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
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
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
• 383,000 ED visits for self inflicted injury (2014)
• Suicide is the 10^{th} leading cause of death (CDC, 2016)
• 4^{th} 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

<table>
<thead>
<tr>
<th>OBVIOUS</th>
<th>OBSCURE</th>
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<tbody>
<tr>
<td>Door handles</td>
<td>Diffuser grills</td>
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<tr>
<td>Door frames</td>
<td>Vents</td>
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<tr>
<td>Window fasteners</td>
<td>Gaps behind toilets</td>
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<tr>
<td>Coat hooks,</td>
<td>Bed cords</td>
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<tr>
<td>Pipes</td>
<td>Psych safe beds**</td>
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<tr>
<td>Shower curtain rods</td>
<td>Clothing items</td>
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<tr>
<td>Shower/tub controls</td>
<td>Bed sheets</td>
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<tr>
<td>Sink faucets</td>
<td>Jewelry</td>
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<tr>
<td>Grab bars</td>
<td>Light fixtures</td>
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<tr>
<td>Hand rails</td>
<td>Paper towel holders</td>
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<tr>
<td>Tile ceilings</td>
<td>Soap dispensers</td>
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<tr>
<td>Door hinges and closures</td>
<td>Fire extinguisher cabinets</td>
</tr>
<tr>
<td>Bedsteads</td>
<td>Fire alarm pull stations</td>
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<tr>
<td>A/C units</td>
<td>Other furniture: chairs, tables, nightstands</td>
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<tr>
<td>Belts</td>
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<td>Shoe laces</td>
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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
ENVIRONMENTAL RISKS
Annual Risk Assessments
Corrective Action
Mitigation Strategies
Environmental Safety Checks (Daily)
EOC Observation/Rounding (Monthly)
Preventive Maintenance Schedule
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


Accreditation Insider. CMS memo defines ligature risk and clarifies expectations. December 19, 2017

REFERENCES


