Policy Name:	Restraints or Seclusion for Violent, Self-Destructive Patient Situations
Policy Number:	None
Department:	Care Giving
Functional Area:	Nursing
Contributing Department	Behavioral Health
Approved by:	Patient Care Policy Committee
Effective Date:	6/23/2025
Version:	14
Status:	Approve
Manual	Care Giving
Section	Fundamental Procedures

I. Mission, Vision and Values

This organization aims to ensure its Mission, vision, and values are reflected in all organizational-wide policies, procedures, and guidelines. This policy reflects our values human dignity and service by respecting a patient's right to be free from restraint and seclusion while maintaining a safe environment for patients, staff, and visitors.

II. Policy

"All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time." CMS §482.13(e).

III. Purpose

A. Bon Secours Mercy Health strives to provide an environment that is restraint and seclusion free and to protect the patient's health and safety and preserve his/her dignity, rights, and well-being. Limited use of restraints is an interdisciplinary process that is supported by administrative leadership, medical staff, nursing staff, and other disciplines.
B. Patients will be maintained in the least restrictive environment conducive to their safety and general well-being.
C. The process to prevent/reduce the use of restraints and seclusion are encompassed along the care continuum to continuously improve our practice.

IV. Scope

Patient Care Services including Behavioral Health Units - Adult, adolescent, and preteen care. Patients presenting violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

V. Policy Details

A. ASSESSMENT

Restraint or seclusion use for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others is considered an emergency intervention with imminent risk that could not be managed safely by less restrictive interventions. Any use of restraint or seclusion are based on the assessed needs of the patient

by a Licensed Provider or Registered Nurse and assures that the patient and his or her rights, dignity, and well-being are preserved. Assessment considers the risks associated with vulnerable patient populations, such as cognitively- or physically limited individuals or other situations where restraint or seclusion may be contraindicated.

B. **CLINICAL JUSTIFICATION**
When restraint or seclusion are used for the management of violent or self-destructive behavior, the clinical justification includes:
1. The immediate physical safety of the patient,
2. The immediate physical safety of a staff member,
3. The immediate physical safety of the Patient and others

C. **ALTERNATIVES** – Least Restrictive
The organization's culture promotes a physical and social environment that minimizes the use of restraint or seclusion through preventive or alternative strategies. The use of restraint or seclusion occurs when other less-restrictive interventions have been attempted but found ineffective for providing a safe and therapeutic environment for the patient, staff and others. Alternative actions include, but are not limited to:
1. Alternatives:
   a) Reorientation of the surroundings
   b) Diversionary activities
   c) Increase frequency of nursing rounds
   d) Verbal re-direction
   e) 1:1 patient care
   f) Decrease stimulation
   g) Use of medication to treat signs and symptoms
   h) Time-out

D. **RESTRAINT OR SECLUSION ORDER (to manage violent or self-destructive behavior)**
1. Any type of violent restraint including, but not limited to, 4-point restraints, chemical restraints, physical hold, or use of force in order to medicate a patient, seclusion, etc. requires a provider order.
2. In the absence of an order, the RN may initiate use of restraints or seclusion in emergency situations. In emergency situations, the order must be obtained either during the emergency application of the restraint or initiation of seclusion or immediately (within a few minutes) after the restraint has been applied or seclusion has been initiated. ***Failure to immediately obtain an order is viewed as the application of restraint or seclusion without an order. [CMS.482.13(e)(5)].***
3. CMS 482.13(e)(8). Each order for 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 may only be renewed:
   a) Every 4 hours for adults 18 years and older
   b) Every 2 hours for preteens and adolescents ages 9–17 years (ED for hospitals without Pediatrics)
   c) Every 1 hour for children under 9 years of age (ED for hospitals without Pediatrics)
3. If the restraint or seclusion episodes are consecutive and result in a 24-hour consistent use of the restraint or seclusion, a physician or provider responsible for the care of the patient and authorized to order restraints or seclusion must see and assess the patient. This assessment must be written in the physician/provider progress notes for every 24-hour continuous episode of reordered restraint or seclusion usage.
   ***** Note: The 1-hour face-to-face patient evaluation must be conducted in person by a physician or other provider, or trained RN or PA. (A smart phrase is available to support documentation) A telephone call or telemedicine methodology is not permitted.***
4. Must be authenticated by the physician or provider
5. **PRN orders ARE NOT permissible.** Trial releases are considered prn and are not permitted.

6. Any change to restraint type or number of restraints must have a new order.
   **Example of prohibited actions: Patient ordered for 4 points restraint; removing 2-points of restraints once patient meets discontinuation criteria without removing the other 2-points with the intent to see how the patient does with less restraints. This requires a new order for 2-point restraints. Once patient meets the criteria, the "restraint(s)" must be removed in total, or a new order must be obtained.
7. Clinical justification for the restraint or seclusion must be included in the order
8. Type of restraint to be used or method of seclusion must be designated

E. **INITIATION**

1. 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, the patient must be seen face-to-face within 1 hour after initiation of the intervention by a:
   a) Physician or other provider or a Registered nurse or physician assistant who has been trained in accordance with the requirements specified by CMS and has documented evidence of that training in his/her HR file.
   b) If violent restraints or seclusion was not ordered by the attending or the face-to-face evaluation is conducted by someone other than the attending physician such as, a qualified registered nurse, they must consult the attending physician or other licensed practitioner who is responsible for the care of the patient as soon as possible and/or after the completion of the 1-hour face-to-face evaluation.
2. The 1-hour face-to-face evaluation [CMS.482.13(e)(12)(ii)] must address:
   a) The patient's immediate situation
   b) The patient's reaction to the intervention
   c) The patient's medical and behavioral condition
   d) The need to continue or terminate the restraint. or seclusion
3. The one-hour face-to-face evaluation must be conducted even if the restraints or seclusion are discontinued in less than one hour.
4. Conditions or circumstances which may contraindicate the use of physical restraints or seclusion:
   a) Convenience of staff
   b) Discipline of the individual
   c) Contraindications specific to the individual or situation, for example - certain medical conditions, obesity, etc.
   d) History of physical or sexual abuse, if known
   [OAC-5122-14-12(H) and OAC 5122-14-10(g)(3) (e)]
   Any patient placed in 4-point restraints restraint chair, or seclusion constitutes an unusual situation and must be reported <u>immediately</u> to the clinical director / Nursing Supervisor of the service and <u>within 4 hours</u> to the facility Chief Nursing Officer or designee.

F. **SAFE APPLICATION / MONITORING / DOCUMENTATION / REMOVAL**

1. <u>Safe Application</u>

a) The RN may apply/administer the restraint or may direct trained staff (includes but not limited to; LPN, TA/CNA/ PCA/ PCT, BHT, Protective Services under supervision of the RN) who have completed restraint education and competency, in the appropriate and safe application of restraint.
b) If facilities choose to include protective services in the application of restraints, protective service staff must be trained in the application of clinical restraints at the same level as nursing and support staff.
c) **The following shall not be used under any circumstances**:

i. Face down restraint with back pressure
ii. Any technique that obstructs the airway or impairs breathing
iii. Any technique that obstructs vision
iv. Any technique that restricts the patient's ability to communicate

Note: Restraints should be avoided in patients who use sign language to communicate. *If Restrain patients preferred method of communication is American Sign Language or hands-on devices, restraints may be released to allow for communication.*

2. **Monitoring / Documentation**

a) Any patient placed in restraints or seclusion for the management of violent or self-destructive behavior must be **monitored continuously** by trained staff until the restraints are removed or seclusion is discontinued.
b) Restraint or seclusion use must be in accordance with a written modification to the patient's plan of care on initiation and termination of the restraint or seclusion be implemented in accordance with safe and appropriate techniques and be ended at the earliest possible time.
c) For the use of restraints, immediately place patient on 1:1 with staff member
d) For the use of seclusion, monitor patient with continuous visual observation in close proximity to the patient with the ability to respond.
Note: Camera monitoring is only acceptable for seclusion, but not for restraints
e) Apply restraint according to manufacturer's recommendation.
f) Always safeguard the patient's privacy and dignity at all times with safety considerations.
g) Assessment of the patient during restraint or seclusion use is the responsibility of the Registered Nurse. Trained or unlicensed staff may perform components of monitoring (i.e. checking vital signs and hydration; the patient's skin integrity and appropriate fit of restraint) and may also provide for general care needs (i.e. eating, hydration, toileting, range of motion).
h) Minimum Documentation in the medical record from restraints or seclusion related to violent and/or self-destructive behavior includes:
i. **Every 15 minutes,** assess the need for intervention on the following:
a. Checking Circulation & Restraint applied properly (not applicable to seclusion)
b. Continuous Observation
c. Physical Comfort
d. Psychological status
ii. **A minimum of every 2 hours**, assess the need for intervention on the following:
a. Clinical justification criteria (RN only)
b. Hygiene & Elimination needs
c. Food / Meals offered / Nutritional Status
d. Fluids / Hydration Status
e. ROM reposition, skin integrity checked
f. Readiness for removal of restraints or discontinuing seclusion
g. Assisting individuals to meet behavioral expectations of discontinuation of restraints or seclusion

NOTE: Patient needs, and situational factors may require more frequent documentation.

3. **Removal or Discontinuation**

a) The decision to discontinue the intervention should be based on the determination that the medical need for restraint or seclusion is no longer present or the patient's needs can be met with less restrictive methods.
b) When the physician/provider continues the restraint, or seclusion there must be documentation in the patient's medical record describing

i. The physical restraint or seclusion is absolutely necessary for the patient's &/or others safety and well-being.
ii. If restraints or seclusion are continued, Staff review suggestions with staff to help the patient regain control.
iii. Staff cannot discontinue an order and then re-start it under the same order because that would constitute a PRN order.
iv. Each episode of restraint or seclusion use must be initiated in accordance with the order of a Physician/Provider.

NOTE: A temporary release that occurs for the purpose of caring for a patient's needs—for example toileting, feeding, and range of motion are not considered a discontinuation of the intervention.

G. PLAN OF CARE / PATIENT EDUCATION – For inpatients departments only
"The use of restraint or seclusion must be in accordance with a written modification to the patient's plan of care." CMS 482.13 (e)(4)

1. The plan of care and/or treatment plan must be modified to include and address the use of restraints or seclusion for violent or self-destructive behavior. The use of a restraint or seclusion intervention should be reflected in the patient's plan of care or treatment plan based on an assessment and evaluation of the patient.
2. The plan of care or treatment plan should be reviewed and updated in the medical record within a minimum of 12 hours of application of the restraints or initiation of seclusion.
3. The patient should be informed of the changes in the treatment plan/plan of care and the criteria for discontinuation of the restraints or seclusion.

H. FOR BEHAVIORAL HEALTH UNITS

1. **RESTRAINT CHAIR - Use of a Safety Restraint Chair is for Behavioral Health Units**
   a) The Safety Restraint Chair is a type of restraint that may be used for violent, self-destructive patient situations. The Safety Restraint Chair is intended to protect patients who are in behavioral health environments that need to be restrained because they are at risk of hurting themselves or others.
   b) **Safe Application, Use, and Monitoring**
      i. The Safety Restraint Chair will **ALWAYS** be used in a manner that is consistent with the manufacturer's instructions/manual.
      ii. The Safety Restraint Chair will **ALWAYS** be used in the upright position.
      iii. Documentation requirements and continuous monitoring for care are the same as they are for all other Violent Restraint types.
      iv. The plan of care and/or treatment plan must be modified to include and address the use of the Restraint Chair.
      v. The Safety Restraint Chair is **NOT** to be used for patients weighing less than 80 pounds or more than 400 pounds.
      vi. The shoulder straps are **NOT** to be wrapped around the head, neck, or chest of the patient
      vii. When the Safety Restraint Chair is in use, the patient will be in the seclusion/restraint room with continuous observation by staff. **At no time** will the patient be placed in a public or communal area for other patients to observe.
      viii. Use of the Safety Restraint Chair shall **NEVER** be used as punishment.
      ix. The **maximum amount of time** a patient can be in the Restraint Chair is 4 hours per episode.

NOTE: Situations may occur requiring use outside the Behavioral Health Unit.

2. DEBRIEFING: for Behavioral Health Units ONLY

a) Staff will ensure that all individuals exhibiting escalating behaviors who are anticipated to be the recipient of a restraint technique, be immediately provided with a patient advocate to assist and support the individual during this crisis intervention as proposed.
b) Following the conclusion of each incident of seclusion or restraint, the patient and staff shall participate in a debriefing(s).
c) Debriefing shall occur within twenty-four hours of the incident unless the patient refuses, is unavailable, or there is a documented clinical contraindication.
d) The goals of this debriefing will be:
   i. to identify precipitating factors
   ii. what could have been done differently
   iii. determine the physical & psychological well-being of the patient
   iv. counsel the patient for any trauma that may have occurred during the episode.
e) Staff will document the debriefing in the patient's medical record.

I. PHARMACY REFERRAL

Referrals may be made to pharmacy for a drug profile review on patients placed in restraints or seclusion.

J. PERFORMANCE IMPROVEMENT

Performance improvement processes are used to appropriately evaluate and improve the use of restraints or seclusion. This includes identifying opportunities within the organization to reduce the use of restraint or seclusion and debriefing with staff.

K. REPORTING

1. **Internal:** Clinical leadership (manager, director, or vice-president) is notified of any instance in which the patient is in restraints or seclusion for more than 24 hours. Any patient placed in 4-point restraints or seclusion constitutes an unusual situation and must be reported immediately to the clinical director of the service / Nursing Supervisor and within 4 hours by phone to the facility Chief Nursing Officer or designee.
2. **External:** Quality Director or designee will facilitate/coordinate required reporting to external agencies in accordance with applicable laws and regulations, including deaths occurring while a patient is in restraints or seclusion. Notify manager and/or Quality Director of potentially reportable events.
3. Quality Management will be responsible for oversight and reporting requirements at 42 CFR 482.13(g)
   a) Deaths must be reported to the Regional Office (RO) using electronic Form CMS-10455 available here: https://restraintdeathreport.gov1.qualtrics.com/jfe/form/SV_5pXmjIw2WAzto8J
   b) CMS requires reporting no later than the close of business on the next business day following knowledge of the patient's death of the following:
      i. Each death that occurs while a patient is in restraint or seclusion, ***excluding those in which only 2-point soft wrist restraints or only unsecured (AKA not tied down) mitt(s) were used and the patient was not in seclusion at the time of death***;
      ii. Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion, ***excluding those in which only 2-point soft wrist restraints or only unsecured (AKA not tied down) mitt(s) were used and the patient was not in seclusion within 24 hours of their death***; and
      iii. Each death known to the hospital that occurs within one 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, regardless of the type(s) of restraint used on the patient during this time.

*****Note: Death in Forensic restraints does not require CMS reporting***

c) The organization will also keep an internal hospital log or other record system that includes but is not limited to, the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number and primary diagnosis. The organization will record deaths that occur in the following circumstances listed below:
   i. Each death that occurs while a patient is in restraint but not seclusion and the *only restraints used on the patient were applied exclusively to the patient's wrist(s) and were composed solely of soft, non-rigid, cloth-like materials*; and
   ii. Each death that occurs within 24 hours after the patient has been removed from restraint, when no seclusion has been used and the *only restraints used on the patient were applied exclusively to the patient's wrist(s) and were composed solely of soft, non-rigid, cloth-like materials.*
d) The following must also be documented in the patient's medical record for *any* patient whose death is associated with the use of restraint or seclusion:
   i. The date and time the death was reported to CMS for deaths required to be directly reported; and
   ii. The date and time the death was recorded in the hospital's/CAH's internal log
e) Death entries to the log and medical record must be made within 7 days of the death.

VI. Definitions

Chemical Restraint: A drug or medication, when it is used as a restriction to manage the patient's behavior due to danger to self or others AND is not a standard treatment or standard dosage for the patient's condition, is considered a restraint.

***EXAMPLE: Jane Doe is a 38-year-old female brought to the ED by law enforcement due to threats to kill a neighbor. Upon arrival, the patient. is yelling, threatening to kill the staff, and throwing a chair and objects in the room. Nursing attempted to calm patient utilizing de-escalation techniques and escorting her to a quiet room. Jane continued to escalate and became assaultive by hitting staff, injuring one. To prevent further injury to patient and staff, pt. was physically restrained. Physician offered medications to treat patients' symptoms. Pt. refused medications and spitting and attempting to hit the physician. Physician made decision to order medications to sedate patient. Pt. is physically restrained to provide Haldol and Ativan intramuscular. Pt. calmed down and went to sleep. Pt. was provided a constant observer and monitored medically.

Emergency: A situation which necessitates action prior to obtaining a physician's order.

Episode: Each time a physician's order is written.
****Note: CMS defines an Episode as 24 hours of continued restraint or seclusion use with renewal every 4 hours.**

Patient Advocate: A hospital employee whose job is to speak on a patient's behalf and help patients get any information or services they need. This person ensures the patient, and as appropriate, the patient's family members, significant others, and the patient's legal guardian, are informed about patient rights, in understandable terms, upon admission, and throughout the hospital stay. This person is accessible in person during normal business hours, and during evenings, weekends, and holidays as needed for advocacy issues. This person assists and supports patients, their family members, and significant others in exercising their legal rights and representing themselves in resolving complaints. This person shall not be a member of the patient's treatment team and not have clinical management or care responsibility for the patient for whom he or she is acting as the patient rights advocate.

Physical Hold: Any method of physical restricting a person's freedom of movement, physical activity, or normal use of the person's body for the purpose of a behavioral restraint as when a person's behavior presents as an

immediate danger to themselves or to others. If a patient is in a physical hold, a second staff person will be assigned to observe the patient.

***EXAMPLE: Joe Calm is a 35-year-old male who presented to the ED in the EMS due to suicide attempt. Joe ran out into traffic after a fight with his parents stating he wanted to kill himself. Joe is placed on an involuntary hold by ED physician due to risk of harm to himself. Joe is pacing, yelling at nursing to let him die, and states he wants to leave the hospital to kill himself. Joe is offered oral medication to help calm him down. Joe refuses. A physical hold is needed to provide Haldol and Ativan intramuscular. Joe calms down, becomes drowsy. Suicide precautions remain in place.

***EXCEPTION:** 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).*

Qualified RN or Physician Assistant to perform the One-Hour Face-to-Face Assessment: A Health Care Professional that completed the Competency Based Training for Conducting the One-Hour Face-to-Face Assessment for Patients in Restraints or Seclusion. This includes the required four key assessment elements that must be documented.

Restraint: Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his arms, legs, body, or head freely.

A. **Hard Restraints** – generally made of leather, neoprene or nonpliable plastic material, locking or non-locking restraints
B. **Soft Restraints** – generally made of soft material, fabric, or cloth
C. **Mechanical Restraint: "**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." CMS 482.1(e)(1)

   Any method of physically restricting a person's freedom of movement physical activity or normal access to his or her body. This restraint definition applies to all uses of restraint in all hospital care settings. Under this definition, commonly used hospital devices and other practices could meet the definition of a restraint, such as:

D. **NOTE:** Generally, if a patient can easily remove a device, the device would not be considered a restraint. In this context, **"**easily remove" means that the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the patient's physical condition and ability to accomplish objective (e.g., transfer to a chair, get to the bathroom in time).

Seclusion: The involuntary confinement of a person alone in a room where the person is physically prevented from leaving by a barrier, such as a looked door or dedicated Behavioral Health seclusion room.

A. **NOTE:** Seclusion is not just confining a patient to an area, but involuntarily confining the patient alone in a room or area where the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether the door is actually locked or not. In this situation, the patient is being secluded.
B. Unacceptable methods of seclusions, but does meet the CMS standard of seclusion include but not limited to:
   1. Movable barriers such as carts, stretchers
   2. Gates

Standard Treatment - Drugs or medications that are used as part of a patient's standard medical or psychiatric treatment and are administered within the standard dosage for the patient's condition, would not be considered a

restraint. *(e.g., Patient is actively agitated and pacing, they begin to get louder and more intent on going home. The RN offers the patient medication to help them feel more relaxed and less anxious. Patient is agreeable and with physician's order, patient is provided a standard dose of Ativan and agitation decreases).*

VII. References

12VAC35-115-110. Use of Seclusion, Restraint, and Time Out Retrieved at https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section110/

CMS §482.13 - Centers for Medicaid and Medicare Services, 42 CFR 482.13 – Condition of participation: Patient's rights. Last reviewed Oct 21, 2024

Ohio Department of Mental Health Rule and Regulations – 5122-26-16 Seclusion, restraint, and time-out. Retrieved 10/21/2024 at https://codes.ohio.gov/ohio-administrative-code/rule-5122-26-16 , Last updated Oct. 20, 2023

The Joint Commission, 2024 The Joint Commission Comprehensive Manual of Accreditation - Provision of Care Standard PC.03.05.03: The hospital uses restraints or seclusion safely.

VIII. Attachments

Restraint Policy - Orders Tip Sheet

IX. Related Policies

Restraints for Nonviolent, Non-Self-Destructive Patient Situations: Medical Use of Restraints

Safety Companion / Constant Observer

X. Regulatory Notices

Nothing in this policy modifies the at-will status of any organizational associate or otherwise creates a contractual relationship between the organization and any associate.

The organization, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

XI. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1	02/16/2021	02/16/2023	Original Document	Local Policies on this subject matter	Policy Manager
10	01/15/2024	01/15/2026	Clarity of physical hold example	Version 9	Policy Manager
11	11/7/2024	11/7/2026	Clarification on who performs face-to-face in Initiation section	Version 10	Policy Manager

12	12/20/2024	12/20/2026	Clarification on physical hold, use of force	Version 11	Policy Team
13	04/28/2025	11/04/28/2027	Added information on mitts.	Version 12	Policy Team
14	06/23/2025	Starts 06/23/2027	Clarified trial periods are considered prn and not permitted	Version 13	Policy Team

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center.