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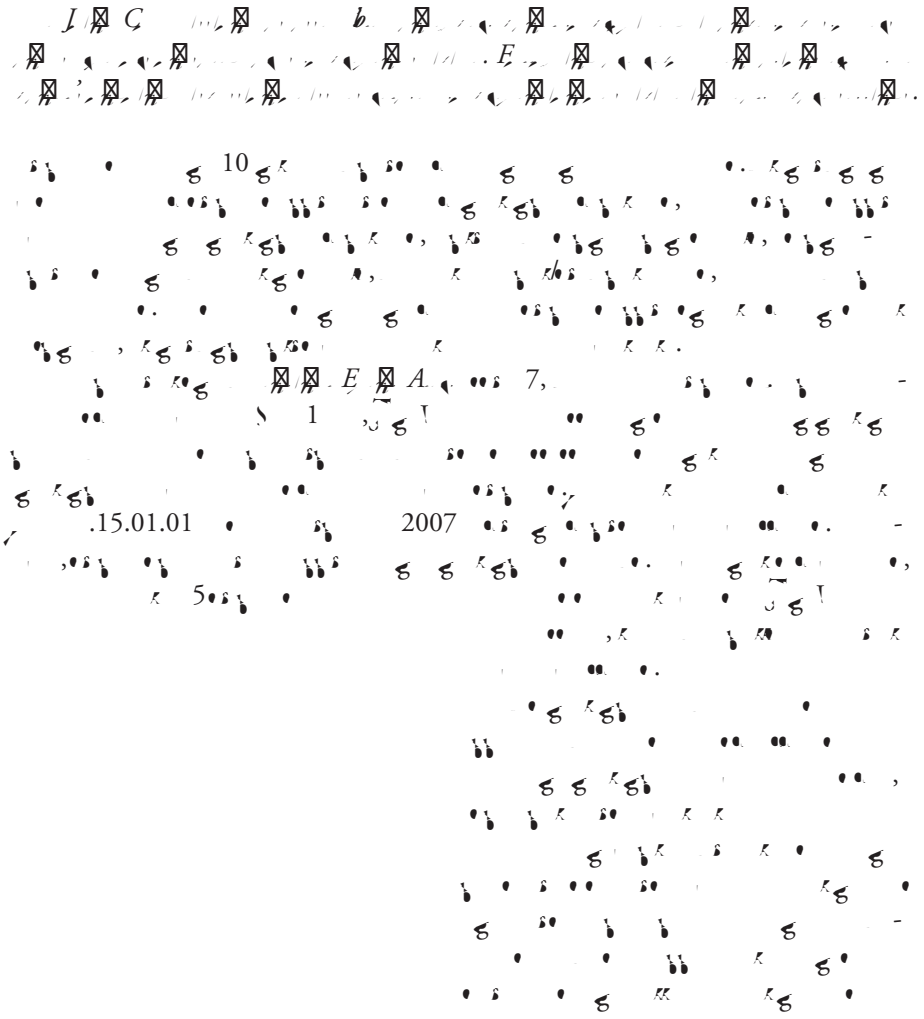
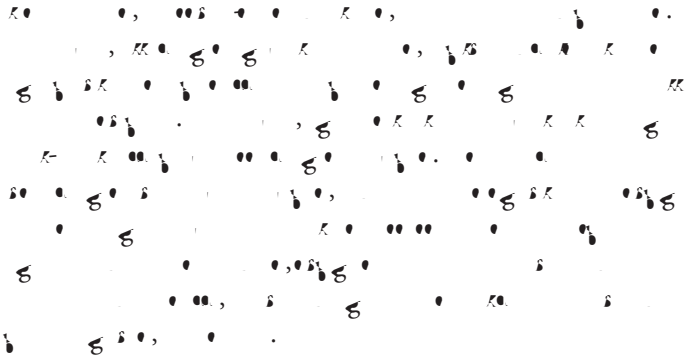
Special Report: Suicide Prevention in Health Care Settings

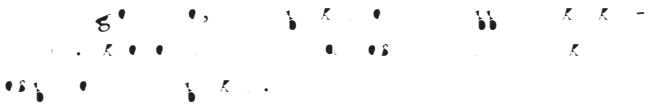
Recommendations Regarding Environmental Hazards for Providers and Surveyors



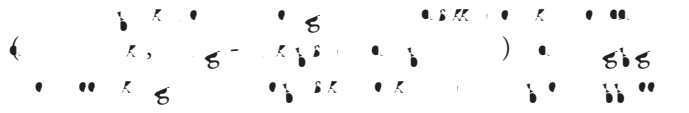


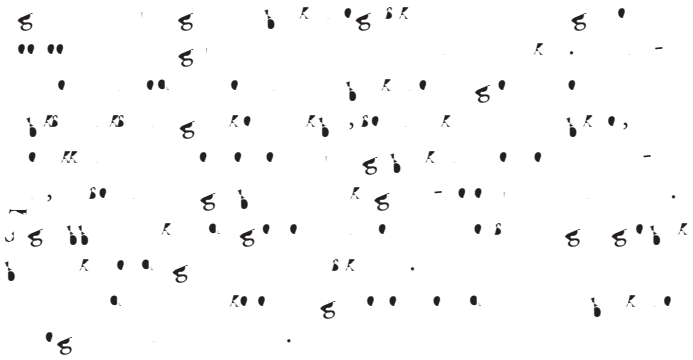
4. ***In inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings, the transition zone between patient rooms and patient bathrooms must be ligature-free or ligature-resistant.***

5. ***In inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings, patient rooms and bathrooms must have a solid ceiling.***



6. ***In inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings, drop ceilings can be used in hallways and common patient care areas as long as all aspects of the hallway are fully visible to staff 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.***





7. ***In inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings, medical needs and the patients' risk for suicide should be carefully assessed***

10.).

10. If a patient requiring admission to a general acute inpatient setting has serious suicidal ideation, all objects that pose a risk for self-harm that can be removed without adversely affecting the ability to deliver medical care should be removed. In addition, mitigating strategies must be put into place and documented, including one-to-one (1:1) monitoring, careful assessment of objects brought into the room by visitors, and protocols for transporting patients to other parts of the hospital (such as radiology). Organizations should have policies, procedures, training, and monitoring systems in place to ensure these are done reliably.

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<u>Recommendations for Emergency Departments</u>

11. Emergency departments do not need to meet the same standards as an inpatient psychiatric unit to be a ligature-resistant environment. <u>Fixed</u> ligature risks, including bathroom fixtures and doors, will not be cited on survey in these areas.

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12. There are two main strategies to keep patients with serious suicide ideation safe in emergency departments: 1) Place the patient in a "safe room" that is ligature-resistant or that can be made ligature-resistant by having a system that allows fixed equipment that could serve as a ligature point to be excluded from the patient care area (for example, a locking cabinet), and 2) keep the suicidal patient in the main area of the emergency department, initiate continuous 1:1 monitoring, and remove all objects that pose a risk for self-harm that can be easily removed without adversely affecting the ability to deliver medical care. Organizations should have policies, procedures, training, and monitoring systems in place to ensure these are done reliably.

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Appendix A: Suicide Expert Panel Participants

Expert Panel Members: June 9, 2017, Expert Panel

Brian Ahmedani, PhD, LMSW (Henry Ford Health System)
Kristen Baumann, PhD (NYC Health + Hospitals)
Pat Chmielewski, RN, MS (Centers for Medicare & Medicaid Services)
Mike Hogan, PhD (Hogan Health Solutions)
Jim Hunt, AIA (Behavioral Health Facility Consulting, LLC)
Stephanie Hursey, RN, MSN, MHA, CCM (Centers for Medicare & Medicaid Services)
Karen Johnson, MSW (Universal Health Services)
Ira Katz, MD, PhD (Department of Veterans Affairs)
Anne Kelly, MA, BSN (Acadia Healthcare)
Mary Jane Krebs, APRN, BC, FACHE (Spring Harbor Hospital)
Richard McKeon, PhD (Substance Abuse and Mental Health Administration [SAMHSA])
Peter Mills, PhD, MS (VA National Center for Patient Safety Field Office)
Mary Ellen Palowitch, MHA, RN (Centers for Medicare & Medicaid Services)
Robert Roca, MD, MPH, MBA (Sheppard Pratt Health System)
Michael Sherbun, PhD, RN, MHA (Signature Healthcare Services)
David Sine, DrBE, CSP, ARM, CPHRM (Veterans Health Administration)
Marie Vasbinder, JD, MBA, RN, CHC, NEA-BC (Centers for Medicare & Medicaid Services)
Kim Walton, Community Health Network
DD White, RN, MSN (HCA Healthcare)

Joint Commission panel members:

David Baker, MD, MPH, FACP (Executive Vice President, Division of Healthcare Quality Evaluation)
Ana McKee, MD (Executive Vice President & Chief Medical Officer)
Mark Pelletier, RN, MS (Chief Operating Officer)
Lisa Vandecaveye, JD, MBA, FACHE (General Counsel)
Sue Boylan-Murray, MBA (Senior Director of Field Operations)
Stephen Kramer, MD (Physician Surveyor)
Tim Markijohn, MBA, MHA, CHFM, CHE (Life Safety Code Field Director)
Kathryn Petrovic, MSN, RN-BC (Senior Associate Director, Standards Interpretation SIG)
Sandy Rahe, MBA, RN (Nurse Surveyor)
Nina Smith, RN (Hospital Field Director)
Peter Vance, LPCC, CPHQ (Behavioral Health Care Field Director)
James Woodson, PE, CHRM (Engineer, Standards Interpretation SIG)

Expert Panel Members: August 18, 2017, Expert Panel

Kristen Baumann, PhD (NYC Health + Hospitals)
Wade Ebersole, MHA (Denver Health)
Nancy Foster, MA (American Hospital Association)
Kate Gagliardi, MSN, RN (Office of Quality, Safety, and Value, VACO)
Jim Hunt, AIA (Behavioral Health Facility Consulting, LLC)
Karen Johnson, MSW (Universal Health Services)
Anne Kelly, MA, BSN (Acadia Healthcare)
Mary Jane Krebs, APRN, BC, FACHE (Spring Harbor Hospital)
Peter Mills, PhD, MS (VA National Center for Patient Safety Field Office)
Rebecca Parker, MD, FACEP (President, American College of Emergency Physicians)
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David Sine, DrBE, CSP, ARM, CPHRM (Veterans Health Administration)
Joseph Weinstein, (Steward Group)
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Joint Commission panel members:

David Baker, MD, MPH, FACP (Executive Vice President, Division of Healthcare Quality Evaluation)
Ana McKee, MD (Executive Vice President & Chief Medical Officer)
Mark Pelletier, RN, MS (Chief Operating Officer)
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Stephen Kramer, MD (Physician Surveyor)
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Nina Smith, RN (Hospital Field Director)
Peter Vance, LPCC, CPHQ (Behavioral Health Care Field Director)
Merlin Wessels, LCSW (Associate Director, Standards Interpretation SIG)
James Woodson, PE, CHRM (Engineer, Standards Interpretation SIG)
Paul Ziaya, MD (Senior Director of Field Operations)

APPROVED: Revisions to Requirements for Critical Access Hospitals

Effective November 12, 2017, .01.01.01, ( ) 15 ( ) .04.01.01, 6. **critical access hospitals**. .04.02.03 23 & ( ) ( ).

effective November 12, 2017, .01.03.01, 21 , ( ) .02.01.03, 1. **psychiatric and rehabilitation distinct part units in critical access hospitals.**

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Summary of Upcoming E-dition® and Print Releases

E-dition Releases (All accreditation and certification programs)	Print Release (Ambulatory care, behavioral health care, critical access hospitals, disease-specific care, home care, hospitals, laboratory, and nursing care centers)
November 12, 2017 This release updates Emergency Management (EM) requirements for the **ambulatory care, critical access hospital, hospital, and home care** programs to align with changes resulting from the Centers for Medicare & Medicaid Services (CMS) final rule on emergency preparedness (October). Also updated in this release are various requirements for **deemed-status critical access hospitals** (article on page 8 of this issue).	**January 1, 2018** Revisions from the November 12 and January 1 E-dition release dates will be included in **one** print release date for the **ambulatory care, behavioral health care, critical access hospital, hospital, laboratory, and nursing care center** accreditation programs as well as for the **disease-specific care** certification program. This includes 2017 Update 2 for the **ambulatory care, behavioral health care, and hospital** programs as well as the print 2018 manuals for all of the listed programs. (Revisions for office-based surgery practices and other certification programs will be released only via E-dition). Changes from the January 13 release related to swing beds and life safety will not be included in the ambulatory care, behavioral health care, critical access hospital, hospital, and nursing care center print releases. (These changes will appear in print in the 2018 spring update for the **ambulatory care, behavioral health care, and hospital** programs and the 2018 fall update for the **critical access hospital and nursing care center** programs.) The publication date of the **home care** print release, including 2017 Update 2 and the print 2018 manual, has been delayed to allow for inclusion of the revisions from all three electronic E-dition release dates. Purchasers should receive the print home care releases in January 2018.
January 1, 2018 This release is the regularly scheduled update for **all accreditation and certification programs** Chame Tj0 -2.carr via E-9 0 Td(programs as r-9 0 Td(progsR1D(Chamvcsursing tif0 -1 regularly sch3eduled update f	

Swing Bed Requirements Updated to Maintain Alignment with CMS

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critical access hospitals
November 28, 2017.

Background

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References

1. 24, 2017. //
/2016/10/04/2016-23503/
2. 24, 2017. //
/2017/07/13/2017-14646/

Changes to Swing Bed Requirements	Applicability	
	Hospital	Critical Access Hospital
Coordination of assessments with the preadmission screening and resident review (PASARR)	X	
Incorporation of any specialized rehabilitation services into the treatment plan as a result of PASARR recommendations		X
Dental services policy addressing when it is the organization's responsibility for lost or damaged dentures	X	X
Referral of residents with lost or damaged dentures for dental services within three days	X	X
Focus on patient-centered care and involvement of resident in care planning		X
Organization provides written notification of closure to required agencies and residents prior to impending closure		X
Reporting of alleged violations related to abuse and neglect within 2 hours or 24 hours after the allegation depending on the type of allegation	X	X

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Standards Connection

LS.02.01.34, Revised EP 3, Proposed 2018

Manual Fire Alarm Boxes

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Standards Connection

LS.02.01.34, Revised EP 4, Proposed for 2018

Revised EP 5, Proposed 2018

Occupant Notification

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Standards Connection

LS.02.04.34, Revised EP 6, Proposed 2018

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Standards Connection

Standard LS.02.01.34, Revised EP 7, Proposed 2018

Activation of Control Functions

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Standards Connection

LS.02.01.34, Revised EP 8, Pro

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Standards Connection

LS.02.01.34, Revised EP 9, Proposed 2018

Smoke Detection Systems

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Standards Connection

LS.02.01.34, Revised EP 10, Proposed 2018

“All Other” Requirements

.02.01.34 1 /1 .3.4

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