

**Frequently Asked Questions concerning Chapter 415 Restraint
and Seclusion Reporting
Revised April 1, 2017**

Who has to report?

All free standing psychiatric hospitals, crisis stabilization units, and inpatient psychiatric (behavioral health) units in general hospitals are required to report restraints and seclusions.

All Crisis Stabilization Units, community mental health service providers governed by Chapter 412, Subchapter G, the Waco Center for Youth, and the Texas Center for Infectious Disease, must report pursuant to Chapter 415.272(h).

We are a general hospital that does not have a behavioral health unit. Sometimes, we get patients in the emergency room that are or become violent and we have to restrain them until the police arrive to take the patient to a mental health facility. Do we have to report this to the State?

No, only psychiatric hospitals or mental health units in the general hospitals need to report.

When the police bring in a patient in handcuffs or shackles, are those restraints? Do we have to report them if we don't apply the restraints?

No, the police handcuffing a patient is for forensic reasons, NOT therapeutic reasons.

It says we have to report by the first of the month; but we have to do a retrospective review of the patients' records and we might have a patient in restraint at 11:30 PM the night before? How can we report this?

Although the regulation states that the report for the last quarter is due the first of the month (November 1, 2014 and quarterly thereafter – February 1st, May 1st, and August 1st), we do understand that there are issues or times when that may not be possible. Therefore, we will expect the report to be entered as soon as possible, on or immediately after the 1st; but no later than the 30th day of the month in which the report was due.

When To Report

The online reporting requirements have been modified to reflect the use of Reporting Year and Reporting Period, not quarters. The Reporting Year selected should be the month the data is submitted. For example, if the facility submits their data in January 2015 for the Reporting Period November – December – January, the Reporting Year 2015 would be selected.

If we don't have any restraints or seclusions for a full quarter, are we supposed to enter a zero?

Yes

Our hospital is not dependent on Medicare and Medicaid reimbursements; but your guidance says to report the HBIPs as you do for Medicare. We don't report the HBIPs. Do we still need to report our restraints and seclusions to the State as required in Chapter 415?

Yes.

We had a patient in the surgical ICU who got real anxious and started picking at her sutures. We had to put her in soft wrist (restraints) for her own protection. Do we have to report this?

Only free-standing private psychiatric hospitals and mental health units in general hospitals have to report.

We are a behavioral health unit in a general hospital. While a middle-aged female patient was in restraint, she aspirated, and, sadly was pronounced deceased. How do we report this?

You report the restraint use to the state in the appropriate box on the restraint and seclusion reporting format. In addition, since this was a death while in restraint, the death must be reported to the Health Facility Compliance Group at 1-888-973-0022, and to the Centers for Medicare and Medicaid Services (CMS) as required under federal guidelines.

We are a children's hospital with a psych unit. One of the 5 year olds was really acting out and need to get away from any stimulus that may have been exciting him, and we placed him in the seclusion room. However, we left the door cracked open with Ted, one of our psych techs, seated right outside the door. Would you call this seclusion?

Seclusion is not only based on whether or not the door was ajar, but whether egress was prevented and the patient was separated from the milieu which was not of the patient's own choosing. If Ted was preventing the five year old from leaving the room, then it was seclusion and needs to be reported as such on the next quarterly report. Please see the rule definitions.

We don't admit anyone under the age of 18. How do we show this on the report?

For those areas, you will enter a zero for that age group as well as a zero for the number of patient days for restraints and the same for seclusion.

I am the program director of a geropsych unit. Do these regulations apply to us?

Yes. If you only admit older adults, for those areas where you would report restraint or seclusion for children or adolescents, you will enter a zero in the restraint column and a zero in the bed day's column. The same would be true for seclusion. You only enter data for the particular age group in your facility.

We are a zero-use facility, meaning we do not utilize restraints of any kind. All of our reports will show zero restraints per patient bed days. Do we have to continuously report the zero's or, after a year or two, can it be assumed that we have no restraints and thus we can cease reporting?

There is nothing in current regulation that says that you can stop reporting. Senate Bill 325 as enacted by the Texas Legislature requires these reports to be submitted by free- standing private psychiatric hospitals and mental health units in general hospitals. All applicable facilities are required to report even if they continuously report zero use in all the boxes on the report.

We do not have psychiatric facilities in our hospital. There are times we admit psych patients for medical reasons or treat psych patients in our Emergency Department (ED) until we can transfer them out, but we are not a psych facility. To date, we have not restrained any of our ED patients who are awaiting transfer. I don't think we have restrained any of our psych patients who are admitted for medical purposes either. I need clarification – is this reporting requirement only for patients that have a primary psychiatric diagnosis?

Reporting is based on patient location in the facility, not on the diagnosis. The patient would need to be in the inpatient psychiatric services unit for the reporting requirements to apply.

Update Based on Various Questions Received from Facilities

Effective November 1, 2015, the new §415.272 (h) reporting requirements went into effect related to behavioral emergencies as defined in the rule. The department has received several questions related to the new reporting requirements; for clarification purposes, please see responses below:

- (1) interventions used during a behavioral emergency, including:
 - (A) rate of seclusions (per 1,000 bed days); the numerator is the hours of seclusion.
 - (B) rate of personal restraints (per 1,000 bed days); the numerator is the number of personal restraints.
 - (C) rate of mechanical restraints (per 1,000 bed days); the numerator is the number of hours in restraint.
 - (D) rate of emergency medication orders (per 1,000 bed days); the numerator is the number of emergency medication orders.

Example – for each rate, divide the total # of occurrences for all patients for the reporting period by the number of patient days, then multiply that number by 1000 bed = rate

Note: 1 bed occupied by 1 patient = 1 bed day; A bed day is the same as inpatient days or patient days.

Note: The # of emergency medication orders means the # of emergency medication orders issued or obtained during a behavioral emergency. The facility should track the rate of emergency medication orders, possibly through QAPI, using retrospective chart reviews.

Note: Personal restraint is defined in §415.253(21); means the same as physical hold.

Note: De-escalation techniques; there is not a drop down option at this time; please provide a very brief description of the de-escalation techniques your facility has used; for example, changed the milieu, meds offered, or a verbal de-escalation according to CPI, PMAB, or SAMA....

Also, the department had received several inquiries from LMHAs; below are the responses:

Q: If a LMHA has a client that was restrained in a community setting outside of the LMHA or CSU, who reports?

A: it is the Community Setting that would report if they are under the Chapter 415 regulations.

Q: If a contract provider runs the crisis respite facility under a contract with the LMHA, who's responsible for the reporting?

A: the LMHA would be responsible.

Q: If a separate contract with a psych hospital- who reports?

A: The psychiatric hospital.

Q: What does serious injury mean?

A: Definition of serious injury- an injury that results in the temporary or permanent loss of function of one or more body parts. For example, a fracture, a laceration requiring extensive sutures, a bad sprain, an injury requiring surgical intervention for repair, etc.

Q: Please explain rate vs number?

A: Rate and number are not the same; a rate is figured by taking the number of occurrences and dividing it by the number of patient days, then multiply that number by 1000; number is the event or occurrence of X.

Q: Please explain bed days?

A: Calculation of bed days. Since your reporting period begins with November 2015, December 2015, and January 2016, there are approximately 91 days per reporting period. If a facility has ten beds, and those beds were all occupied all 91 days, this would give you 10 x 91 or 910 bed days.

Q: If there's no beds, what do we do?

A: Use available treatment days. Is the LMHA available 7 days a week or just the usual 5 days a week? Calculate the number of available days in a reporting period times the number of patients seen to get the total number.

Notes for LMHAs:

- Report those techniques that didn't work resulting in a restraint or seclusion.
- If the psych hospital reports, then the LMHA doesn't.
- Due date falling on a weekend- report it the following Monday.
- HBIPS 2 and 3 do not apply- leave blank on report
- No license- leave that blank on report form.

Note: The bhips 2 and 3 facilities have been reporting started back on 11/1/14 – that data is due now for the Aug-Sept –Oct reporting period; the new reporting data requirements went into effect 11/1/15, so that first reporting period for that will be Nov-Dec- Jan, and due in Feb 16; the bhips 2 and 3 will be due again under that same reporting period.

Note: The department will run periodic reports to review the reported data and identify any trends or patterns which indicate a facility is reporting higher than average numbers. If so, the department will follow up with that particular facility to determine the cause and how the possible issue may be addressed.

Note: Below is link to sign up for email updates regarding any health facility hot topics.

<http://www.dshs.texas.gov/facilities/email-updates.aspx>

Below is the link to the hot topics where this this updated FAQ is posted:

<http://www.dshs.texas.gov/facilities/hospitals/news.aspx>