Ligature Attachment and Suicide Risk Assessment on Behavioral Health Inpatient Units

James M. Hunt, AIA

Kimberly N. McMurray, AIA, EDAC, MBA
Introduction

- **Key Factors to be Considered**

  1. The Joint Commission’s New Recommendations
  2. Patient Safety Risk Assessment
  3. Translating these into a Design
Introduction

- Key Parts of Unit to be Considered

A. Patient Bedroom and Bathroom

B. Lounges, Day Rooms & Non-Visible Corridors

C. Activity Rooms, Group Rooms & Visible Corridors
1. The Joint Commission’s New Recommendations

- Expert Panel comprised of CMS, TJC, Healthcare providers, design professionals from across the US.
- Expert Panel Met on June 9th, August 18th, October 11th and Dec. 8th.
- Panel Recommendations from June and August meetings made public in November 2017 Perspectives.
2. Patient Safety Risk Assessment

Level I: Patients not allowed or under constant supervision – Staff areas, Exam Rooms

Level II: Areas behind self-locking doors - patients supervised/not left alone - activity rooms, group rooms, fully visible corridors

Level III: Not behind self-locking doors - patients may spend time with minimal supervision – lounges, day-rooms, corridors that are not fully visible

Level IV: Patients spend a great deal of time alone - patient rooms, patient toilets

Level V: Special - seclusion, admissions
3. Translating These into a Design

FGI – Guidelines for the Design and Construction of Hospitals and Outpatient Facilities

2018 Edition has just been released

FGI – Design Guide for the Built Environment of Behavioral Health Facilities

Inclusion or exclusion of a product does not indicate endorsement or disapproval of that product, nor does it suggest that any product identified is free of risk. There may be equivalent products available.
A. Patient Bedrooms & Bathrooms
A. Patient Bedroom & Bathroom

TJC Recommendations - DOORS

#2: Doors between patient rooms and hallways must contain ligature resistant hardware which includes but may not be limited to, hinges, handles, and locking mechanisms.

#3: Healthcare organizations should not be required to have risk-mitigation devices installed to decrease the chance that the top of a corridor door will be used as a ligature attachment point. (Instead of mandatory use of these unproven devices...rounding, monitoring, doors left open and so on)
A. Patient Bedroom & Bathroom

TJC Recommendations -

- #4: The transition zone between patient rooms and patient bathrooms must be ligature-free or ligature-resistant.

- #5: Patient rooms and bathrooms must have a solid ceiling.
#7: Medical needs and the patients’ risk for suicide should be carefully assessed and balanced to determine the optimal type of patient bed utilized to meet both medical and psychiatric needs. For patients who require medical beds with ligature points, there must be appropriate mitigation plans and safety precautions in place.
A. Patient Bedroom & Bathroom

TJC Recommendations -

- #8: Standard toilet seats with a hinged seat and lid are not a significant risk for suicide attempts or self-harm; they should **not** be cited during survey event and do **not** need to be noted on a risk assessment.
A. Patient Bedroom & Bathroom

Level IV: patients spend a great deal of time alone - patient rooms, patient toilets.
A. Patient Bedroom

- **Patient Bedroom**
  - **Ceiling** — monolithic, tamper-resistant lights, air grilles, fire sprinklers
  - **Glazing** — shatter and mar-resistant, no curtains
  - **Door** — Barricade-resistant and ligature resistant hardware, over door alarm
  - **Furniture** — durable, secured, no doors or drawers
A. Patient Bathroom

- Patient Bathroom
  - Ceiling — Monolithic, tamper-resistant lights, air grilles, fire sprinklers
  - Door — Barricade and ligature resistant
  - Plumbing — Durable, ligature-resistant, pipes concealed
  - Toilet Accessories — Ligature-resistant, break-resistant
B. Lounges, Day Rooms & Non-Visible Corridors
#1 Inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings must be ligature resistant in the following areas:

- Patient rooms
- Patient bathrooms
- Patient Corridors*
- Common patient care areas*

*In an inpatient psychiatric unit, nursing stations within an unobstructed view (so that a patient attempt at self-harm at nursing station would be easily seen and interrupted) and areas behind self-locking doors will not be cited for ligature risks.
B. Lounges, Day Rooms & Non-Visible Corridors

TJC Recommendations

#6:

- **Drop ceilings** in areas that are not fully visible to staff (for example, a right-angle curve of a corridor) or for which it is possible that patients could easily move objects to access the area above the drop ceiling should be noted on the risk assessment and have an appropriate mitigation plan.
B. Lounges, Day Rooms & Non-Visible Corridors

TJC Recommendations

#6:

- Mitigation strategies for existing drop ceilings in these areas may include tiles that are glued into place; tile retention clips; motion sensors above the ceiling to sense tampering; or another comparable harm-resistive arrangement.

- The acceptability of these strategies depends upon the physical capabilities of the patient population.
B. Lounges, Day Rooms & Non-Visible Corridors

Level III: Areas that are not behind self-closing / self-locking doors & where patients may spend time with minimal supervision – lounges, day rooms & corridors that are not fully visible.
B. Lounges, Day Rooms & Non-Visible Corridors

- Not behind locked door
  - Ceiling – not visible
    - Lay-in-clipped, tamper-resistant lights, air grilles, fire sprinklers
  - Glazing – shatter and mar-resistant, no curtains
  - Furniture – attractive, durable, secured, ligature-resistant
C. Activity Rooms, Group Rooms & Visible Corridors
C. Activity Rooms, Group Rooms & Visible Corridors
TJC Recommendations

#1 Inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings must be ligature resistant in the following areas:

Patient rooms
Patient bathrooms
Patient Corridors*
Common patient care areas*

*In an inpatient psychiatric unit, nursing stations within an unobstructed view (so that a patient attempt at self-harm at nursing station would be easily seen and interrupted) and areas behind self-locking doors will not be cited for ligature risks.
C. Activity Rooms, Group Rooms & Visible Corridors
TJC Recommendations

- **Drop ceilings** can be used in hallways and common patient care areas as long as all aspects of the hallway are fully visible and there are no objects that patients could easily use to climb up to the drop ceiling, remove a panel, and gain access to ligature risk points in the space above the drop ceiling.
C. Activity Rooms, Group Rooms & Visible Corridors

• **Level II**: Areas behind self-closing / self-locking doors where patients are highly supervised and not left alone - activity rooms, group rooms & corridors that are fully visible.
C. Activity Rooms, Group Rooms & Visible Corridors

- **Behind self-locking door & Visible Corridors**
  - Ceiling — Lay-in, standard lights, air grilles, fire sprinklers
  - Glazing — shatter and mar-resistant, no curtains
  - Door — Barricade-resistant and ligature resistant hardware or 2 entrances (prefer one out-swinging)
  - Furniture — attractive, durable, movable, not easily thrown
SUMMARY:

ACTION ITEMS
Summary

Key Actions to be Taken:

1. Identify the risks and document them

2. Mitigate the risks to the extent possible with the built environment

3. Train your staff to be aware of the issues that remain
QUESTIONS?

Speaker Contact Information:

James M. Hunt, AIA
Behavioral Health Facility Consulting, LLC
jim@bhfcllc.com
785-231-4500

Kimberly McMurray, AIA, EDAC, MBA
Behavioral Health Facility Consulting, LLC
kimberly@bhfcllc.com
205-454-2210