Assessing and Mitigating Self Harm and Ligature Risk in the Behavioral Health Environment

The Facility Managers Role

October 1, 2018
Speakers

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*Between us we manage the EOC for over 200 beds on 8 locked behavioral units*
*Including Acute, Geri & Pedi and 5 Emergency Departments*
The Joint Commission Journal on Quality and Patient Safety - September 2018

- Study: Incidence and Method of Suicide in Hospitals in the United States: Scott Williams PsyD
- First data driven estimates of number of suicides in U.S. Hospitals
  - 49-65 hospital inpatient suicides each year
  - Fewer than the widely cited 1500 per year
  - 75-80% were psychiatric patients
  - 3.2 per 100,000 psychiatric inpatient admissions
  - 70% were hangings (half in the bathroom, one third in the bed room)
  - Most common hanging point: door, door handle or door hinge (53.8%)

Journal Depression & Anxiety - September 2018

- Study by Brigham & Womens researchers
  - 67,000 College students at 100 colleges in the U.S.
  - 20% reported thoughts of suicide
  - 20% reported self injury
  - 9% reported having attempted suicide
CMS Mentions in their CQC Ligature Point Memo

- 75% of patient in the psych ward kill themselves by hanging or strangulation (2013 data)
- Risk is greater in a room where patients spend time in private without any supervision
- Risk is greater if nursing staff cannot easily observe all areas of the unit because of poor design or not enough staff.
- Ligature point is between 0.7 and 4 meters (2.3 to 13 feet) from the ground
What unified steps have been taken by CMS / TJC?

- CMS issues a 13 page memo on clarification of ligature risk policy for hospitals and
- Amends COP tag 144 and 701 and
- Added to December 29, 2017 hospital survey manual
- TJC updates Sentinel Event Alert #56 on February 24, 2016
- TJC updates interpretation FAQ on July 3, 2018
Goal

- Preventing inpatient suicide and creating a safe care setting is important to both TJC and CMS
- CMS wants a safe environment to prevent patients from hanging themselves or strangulation
- Focuses on the care and safety of behavioral health patient and staff
TJC Sentinel Event Alert

- Sentinel Event Alert 56, February, 2016 This alert replaces two previous alerts on suicide (Issues 46 and 7).
- The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals.
- Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care.
Ligature Risk Points

- A ligature point is a fixed point which a ligature can be tied to, wedged around or behind or held in place by any means which enables the ligature to bear the weight of the patient either wholly or partially.

- It is any loop or noose that could be attached to the ligature point to enable the patient to hang or strangulate
  - TJC FAQ now includes points low to the ground as they have reports of neck ligatures where patients spun their body in an “alligator roll”

- Anti-ligature fittings are those designed in a way to seriously impede the tying or prevent a ligature to it or is designed to break away
Self-Harm / Harm to Others

Need to prevent patients from self-harm or harm to others. Potential risks include those from ligatures, as well as: sharps, harmful substance, access to medications, breakable windows, accessible light fixtures, plastic bags (suffocation), oxygen tubing, bell cords, etc.
COP Tags

Updates to COP tag 144 on the rights of the patient to receive care in a safe setting and the need to have safe setting to prevent inpatient suicide or any form of self harm

Updates tag 701 on buildings and needs to be constructed and maintained to minimize risk and address age related safety features, security, weather related issues and ligature risks
The conditions of the physical plant and the overall hospital environment must be developed and maintained in such a manner that safety and well-being of patients are assured.

Interpretive Guidelines 482.41(a), Ligature risk

“The presence of unmitigated ligature risks in a hospital psychiatric or psychiatric unit of a hospital is an immediate jeopardy situation. Additionally, this also includes any location where patients at risk of suicide are identified. Ligature risk findings must be referred to the health and safety surveyors for further evaluation and possible citation under Patients’ Rights.”
Effective July 1, 2018, Joint Commission surveyors will begin citing ligature/self-harm deficiencies under §482.13 Condition of Participation (CoP): Patient’s Rights instead of the previously cited §482.41 CoP: Physical Environment.

Ligature/self-harm deficiencies will continue to be cited at Joint Commission requirement Environment of Care (EC) Standard EC.02.06.01, Element of Performance (EP) 1: “Interior spaces meet the needs of the patient population and are a safe and suitable to the care, treatment, and services provided.”

Surveyors will continue to cite non ligature/self-harm findings at §482.41, as Standard EC.02.06.01, EP1 covers several areas beyond those that could be considered as a self-harm risk.
This is not a comfortable topic
There is not one right answer or a perfect solution
Suicide proof - Does not exist
Risk Reduction - is the way
Ligature resistant - is the goal
Common sense - is the rule
Multidisciplinary effort is required
Use your network resources
What do these items have in common?

Establish maintenance standards and keep to them

- Fasteners
- Sealants
- Hardware
Half of hospital suicides occur in the bathroom
What do these items have in common?

Who has change in their pockets these days (besides us)
Sloped top toilet door

Note the different door latches
Ligature Resistant Door handles

Keep in mind your patient population. Some geriatric Patients have difficulty with the knob on the right
Not all hinges are created equal

Ensure top edges are addressed

Consider Slope top hinges in less visible public space
Pick your furnishings carefully

Side and back infills are now offered to help mitigate risk
Institutional vs. Homelike

Today, everything is a trade off and your multidisciplinary team needs to weigh in on priorities.

Consider whether your furniture should be bolted and sealed down or weighted down with sand fill.
Pay attention to anything with a flat top

¾ plastic quarter round is your friend?
It includes anything that could be used to attach a cord, rope, or other material for purposes of hanging or strangulation.

This includes handles, coat hooks, pipes, shower, rails, radiators, bedsteads (framework of bed on which mattress is placed), window or door frames, ceiling fittings, hinges, and closures.
Example of additional risk points

- Anchor points could also include:
  - Gaps between the window or the door and its frame
  - Window or door handles
  - Shower heads and shower controls
  - Sink faucets
  - Furniture such as metal bed frames arms and chair or table legs
  - Door hinges
  - Ventilation grills, ceiling vents and ducts
  - Sprinkler heads
Other Risk

- Risks include plastic bag, bra straps, torn strips of clothing, phone charger cord, phone cord, rubber strips from door seals, ties, shoe laces, cords and belts, etc.

- Consider who and how patients are searched and separated from their personal items that could prove hazardous to themselves and others

- Shower curtains - suffocation and strangulation risk

- Hand Tools, extension cords, chemicals (cleaning, adhesives, etc.)

- Even lengths of certain medical tapes can be a risk
Risk Assessment

- Risk assessment drives process:
  - Policy and procedures
  - Mitigation
  - PDCA Cycle = ensure mitigation efforts are working

See ASHE tools available @
Risk Assessment

- Has your hospital assessed the risks to behavioral health patients on prevention of ligature, suicide, and self-harm for behavioral health patients?
- Identify the areas that behavioral health (BH) patients are cared for in both dedicated areas like the BH unit and non-dedicated such as in the ED, medical surgical units, ICU, etc.
- The environmental risk assessment is best performed by a multi-disciplinary team.
- Consider short term and long term mitigation strategies based on your risk assessment.
Risk Assessment

- Do you have a standard design practice / approved materials listing?
- Has FM staff been educated on the appropriate selection and installation of appropriate building materials?
- Do you have policy and procedure for working in high risk areas?
# Bayridge Ligature Risk/Harm Assessment Matrix

## Patient Rooms

<table>
<thead>
<tr>
<th>Scope</th>
<th>Ligature Risk</th>
<th>Ligature Score</th>
<th>Scope</th>
<th>Harm Risk</th>
<th>Harm Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Limited</td>
<td>Low</td>
<td>Yellow</td>
<td>1 - Limited</td>
<td>Low</td>
<td>Yellow</td>
</tr>
<tr>
<td>2 - Pattern</td>
<td>Moderate</td>
<td>Orange</td>
<td>2 - Pattern</td>
<td>Moderate</td>
<td>Orange</td>
</tr>
<tr>
<td>3 - Widespread</td>
<td>High</td>
<td>Dark Orange</td>
<td>3 - Widespread</td>
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</tr>
</tbody>
</table>

## Identified Risk

- **Baseboards**: 3 1 Orange 3 1 Orange  
  Can be removed and used as a weapon

- **Bed**: 3 3 Red 3 2 Red  
  If not properly designed, beds can have multiple anchor points. If damaged, parts can be used as a weapon.

- **HVAC**: 3 3 Red 3 2 Red  
  Can provide anchor points if holes or slots are too large. Can be used as a weapon.

- **Coat Hangers**: 3 1 Orange 3 2 Dark Orange  
  Can be used as an anchor point

- **Curtain Cubical Track**: NA  
  If not properly designed, track can have multiple anchor points. If damaged parts can be used as a weapon

- **Curtain Rods**: 3 3 Red 3 3 Red  
  Non-Recessed institutional devices can be used as anchor points. Damaged parts can be used as a weapon

- **Medical Gas Outlets**: NA  
  Can be used as an anchor point. Should be free from protruding edges. Detachable devices can be removed and used as a weapon

- **Nurse Call Pull Cord**: NA  
  Accessible cords can be used for self harm or as a weapon

- **Nurse Call Pillow Speaker**: NA  
  Cord can be used as a choking device or as a weapon. Handheld speakers can be used as a weapon

- **Nurse Call Wall Box**: NA  
  Should be free from protruding edges and exposed corners with tamper resistant screws

- **Wardrobe Cabinets**: 3 3 Red 3 3 Red  
  Non-Institutional cabinets can be used as a hiding place and as an anchor point. If damaged parts can be used as a weapon

- **Windows**: 3 3 Red 3 1 Orange  
  Non-Recessed institutional windows can be used as an anchor point. If damaged, parts can be used as a weapon

- **Window Treatments**: 3 3 Red 3 3 Red  
  Non-Recessed institutional devices can be used as anchor points. Damaged parts can be used as a weapon

- **Plumbing Fixtures**: 1 3 Red 1 3 Red  
  If not properly designed, fixtures can provide anchor points. Damaged fixtures can be used for self-harm or as a weapon

- **Sprinklers**: 1 3 Red 1 1 Orange  
  Can be used as an anchor point

- **Electrical Outlets**: 3 3 Red 3 3 Red  
  Should be free from protruding edges and exposed corners. If tamper resistant screws are not used they can be removed and used as a weapon

- **Wall Mounted Items**: 3 3 Red 3 3 Red  
  Should not be glass. Should be free from exposed edges and protruding corners.

- **Horns/Strobes**: NA  
  Can be used as an anchor point

- **Lighting**: 1 3 Red 3 3 Red  
  Can provide anchor points if fixtures are not properly designed. If damaged parts can be used as a weapon

- **Door Hardware**: 3 3 Red 3 1 Orange  
  Can be used as an anchor point
## Bayridge Ligature Risk/Harm Mitigation Matrix

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### Mitigation

- **Baseboards**: Seamless epoxy flooring with integral cove base or a premolded base that is heat welded to the floor and top sealed with pick resistant sealant. (Behavioral Health Design Guide Reference Number: 250, 240, 20)
- **Bed**: Non adjustable platform bed without springs or drawers anchored in place. Mattresses specifically designed for behavioral health use. Hospital beds that are specifically suited for use in behavioral health units that sense obstruction, have lock out features for controls, shortened cords and other tamper resistant features. (Behavioral Health Design Guide Reference Number: 250, 240, 20)
- **HVAC**: Fully recessed vandal resistant grilles with S shaped air passageways. (Behavioral Health Design Guide Reference Number: 602)
- **Coat Hangers**: Not recommended for use. (Behavioral Health Design Guide Reference Number: 602)
- **Wardrobe Cabinets**: Open front, sloped top units with fixed shelves and no doors made from wood, thermoplastic or composite. Should be bolted to floor and wall with top sealed with pick resistant sealant. (Behavioral Health Design Guide Reference Number: 495)
- **Windows**: Impact resistant glass able to resist impact of 2000lbs and in accordance with AAMA 501.8-13. Or security screen with steel frame and heavy gauge stainless steel fabric. (Behavioral Health Design Guide Reference Number: 200-205, 80,81)
- **Wall Treatments**: Mini-blinds mounted between safety glass. Roller Shades specifically manufactured for psychiatric hospitals. (Behavioral Health Design Guide Reference Number: 430,440)
- **Plumbing Fixtures**: Ligature resistant faucets, push button valves. (Behavioral Health Design Guide Reference Number: 570)
- **Sprinklers**: Institutional recessed heads. (Behavioral Health Design Guide Reference Number: 520)
- **Electrical Outlets**: Hospital grade tamper resistant type. All conduit recessed or boxed in. (Behavioral Health Design Guide Reference Number: 610)
- **Cover plates**: Tamper resistant screws must be used. Polycarbonate materials preferred with screws in each corner. Stainless Steel plate with single tamper resistant screw can be used. (Behavioral Health Design Guide Reference Number: 470, 612)
- **Wall Mounted Items**: Polycarbonate frames that slope away from wall. Secure with tamper resistant screws 1 per side. Top joint sealed with pick resistant sealant. (Behavioral Health Design Guide Reference Number: 302, 201, 470)
- **Lighting**: Tamper resistant type or 1/4" polycarbonate prismatic lenses. (Behavioral Health Design Guide Reference Number: 620,634, 470)
- **Door Hardware**: Gear-type continuous hinges with closed slope top. Handles should be recessed or ligature resistant type. (Behavioral Health Design Guide Reference Number: 111, 130, 136, 137)
Inpatient psychiatric hospitals, inpatient psychiatric units in general acute care hospitals, and non-behavioral health units \textbf{DESIGNATED} for the treatment of psychiatric patients (i.e. special rooms/safe rooms in Emergency Departments or Medical Units), ligature and self-harm risks must be \textbf{identified and eliminated}. While risks are in the process of being eliminated, policies and procedures must be developed and implemented to mitigate the harm posed by such risks.

In non-behavioral health units (i.e. Emergency Rooms or Medical Inpatient Units) that are \textbf{NOT DESIGNATED} specifically for the treatment of psychiatric patients; however, where psychiatric patients may temporarily reside, ligature/self-harm environmental risks must also be identified.

All physical risks not required for the treatment of the patient that can be removed, must be removed. Furthermore, an appropriate level of effective surveillance must be implemented if self-harm risks remain in the environment. Organizational policies and procedures must adequately guide staff in the assessment of patients’ risk for suicide/self-harm and the implementation of interventions based upon the patients’ individual needs.
An environmental risk assessment should be completed. Based upon the results of that assessment, taking into account the individuals they serve, the organization determines if any modifications to the environment should be made. Policies and procedures should also be developed and implemented to address the immediate action to be taken by staff when a patient is assessed to be at risk for suicide.

Q&A: Emergency Department - Assessing Suicide Risk

Do we have to assess every patient for suicide risk who comes into the emergency department?

No. Only patients being evaluated or treated for behavioral health conditions as their primary reason for care must be screened for suicide risk.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission
Do emergency departments need to be ligature resistant?

No. Emergency departments do not need to meet the same standards as an inpatient psychiatric unit to be a ligature-resistant environment. Patients in emergency departments often require equipment to monitor and treat their medical conditions, so it is impossible to make their environment truly ligature resistant.

However, organizations must implement safeguards to keep patients with active suicidality safe during the course of treatment in that setting.

In designing the emergency department environment, the organization must first consider state rules and regulations (typically the state health department).

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
What if all objects posing a ligature risk cannot be removed from the area where high-risk patients are being treated or triaged?

The organization should remove all items that can be removed from the room and provide an appropriate level of monitoring based upon patient’s suicide risk and the ligature/self-harm items that remain in the environment to ensure patient care is provided in a safe environment.

The organization is expected to develop and implement a policy/procedure to direct staff, provide education to staff as to the procedure, and ensure demonstrated competence and compliance.

If the organization has a designated “safe room,” The Joint Commission expects this room to be ligature resistant.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Q&A: Emergency Department - Monitoring Patients

Do we have to have 1:1 monitoring for every psychiatric patient who comes in through the emergency department?

No. Only patients with serious suicidal ideation (that is, those with a plan and intent) must be placed under demonstrably reliable monitoring. Most importantly, the monitoring must be linked to immediate intervention by a qualified staff member when called for.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Does every emergency department need to have a “safe room”?

▶ No, The Joint Commission does not mandate “safe rooms” in emergency departments.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
What does “serious” risk for suicide mean?

➢ Organizations should use an evidence-based process to conduct a suicide assessment of patients who exhibit suicidal behavior or who have screened positive for suicidal ideation.

➢ The assessment should directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.

➢ After this assessment, patients should be classified as high, medium, or low risk of suicide.

➢ The Joint Commission considers “serious” as equivalent to “high risk”.

Please refer to NPSG 15.01.01 in the Hospital Accreditation Manual for information relevant to screening and assessment of patients at risk for suicide.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Do emergency departments in Joint Commission-accredited ambulatory care organizations need to comply with the “Recommendations for Emergency Departments” in the November 2017 Perspectives article?

Yes. These freestanding emergency departments accredited under the Ambulatory Care Accreditation Program must comply with the emergency department recommendations.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
What are the requirements for an inpatient substance abuse detox unit?

- Organizations providing inpatient substance abuse detox treatment (as the primary focus of treatment) should follow the recommendations applicable to general acute care inpatient settings, given the complexity of physical health care required to care for these patients.

- These units do not need to meet the same recommendations as psychiatric inpatient units. As with any patient receiving treatment for mental health, screening, assessment, and reassessment are critical when determining the appropriate level of care.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Are the recommendations the same for open and/or unlocked psychiatric units?

- The recommendations for a ligature-resistant environment for inpatient psychiatric units (in both a psychiatric hospital and a general acute care hospital) apply to closed or secure/locked psychiatric units in which entrance to and exit from the unit are controlled by unit staff and a patient could not independently leave the unit without supervision.

- The recommendations would not apply to an open or unlocked psychiatric unit in which patients are able to enter and exit of their own accord.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Can curtains be used in place of a bathroom door in an inpatient psychiatric unit?

If curtains are used in place of a bathroom door, analysis of this risk should be noted on the environmental risk assessment, and the organization must have a mitigation plan for monitoring any high-risk patients near the curtain or area where the risk is present.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
What type of shower curtains are allowable in an inpatient psychiatric unit?

The Joint Commission will not advise or recommend any particular type of shower curtain, but shower curtains are considered a risk. The expectation is that shower curtains should be noted on an environmental risk assessment and the organization must have a mitigation plan for monitoring any high-risk patients near the curtain or area where this risk is present.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Question: Are over-the-door alarms required to be used on patient bedroom doors from the corridor?

The Joint Commission neither discourages nor promotes the use of these devices.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Can drop ceilings be used in hallways and common patient care areas?

Yes. Drop ceilings can be used in hallways and common patient care areas as long as all aspects of the hallway are fully visible to staff at all times and there are no objects that patients could easily use to climb up to the drop ceiling.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.

Can you identify this piece of hardware?
Is there a height requirement in order to consider something a “ligature risk”?

- There is no height requirement for a ligature risk. Information from various sources notes that suicides as a result of asphyxiation can occur at any height.

- Low-to-the-ground exposed piping (such as piping near toilets or under the sink, for example) or any other apparatus protruding from the wall or another structure is still considered a ligature risk if the patient is able to create a sustainable point of attachment with another material in order to inflict self-harm or cause loss of life.

- Remember the aforementioned “Alligator Roll”

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Question: How many ligature-resistant medical beds does my unit have to have?

- The Joint Commission has not specified a requirement for the number of ligature resistant beds on any given unit. This will depend on the needs of the patient population.

- The type of medical bed should be balanced based on the medical needs and the patients’ risk for suicide.

- For patients who require medical beds that have ligature points, there must be appropriate mitigation plans and safety precautions in place. This information should be documented within the patient’s medical record. In addition, The Joint Commission will not advise on the type of medical beds or ligature-resistant bed that should be purchased for patients. These decisions should be balanced based on patient needs.

- If these medical beds are being used within an inpatient psychiatric unit, safety provisions must be considered for all patients who could be at risk for suicide. Provisions may include locking the patient room door where a medical bed is being used when unoccupied, removing a medical bed from the unit if not in use, and/or any intervention that restricts access to the medical bed by other patients.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
If patients are transported to another location (such as another building for programming), does that building/space need to be ligature resistant?

- Patients who are currently at high risk for suicide should remain in a ligature resistant environment.

- Monitoring of patients leaving the unit for a period of time must protect patients from self-harm.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Can you please clarify the first recommendation as it relates to the nurses’ station?

The recommendation states: “Nursing stations with an unobstructed view (so that a patient attempt at self-harm at the nursing station would be easily seen and interrupted) and areas behind self-closing/self-locking doors do not need to be ligature resistant and will not be cited for ligature risks.”

This refers to what can be seen within the nurses’ station, not what is being seen from the nurses’ station. If there is an unobstructed view of everything within a nurse’s station, then patients should not be able to attempt self-harm at the nurses’ station since this would be easily seen and interrupted.

This FAQ was also published in the Perspectives® Newsletter, July 2018, Volume 38, Issue 7 - The Official Newsletter of The Joint Commission.
Ligature Risk/Self Harm Assessment Strategies

- Have clear understanding of common areas, private patient areas and secured areas
- Involve multidisciplinary team in every step of the process
- Put yourself in the mindset of the patient when reviewing areas
- No item is too small to be overlooked
- Speak with other organizations and what their process and experience has been
Design Resources

➢ State design rules
➢ The Facilities Guidelines Institute
➢ Behavioral Health Design Guidelines, Edition 7.3, February 2018
➢ The Center for Health Design
   ▶ Lynn Kenney Koffel, EDAC, SASHE
   ▶ Environmental Program Services Mental Health Guide 2014-V.A.
Defining Scope of Work

- Include Interdisciplinary Team in all discussions
- Differentiate between Common Areas, Private Areas and Restricted Areas
- Provide ample time for contractor walkthroughs
- Select products for contractors to price and have them propose alternates during review
- Ligature resistant products have longer lead times
Hospitals have created a safe patient room on each unit or several safe rooms in the ED depending on the number of boarded psych patients.

Hospitals have created a safe patient bathroom in the ED depending on the number of psych patients as well.

Ensure FM staff can recognize behavioral health rooms to ensure appropriate materials are used for maintenance activities.

Ongoing surveillance to repair finishes and ensure safety features are in place.
Psychiatric patients have a right to receive care in a safe setting and ligature risks compromise this right.

More to come! CMS is in process of drafting a comprehensive ligature risk guidance to provide additional clarity so stay tuned for additional information. Most recent agreement to refer to TJC

The focus is on a ligature free environment or ligature resistant is primarily aimed at psychiatric hospitals and behavioral health units.

However, most important regardless of healthcare setting we still need to keep patients who are suicidal safe no matter what unit they are on.
Questions ?
Wait: One more thing (Maybe two)!
Ballot Question 1

If passed would impose rigid, expensive and scientifically unproven Registered Nurse-to-patient staffing ratios in all units, at all times, at every hospital across Massachusetts. Ratios would be the same in every hospital, regardless of their size, location or the unique needs of their patients. Staffing decisions would be taken out of the hands of experienced nurses and doctors at the bedside.

- In-Patient Nurse staffing would increase
- Would create nursing shortage in other settings
- Capacity to care for patients would decline
- Behavioral Health access delays
- Emergency Department access delays