.13(g)(1) & (3)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When no seclusion has been used and when the only restraints used were soft, cloth-like two point wrist restraints, and a patient death occurs while the patient is in restraints OR within 24 hours after a patient has been removed from such restraints,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
is there a process in place to record these deaths on an internal log? A-0214 COP 482.13(g)(2)(i)(ii)					
Does the internal log contain the: a. patient name b. date of birth c. date of death, medical record number, primary diagnosis and the d. name of attending physician or other LIP who is responsible for the care of the patient A-0214 COP 482.13(g)(4)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the internal log entry made within seven days after the date of death of the patient? A-0214 COP 482.13(g)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the patient's medical record updated with the time and date that the restraint log entry was made? A-0214 COP 482.13(g)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you demonstrate that this log could be made available to CMS immediately upon request? A-0214 COP 482.13(g)(4)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all staff aware of the death reporting requirements? A-0214 COP 482.13(g)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does hospital policy address responsibilities and systems for identifying restraint/seclusion associated deaths that must be recorded on the internal log? A-0214 COP 482.13(g)(2), (3)(ii) & (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all provisions of the patient rights policies included in the QA/PI program for your hospital? (IS THIS SPECIFIC TO RESTRAINT?) IF NOT WHAT REG TO REFERENCE? A-0154 COP 482.13(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there mechanisms in place to assure monitoring and enforcement of these patient rights policies included reporting compliance to the governing body? IS THIS SPECIFIC TO RESTRAINT?) IF NOT WHAT REG TO REFERENCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- [KEPRO](#) QIO is now handling all Medicare beneficiary appeals.
- For more information on EDL, family care, safety registry and criminal background checks, see [DHSS website](#) and MHA's [Background Check Advantage](#).

Key Resources and Links

- [COP §482.13](#)
- [COP 482.24](#)
- [42 CFR §489](#)