

LIGATURE RISKS/MITIGATION STRATEGIES

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OBJECTIVES

At the end of the presentation, the participant will be able to:

- Verbalize the scope of suicide in acute care inpatient settings
- Define what constitutes a ligature risk
- Identify frequently missed ligature hazards
- Identify strategies for developing an effective risk assessment and mitigation plan

PATIENT SAFETY

National Patient Safety Goal NPSG 15.01.01

- Introduced in 2007
- Increased focus on preventative efforts
- **Non-compliance with NPSG:** 21 % accredited BH organizations; 5% accredited hospitals

NPSG 15.01.01

The organization identifies safety risks inherent in the population of the individuals it serves.

- EP 1 Conduct Risk Assessment
- EP 2 Address immediate safety needs to include most appropriate setting
- EP 3 Information and Resources at discharge

STATISTICS

- 383,000 ED visits for self inflicted injury (2014)
- Suicide is the 10th leading cause of death(CDC, 2016)
- 4th reported sentinel event to TJC
- 1,100 inpatient suicides reported to TJC (2010-2014)
- 5.0-6.5% suicides committed inpatient (2010)
- TJC suggests 15% (2014)
- Most common means: (Medical/Psych)
Jumping 53%/28%, Hanging 16%/22%
- Montefiore case

CONTRIBUTING FACTORS

- Assessment: inadequate, incomplete, not evidenced-based
- Staff communication, hand-off
- Safety rounds/observation level: not based on patient assessment
- Lack of staff education: suicide risk and prevention, organizational p&p, environmental safety
- Environmental Risk Assessment not conducted

CONSEQUENCES

- At risk patients not identified consistently
- Proper safety precautions not initiated
- Increased incidents
- Increased regulatory visits/oversight
- Increased litigation



WHERE DO WE START?

ready. set.
go!



LIGATURE

CMS' DEFINITION OF LIGATURE

“Anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation.”

KNOW YOUR RISKS

Patient

- Evidenced-based Risk Assessments
- Patient Screening and Assessment
- Take Action (based on assessed risk)

Environment of Care (EOC)

- Risk Assessment: ED, ICU, Behavioral Health
- Corrective Action
- Mitigation

ENVIRONMENTAL RISKS

OBVIOUS

Door handles
Door frames
Window fasteners
Coat hooks,
Pipes
Shower curtain rods
Shower/tub controls
Sink faucets
Grab bars
Hand rails
Tile ceilings
Door hinges and closures
Bedsteads
A/C units
Belts
Shoe laces

OBSCURE

Diffuser grills
Vents
Gaps behind toilets
Bed cords
Psych safe beds**
Clothing items
Bed sheets
Jewelry
Light fixtures
Paper towel holders
Soap dispensers
Fire extinguisher cabinets
Fire alarm pull stations
Other furniture: chairs, tables, nightstands

TAKING ACTION

PATIENT RISKS

- Policy and Procedure development to address Assessments, Precautions, Prevention
- Staff Training upon hire and annually
- Monitor staff for compliance
- Solid handoff process: Communicate risk, observation level, plan of care
- Plan of Care: patient/family actively involved, crisis planning, resources at discharge

TAKING ACTION

ENVIRONMENTAL RISKS

Annual Risk Assessments

Corrective Action

Mitigation Strategies

Environmental Safety Checks (Daily)

EOC Observation/Rounding (Monthly)

Preventive Maintenance Schedule

MITIGATION STRATEGIES-BH

WHAT ARE YOU GOING TO DO TO KEEP THE PATIENT AT RISK SAFE?

- Evidenced-based screening tool/assessment
- Ensure proper observation level and rounding
- Environmental safety checks (every shift)
- Ligature free environment: patient rooms and bathrooms, corridors, common areas
- Staff supervision in common areas
- Consistently follow policy and procedure
- Frequent re-assessment of patients' risk
- Staff training and competency
- Treatment plan (discharge plan and follow-up referrals; crisis plan, family involvement)
- Solid handoff process
- Risk Assessment for identified risks that cannot be corrected

STRATEGIES FOR NON-BH

ED/ICU

- Screen all patients
- Full assessment for patients triggered at risk
- Constant observation for patients with increased risk
- Creation of “safe room”
- Develop protocol for removing all movable objects that could be used for self-harm
- Risk Assessment for items that cannot be removed
- Develop protocols for: visitation, use of bathroom, observation levels, staff training and competency
- Staff to accompany for tests and procedures
- Solid handoff

TJC FOCUS

- Review of Environmental Risk Assessment
- Evaluation of Risk Assessment Process
- Evaluation of Corrective Action Plans
- Policies and Procedure Review (suicide risk assessment, observation levels, rounding)
- Staff competency and training
- **Potential survey outcome:** Immediate Threat to Life (ITL); Conditional Finding (top tier Survey Analysis For Evaluating Risk-- SAFER Matrix)
- LSC Waiver not applicable (Not LSC regs)
- **MORE GUIDANCE TO COME (June 2018)**

QUALITY MANAGEMENT

- Monitor events/incidents
- Root Cause Analysis (when applicable)
- Review and Revision of policies and procedures (annually and as needed)
- Review and revision of risk assessments (annually and as needed)

TEAMWORK



TEAMWORK





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