



REGULATORY ADVISORY

Ligature Risk Updates and CoP (Conditions of Participation)

December 2017

<p>The what and why</p>	<p>CMS and The Joint Commission have increased focus on ligature risk; suicide and self-harm observations; and “ligature resistant” or “ligature free” environments in psychiatric hospitals and psychiatric units within acute care hospitals.</p> <p>The Joint Commission refers to psychiatric hospitals and units as “dedicated” areas, but is also concerned with “non-dedicated” areas, those areas where patients may be high-risk but suicide is not the primary focus, like Emergency Departments.</p> <p>There is a national concern about the number of suicides in hospitals. The “Zero Suicide” campaign has set a new bar to eliminate suicides in health care facilities. The Joint Commission states that suicide continues to be among the top five reported sentinel events.</p>
<p>CMS definition</p>	<p>A ligature risk (point) is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures.</p>
<p>What CoPs does this include?</p>	<p>§482.13(c)(2) Standard: <i>Rights of patient to be treated in a safe setting</i> §482.41(a) Standard: <i>Buildings</i></p>
<p>What’s CMS saying?</p>	<ul style="list-style-type: none"> • In September 2017, CMS announced it would develop guidance on ligature risks within 6 months. http://news.aha.org/article/170905-cms-to-issue-guidance-before-implementing-ligature-risk-requirements • In December 2017, CMS published “interim guidance” on ligature risk. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-06.pdf • Until a comprehensive guidance is released, ROs (Regional Offices), SAs (State Survey Agencies), and AOs (Accrediting Agencies) may use their own judgement as to the identification of ligature risk, deficiencies, level of citation, and approved action plans.
<p>What to know/do now based on the interim guidance</p>	<ol style="list-style-type: none"> 1. <u>Identify patients at risk</u> <ul style="list-style-type: none"> • CMS states that there are numerous versions of <i>patient risk assessment</i> tools to identify those at risk for harm to self or others, and hospitals are expected to implement a tool most appropriate for their patient population, care setting, and staff competency. 2. <u>Identify environmental safety risks</u> <ul style="list-style-type: none"> • CMS advises that all hospitals must implement an <i>environmental risk assessment</i> strategy, which cannot be the same in all hospitals or all hospital units. Risk assessment may include, but would not be limited to: <ul style="list-style-type: none"> - Ligature risks such as hand rails, door knobs, shower curtains, exposed pipes, light fixtures, etc. - Unattended utility or housekeeping items - Unsafe items brought to patients by visitors - Windows that can be opened or broken - Inadequate staff levels to provide patient observation 3. <u>Mitigate environmental risks in “dedicated” treatment areas while ensuring patients treated in those are risk-assessed for harm to self or others.</u>