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COMPLIANCE 101: MITIGATING LIGATURE RISKS IN BEHAVIORAL HEALTH PATIENT CARE ENVIRONMENTS

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Patient safety is a primary concern for all hospitals and healthcare systems across the country. For the last 12 to 18 months, The Joint Commission and Centers for Medicare and Medicaid Services (CMS) have increased inspection surveys for ligature and other self-harm risks in behavioral health patient care areas.

In March 2017, The Joint Commission issued the following alert:

“Effective immediately, The Joint Commission will place added emphasis on the assessment of ligature, suicide and self-harm observations in psychiatric hospitals and inpatient psychiatric patient areas in general hospitals. This comes at a time when there is national concern about the number of suicides in hospitals.”

Many hospital facilities management professionals manage and mitigate ligature risks on a daily basis. It is up to the facilities team—along with other departments and staff—to understand, identify, and correct physical environment fixtures and objects that may pose a ligature, or hanging, risk to behavioral health patients. A complete risk assessment of the physical environment may be required which can include any area where the patient may be moved and treated (e.g., intensive care unit, medical surgery unit, radiology).

Some examples of risks include power cords on medical equipment, call bell cords, hand rails, doors, door knobs, door hinges and hardware, shower heads and curtains, exposed plumbing or piping, paper towel and soap dispensers on walls, electrical switches/receptacles, lighting fixtures, and projections from ceilings. The smallest risks must be identified and eliminated. As reported in the [Patient Safety Monitor Journal](#), even loose caulking can introduce significant dangers.

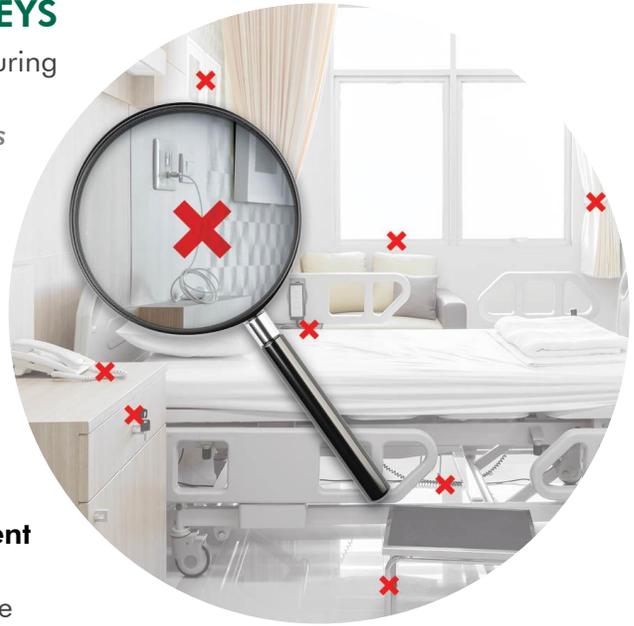


PREPARING FOR INSPECTION SURVEYS

One of the most cited noncompliance standards during The Joint Commission surveys has been [EC 02.06.01 ep1](#): “Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.”

On December 8, 2017, the CMS issued a [memorandum](#) to clarify the standard’s requirements, including material that each facilities team should be intimately familiar with.

To help hospitals comply with the above standard, it’s recommended that several departments, in addition to Facilities Management, develop a **Patient Suicide Risk Assessment**. The purpose of the assessment is to identify potential or real risks to the patient in their treatment environment, as well as corrective action and mitigation plans. The team should be multi-disciplined, and can consist of Behavioral Health, Patient Safety, Quality, Safety Department, and Senior Hospital Administration.



THE INSPECTION SURVEY PROCESS

The survey will likely be performed in the psychiatric inpatient and outpatient environment, as well as any area the patient may visit. These areas require heightened safety monitoring with continuous observation.

In addition to the ligature risks noted above, surveyors will be on the lookout for:

- Unattended items including utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizers, etc.)
- Sharps, harmful substances, and access to medications
- Oxygen tubing
- Unsafe items brought in by visitors
- Inadequate staffing levels to provide appropriate patient observation and monitoring

Although some risks cannot be eliminated, proactively identifying potential dangers is paramount.

If the surveyor identifies a risk (ligature or other self-harm), the issue must be addressed and corrected immediately as this is an Environment of Care Standard finding. This is unlike risks that fall under Life Safety, whereas the facilities manager can request a time limited waiver and correct the issue within an extended period of time. **There are no time limited waivers for findings in the Environment of Care Standards.**

If the facilities manager is unable to make an immediate correction, the mitigation plan must be implemented, which may include installing temporary enclosures and relocating patients and staff.

OTHER PHYSICAL ENVIRONMENT FACTORS TO CONSIDER

Many surveyors find ligature risks or looping potential with interior patient room bathroom doors. Facilities managers can correct this deficiency in a couple different ways:

- Install new door hardware with top sensor monitoring.
- Completely replace the door with an approved door.

Replacement of the doors, including labor, could mean hundreds or thousands of dollars per door. Each facility is unique and there is no one-fits-all approach.

To be certain that your corrections are compliant, send the submittals and specifications to the Authority Having Jurisdiction (AHJ), and obtain their approval **in writing** prior to placing a purchase order. Keep the signed approval on file in case your corrections are found noncompliant by a different surveyor.



RESOURCE SUGGESTIONS

Architects designing new healthcare facilities or renovations should follow the [Design Guide for the Built Environment of Behavioral Health Facilities](#) by The Facilities Guidelines Institute. This will come in handy when submitting drawings and specifications to the AHJ.

Additionally, certain states have websites outlining approved and rejected materials and equipment for the behavioral health setting. I often reference the [Patient Safety Standards, Materials and Systems Guidelines \(18th Edition\)](#) produced by the New York State Office of Mental Health. This manual is a guideline to approved and rejected materials, items under evaluation, and items to be used with caution depending on the risk level in New York State facilities. Other states may have similar sites and/or guidelines to assist in proper selection of materials, systems, and equipment.

IN CLOSING

Healthcare facilities managers play an important role in fostering patient safety. It is our responsibility to help ensure environments for patients and staff are safe and suitable for care. Understanding ligature risks and the inspection survey process should be at the top of facilities management curriculum. Any shortcomings could potentially endanger the lives of patients and staff, and jeopardizes the hospital's accreditation and reimbursements from Medicare and

Medicaid programs. Our industry must continue to be a knowledge partner for healthcare organizations and the healthcare industry in this area.

ABOUT THE AUTHOR

[Gary Giovinazzo](#) is the CBRE Alliance Director for one of the largest public hospital systems in the US, where he worked in engineering and facilities management roles for 27 years.



Gary served as a Life Safety Code Surveyor for The Joint Commission for over 10 years, surveying facilities throughout the US, Europe, and Asia. Additionally, he was part of a Special Task Force Committee for the American Society of Healthcare Engineers (ASHE). In this role, he helped educate members on best practices to reduce the most common Joint Commission top 10 findings in areas of the Environment of Care and Life Safety. Gary is highly experienced in Life Safety Codes, electrical systems, mechanical systems, emergency management, and all aspects of construction. In total, Gary has over 30 years of healthcare experience.

Professional Certifications

- New York City Master Electrician License
- Certified Healthcare Facilities Manager (CHFM)
- Certified Healthcare Safety Professional (CHSP)
- Certificates in Healthcare Incident Command from the Department of Homeland Security (numerous)

Industry Recognition & Involvement

- (2005-2012) Chair of the Metropolitan Hospital Physical Environment Committee
- (2005-2012) Co-chair of the Metropolitan Hospitals Emergency Management Committee
- Active member of the American Society for Healthcare Engineers (ASHE); achieved Senior American Society of Healthcare Engineers (SASHE) designation
- Member of the National Fire Protection Association (NFPA); served on NFPA 99 committee Chapter 12 Emergency Management on revisions and updates
- Member of the Healthcare Facilities Management Society of New Jersey