



STATE OF MARYLAND
DHMH


Maryland Department of Health and Mental Hygiene

Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

TRANSMITTAL

To: All Hospital Administrators

From Wendy Kronmiller 

Re: Seclusion and Restraint

Date: August 9, 2006

Through our complaint investigation process, the staff of the Office of Health Care Quality has found alarming patterns of deficient practices in the use of seclusion and restraint. This pattern has been particularly apparent in hospital Emergency Departments and to a lesser degree on medical units.

While we clearly recognize the need to maintain a safe environment and the challenges faced by EDs; we have found that some hospitals utilize restrictive interventions long after the emergency situation has been resolved. In some cases individuals have been kept in restraints or seclusion for many hours and even days. We recognize that these patients may require extended stays in the Emergency Department while placements or services are being located. Nonetheless, all patients have the right to be treated in a humane manner and consistent with their symptoms or diagnosis.

Many deficiencies cited may be the result of a failure to respect patient rights; however, some are the result of substandard documentation. We have observed instances where little or no rationale is documented for the initial application of restrictive interventions or the continued use of the interventions including lack of physician orders for seclusion and restraint.

Due to the prevalence of these deficient practices we have enclosed a copy of the Medicare regulations related to the use of seclusion and restraint and the interpretative guidelines that CMS provides to the surveyors to interpret how each regulation should be applied. Please review your hospital's policies and procedures to determine if they are consistent with these regulations and share them with your staff.

Our experience has been that inpatient behavioral health units have had a good track record of compliance with these standards including monitoring the use and frequency of these interventions within those units. However, some hospitals regardless of the existence of a behavioral health unit do little to track and trend the use of restraints and/ or seclusion that occurs in EDs or on medical units. Hospitals should also review their quality assurance and performance improvement activities and determine if changes should be made to include quality indicators for seclusion and restraint use.

We hope that the enclosed information will be helpful to you. Please contact Renee Webster, Assistant Director for Hospitals, Laboratories, and Patient Safety at (410)402-8016 if you have any questions

HO: 06-002

