

HEADS UP...



TOPIC: Reducing the Risk of Suicide in the Physical Environment

SETTING: Hospital Accreditation Program (HAP)

In July of 2019 The Joint Commission revised the National Patient Safety Goal related to suicide risk reduction. The new NPSG was designed to improve the quality and safety of care for those who are being treated for behavioral health conditions and those who are identified as high risk for suicide. It was developed to ensure that healthcare organizations were working to reduce the risk of suicide. The physical environment is an important element in suicide risk reduction. A thoughtful evaluation of the environment to identify risks prior to a patient being placed into a room, a plan to address who is responsible for removing any objects identified to be a risk, and available resources to guide staff when housing patients at risk for suicide in a patient room in a non-designated space is required.** This HUR addresses environmental risk assessments (**NPSG.15.01.01 EP 1**), please see the specific language and applicability of the standard and EP below.

Why is this important?

Scope of the Problem:

Time period: **July 1, 2019 through September 30, 2020**

Number of full surveys performed: **1097**

Number of high and moderate risk findings: **396 (36%)** – over half (51%) of observations were in the highest risk categories

Relevant standard/EP:** **NPSG.15.01.01** Reduce the risk of suicide. **EP 1** For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.

Sample survey observations [from surveyor notes] and contributing factors

Sample observations

- Observed on building tour: The tub room had multiple ligature points and safety risks, including shower/spray nozzles and hose, grab bars, and tub drain cords
- Observed in the BHC triage room: Computer and phone cords, two temperature machines with cords long and strong enough to be a ligature risk, and an unsecured handheld metal scanner which could be picked up and used as a weapon.
- Observed in consult/treatment/patient rooms: Dropped ceilings with removable ceiling tiles, doors and hinges and faucets not ligature-resistant, screws that were not tamper-resistant, blinds with brackets that could be ligature attachment points, metal laundry baskets with fabric bags, sharps disposal boxes, plastic garbage bags, tv breaker/box cords, moveable chairs with loop able points and bedside table with open legs, and pictures in plexiglass frames, staff present when these areas are in use, however the doors were not self-closing or self-locking.
- The hospital had not developed a process to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who had been identified as high risk for suicide in the emergency department and inpatient units where patients at risk for suicide would be cared for.

Potential contributing factors

- The environmental risk assessment did not identify features of the patient's room that could be used for self-harm.
- Although environmental risks had been identified, there was no clinical mitigation or plan for correcting ligature and other risks in designated areas.
- There was no SOP to guide staff as to what items to remove from non-designated areas, such as medical bays or ED treatment areas, that may present safety or ligature risks.
- Inadequate education to staff regarding environmental ligature and safety risks.
- Unclear or inconsistent communication regarding responsibility for addressing ligature risks identified in the risk assessment. Failure to correct ligature risks on designated units.

How to identify potential problems in your organization

Review your policies and procedures

- Does the organization have a plan to conduct an environmental risk assessment for designated units/areas and a plan to correct deficiencies and mitigate the risk of suicide for patients at high risk for suicide, e.g. one-to-one monitoring and clinical mitigation of environmental risks?
- Does the organization have a plan to proactively identify and remove self-harm issues prior to a patient at high risk for suicide being placed into a room/area that is non-designated (non-ligature resistant)?

Interview staff (e.g., clinicians and support staff)

- When caring for individuals at high risk for suicide in a patient room in a non-designated space, have they done a sweep of the room to ascertain the presence/absence of items that can be used for ligature, self-harm or suicide? Do they know to remove such items and/or mitigate risks (e.g. with monitoring, limiting access to certain areas)?
- For a patient that is identified as at risk for suicide, can staff explain the process to ensure that communication and coordination with other staff, family and significant others addresses the care relative to suicide risk?

Assess your environment

- Has the organization conducted an environmental risk assessment in all designated units/areas to identify ligature and other safety risks? Have actions been taken to remove risks? (e.g. corrections, timelines, purchase orders)?
- If environmental risks cannot be immediately eliminated in designated units/areas, have mitigation strategies been identified (e.g., one-to-one observers, additional environmental rounding)? Does the mitigation plan include interim measures until risks are resolved?
- Has the organization evaluated the environment and removed non-essential items that pose a risk of self-harm before a high risk patient is placed in a room in a non-designated space?
- Are there resources to guide staff, such as electronic flags and/or visual reminders (e.g. posters) of items that would pose significant risk to patients at high risk for suicide?

Evaluate implementation

- Review a sample of patient records who were identified as at risk for suicide to ensure that documentation reflects that policies and procedures were followed.
- Conduct rounding to ensure that risks identified on the environmental risk assessment have been addressed and that mitigation is implemented as required.

What are some resources can assist me in mitigating risks in these areas?

American Society of Healthcare Engineers (ASHE), Patient Safety Tools and Resources: Preventing ligature and self-harm.

<https://www.ashe.org/patientsafety>

Behavioral Health Design Guide Edition 7.3 © 2018 Behavioral Health Facility Consulting, LLC (for PSYCH hospitals) <https://www.bhfcllc.com/>

Joint Commission Suicide Prevention Portal <https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention>