Addressing Ligature and Suicide Risks in Healthcare Facilities
Patient suicide ranks among the top three sentinel events, reports The Joint Commission (TJC), prompting regulators to focus heavily on ligature risks. If many suicide attempts are impulsive, TJC reasons, then reducing environmental risks and opportunities for self-harm is vital for curbing the suicide trend in healthcare settings.

With that in mind, surveyors are taking a hard look at ligatures: potential hanging or choking points in healthcare facilities. Patients who have been identified as potential risk to themselves or others, will use any item or ligature point within a room to accomplish harm. Additionally, some accreditation organization surveyors have gone to extremes to validate a point of view by utilizing floss, hang it over a door hinge and say, “that’s a ligature point.” Although that last example may be extreme, the fact is accreditation organizations are being extremely meticulous, which means healthcare facilities must ensure they are prepared for this type of scrutiny.

**ADDRESSING LIGATURES AND SUICIDE RISKS IN HEALTHCARE FACILITIES**

**BY THE NUMBERS**

- Suicide is the 10th leading cause of death
- 1,089 suicides occurring from 2010–2014 among patients receiving care in a staffed, around-the-clock care setting or within 72 hours of discharge
- Declared among the top three sentinel events

*Source: The Joint Commission*
As of March 1, 2017, TJC has placed special focus on suicide, self-harm and ligature observations in psychiatric hospitals and units. Any observable ligature risk, no matter how small, is an immediate Recommendations for Improvement (RFI) when observed in an inpatient psychiatric area, to be corrected within 45 days or less depending on the severity or the total number of issues identified. Given what’s at risk — people’s lives — ligature RFIs are never appropriate for time extensions according to TJC.

Put simply, when surveyors walk into your healthcare facility, they’ll assess:

- Has this facility identified and assessed ligature risks?
- What plans have they developed to eliminate those risks?
- What is their risk assessment process?
- Is staff aware, trained and well equipped to act on these plans and improvement processes?

The Impact

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The Importance of Multi-Disciplinary Teams

Risk assessments should be conducted in all behavioral health areas in your hospital, including behavioral health rooms that are now required to be in the emergency department. Although there is no requirement for the type of tool used to complete the risk assessment, it is crucial that a multi-disciplinary team is a part of this process. For instance, the facilities team who may be responsible for the physical environment may not have the same purview as a clinician who may see clinical issues. Having all views and teams as a part of this process will ensure no elements are missed and everything can be addressed well before a surveyor walks through the doors. And more so, before any patient may attempt to harm themselves.

If a patient is effectively evaluated and is placed in a behavioral health room, there are still items that a surveyor might find as a ligature point. For instance – in a behavioral health room, it is most likely located right across from the nursing station for easy monitoring and the ceiling is solid vs. a drop ceiling to avoid ligature risks.

But take a closer look at the picture of a standard behavioral health room. You see a chair with arms, which could be used as a ligature point or a weapon. The linens on the bed are a risk, the door on the closet section of the shelf, the bathroom door is solid – these elements would send up red flags by any surveyor who walked in this room because they could pose threat to a patient who have been identified as a potential risk to themselves or others.
Developing Tools for Efficient Risk Assessments

Risk assessments are much more than just walking into a room and pointing out items that could be potential issues. The key is to develop a tool that works best for your organization to prioritize the risk and determine an action that is required for remediation. By doing this, it also places accountability on the multi-disciplinary team and eliminates the assumption that another department was completing the work.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Category</th>
<th>Tolerability</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>VERY LOW</td>
<td>Acceptable</td>
<td>No further action is necessary other than to ensure that the controls are maintained.</td>
</tr>
<tr>
<td>3-4</td>
<td>LOW</td>
<td>Acceptable</td>
<td>No additional controls are required unless they can be implemented at very low cost (in terms of time, money and effort).</td>
</tr>
<tr>
<td>5-7</td>
<td>MEDIUM</td>
<td>Tolerable</td>
<td>Consideration should be given as to whether the risks can be lowered, where applicable, to a tolerable level, and preferably acceptable level, but the costs of additional risk reduction measures should be taken into account. The risk reduction measures should be implemented within a defined time period.</td>
</tr>
<tr>
<td>8-14</td>
<td>HIGH</td>
<td>Tolerable</td>
<td>Substantial efforts should be made to reduce the risk. Risk reduction measures should be implemented urgently within a defined time period and it might be necessary to consider suspending or restricting the activity, or to apply interim risk control measures, until this has been completed. Considerable resources might have to be allocated to additional control measures.</td>
</tr>
<tr>
<td>15 or above</td>
<td>VERY HIGH</td>
<td>Unacceptable</td>
<td>Substantial improvements in risk control are necessary, so that risk is reduced to a tolerable or acceptable level.</td>
</tr>
</tbody>
</table>
In an alert in 2017, TJC outlined minimum expectations for ligature risk mitigation plans:

- Leadership and staff are aware of current environmental risks.
- Patient’s individual risk for suicide or self-harm is identified, followed by appropriate interventions.
- At-risk behavior is assessed on a recurring basis.
- Staff is properly trained to identify patients’ level of risk and intervene properly.
- Suicide and self-harm mitigation strategies are incorporated into the Quality Assessment/Performance Improvement (QAPI) program.

Policies and procedures are in place, and staff knows what immediate action to take when a patient is deemed at risk for suicide.

If equipment poses a risk but is necessary for treatment of psychiatric patients, those risks are considered in the patient’s assessments, and adequate interventions are implemented to minimize those risks.

TJC notes that psychiatric patients may pass through or spend time in non-behavioral health units like emergency rooms, so ligature risks must also be addressed in those areas. “Any physical risks not required for the treatment of the patient that can be removed, must be removed,” states TJC, and patients should remain under surveillance if risks remain in the environment.
Drivers for Immediate Threat to Life (ITL)

Immediate Threat to Life (ITL) must be immediately addressed, whether it is found during a routine risk assessment or if a surveyor cites it. Most commonly, ITLs are being discovered in Emergency Departments (ED), where regulations recently changed to require a ED Behavioral Health Units to follow ligature standards. Below are drivers for ITL:

- No evidence that a proactive risk assessment for identification of environmental features for risk to self-harm was done for the Emergency Department’s Behavioral Health Unit.
- No evidence that Emergency Department staff being used as sitters had received education specific to the identification of suicide risk factors in the Emergency Department’s Behavioral Health Unit.
- No evidence of a competency assessment related to Emergency Department staff functioning in the role of behavioral health sitter.
- Mitigation for at risk patients for self-harm is insufficient to meet the needs of the population.

If an ITL is identified during a survey, it is recommended that you immediately conduct a thorough Ligature Risk Assessment and implement action plans to mitigate the issue.

Actions as a Result of ITL

- Replaced glass mirror with plastic mirror.
- Mirror is secured with tamper proof screws.
- Has pick-proof caulking to close all gaps.
- Added signage to alert employees that room is a safer bathroom.
- Replaced door knobs with anti-ligature knobs.
- Replaced sinks & faucets with anti-ligature solid sinks that have enclosed plumbing.
- Has pick-proof caulking to close all gaps.
Ongoing Assessments

When it comes to risk assessments within your hospital, it should never be viewed as a one-time procedure. After the initial assessment is complete, it is important to establish ongoing risk assessments to ensure any updates to regulations are being followed and there are no new potential risks that surface over the course of the weeks, months and year.

Hospitals are required to implement a patient risk assessment strategy and an environmental risk assessment strategy. The environmental risk assessment strategies implemented should be appropriate to the specific care environment and patient population. Meaning, the risk assessment must be appropriate to the unit and should also consider the possibility that the unit may sometimes care for patients at risk for harm to self or others.

Closing Thoughts

We have covered a lot of information in this whitepaper that only begins to scratch the surface. As you take steps to counter ligature risks, keep in mind this is so much more than a compliance issue. You wouldn’t see regulators emphasize ligatures if those risks hadn’t enabled tragedies in facilities like yours. Help ensure no patient harms him or herself under your watch.

Should you need further guidance, resources or clarification on anything covered in this document, don’t hesitate to ask.

WE’RE HERE TO HELP
marketing@medxcelfm.com
855-633-9235