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ACUTE CARE HOSPITAL

Suicide Prevention in Acute Care Hospitals

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Today's Speakers

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Welcome

- Objectives
  - Consider hospital environments and safety of patients at risk of suicide.
  - Review environmental and ligature risk assessments.
  - Discuss mitigation strategies for identified risks.
  - Discuss patient risk assessments and prevention strategies.
  - Discuss ongoing patient environmental safety assessments.
  - Review Performance improvement strategies.

Definitions

- **Ligature risk:** A ligature risk point is defined by CMS, as ANYTHING which could be used to attach a cord, rope or any other material for the purpose of hanging or strangulation.
- **Ligature-Resistant:** is defined as WITHOUT any points where a cord, rope, bedsheet, or other fabric or material that is unbreakable can be looped or tied to create sustainable point of attachment that may result in self-harm or loss of life. Example: break-away curtains.
- **Ligature-free:** is an environment that has ZERO ligature or anchor points that can be used by a patient to attach anything for the purpose of hanging or strangulation.
  - A “ligature free” environment does not apply to non-psychiatric units of acute care hospitals that provide care to those at risk of harm to self or others, e.g. emergency departments, intensive care units, medical-surgical units, and other inpatient and outpatient locations.

Based on the hospital inpatient suicides reported in the NVDRS during 2014–2015, 73.9% of which occurred during psychiatric treatment, it is estimated that between 48.5 and 64.9 hospital inpatient suicides occur per year in the United States. Of these, 31.0 to 51.7 are expected to involve psychiatric inpatients. Hanging was the most common method of inpatient suicide in both the NVDRS and SE databases (71.7% and 70.3%, respectively).

Westbrook psychiatric hospital cited after patient dies by suicide

by Kathleen O'Brien, Bangor Daily News | Thu, November 10th 2022 at 7:32 AM

NEWS

Security concerns being raised at hospital after reported suicide with gun

by: Melissa Luna
Posted: Jan 5, 2024 / 01:58 PM MST
Updated: Jan 5, 2024 / 05:22 PM MST

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ORANGE COUNTY

Patient breaks window of hospital room at ORMC, jumps to his death

By Karla Ray, WFTV.com and Nikki DeMarco, WFTV.com
June 08, 2022 at 6:20 pm EDT

NEWS > CONNECTICUT NEWS

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Psychiatric Patient Commits Suicide Due to Alleged Failure to Follow Monitoring Protocols

By Victoria Negron | Updated on January 10, 2022

Family seeking answers from VA hospital following relative's death by suicide

Family members of 75-year-old Roy Giddens, who died by suicide while at the Jesse Brown VA Medical Center, want answers from hospital

Published January 17, 2024 • Updated on January 17, 2024

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Environmental Risk Assessments

11.01.01 Periodic monitoring for safety issues
15.03.02 Environmental safety risks

Appropriate to the specific care environment and patient population. The environmental risk assessment strategies may not be the same in all hospitals or hospital units.

The risk assessment must be appropriate to the unit and should consider the possibility that the unit may sometimes care for patients at risk for harm to self or others.

The use of such risk assessment tools may be used as a way for the hospital to assess for safety risks in all patient care environments to minimize environmental risks and to document the assessment findings.

Environmental Risk Assessments

11.01.01 Periodic monitoring for safety issues
15.03.02 Environmental safety risks

Environmental risk assessment tool content may include prompts for staff to assess items such as, but not limited to:

- Ligature risks including, but are not limited to, handrails, doorknobs, door hinges, shower curtains, exposed plumbing/pipes, soap and paper towel dispensers on walls, power cords on medical equipment or call bell cords, and light fixtures or projections from ceilings, etc.
- Unattended items such as utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizer, etc.)
- Unsafe items brought to patients by visitors in locked psychiatric units of hospitals and psychiatric hospitals.
- Windows that can be opened or broken.
- Unprotected lighting fixtures.
- Staffing levels inadequate for appropriate patient observation and monitoring.

Ligature Environmental Risk Assessment

11.01.01 Periodic monitoring for safety issues
15.03.02 Environmental safety risks

Risk assessments should be performed in the emergency department and all areas where patients receive care at a minimum annually. Research state laws / regulations to determine if these are required more frequently.

Assesses the risks of ligature points, looping potential and anchor points a patient can use in the environment normally.

Can include items that are easily removed from the area AND those that are permanently a feature of the room / area.

For every identified risk found, you must have a mitigation strategy to protect patients.

This is an important element of the Safety Management Plan and should be reviewed by the Environment of Care or Environmental Safety Committee annually.

Pre-identifying risks where patients will be housed to know what the plan will be.

Ligature Environmental Risk Assessment

11.01.01 Periodic monitoring for safety issues
15.03.02 Environmental safety risks

Hospitals are required to identify patients at risk of self-harm or harm to others and take steps to minimize those risks in accordance with nationally recognized standards and guidelines

Examples of Mitigation Strategies

- If easily removed – the action is to remove PRIOR to placing a patient in the room [removable equipment not needed for the patient, bedside tables, trash cans, sharps disposal containers, etc.]
- If the risk item cannot be removed, you must have a plan that will be put into place PRIOR to placing a patient in the room. Examples:
  - Q 15-minute patient rounding;
  - Continuous line of sight [from nursing desk into the room with NO blind spots];
  - 1:1 sitter outside the patient room, again with NO blind spots;
  - 1:1 sitter inside the patient's room;
  - 1:1 sitter within arm's reach of the patient at all times; and /or
  - Staff within arm's reach when patient is in the bathroom to toilet, bathe or shower.

Patient Assessment for Suicide Risk

15.03.01 Patient rights and safety: Identify patients at risk

Every patient seen in the emergency department should have a suicide risk screening.

Every inpatient should have a suicide risk screening completed at the time of admission.

The organization should have a policy that defines the screening process and the required prevention strategies for patients with a positive screening.

The policy should define how often patients are reassessed based on their level of suicide risk.

- No risk – would be repeated if the patient's mood / behavior indicates a change in level of risk – would include self-harm behavior, verbalizing suicide ideations, self-harm attempts, etc.

Best Practice Tips:

- Any other level of risk, should be repeated minimally every shift and with ANY change in the patient that indicates the risk of suicide has changed / increased.
- The attending physician should be notified of every patient identified at risk.

The goal is to always keep the patient safe while in your care.

Suicide Risk Assessment

15.03.01 Patient rights and safety: Identify patients at risk

The Patient Risk Assessment Tool used should be appropriate to the patient population, care setting, and staff competency.

All hospitals are expected to implement a patient risk assessment strategy, but it is up to the hospital to implement the appropriate strategies.

For example, a patient risk assessment strategy in a post-partum unit would most likely not be the same risk assessment strategy utilized in the emergency department.

The risk assessment tool is modified to ensure it is appropriate for the care area.

Q Shift Environmental Safety Checks

11.01.01 Periodic monitoring for safety issues
15.03.02 Environmental safety risks

Hospitals are required to follow current standards of practice for patient environmental safety, infection control, and security.

Study nationally recognized standards, perform your own risk assessment specific to your population and any relevant state laws/regulations, and create policies that best protect your patient population.

Best Practice Tips:

- Room assessment performed for all patients at risk of suicide – every shift by staff member that has completed training and has validated competency documented.
- Items that can be removed should be removed, such as items posing strangulation, suffocation, drowning, cutting, stabbing, or ingestion risks.
- A completed assessment would be part of the legal medical record.
- The safety checklist should be modified to ensure it is appropriate for the care area.
- Completed regardless of the mitigation strategy implemented for the patient.

Again, the patient safety strategy, must follow recognized standards and be appropriate to the unit and consider all risks inherent to the patient's environment and level of risk.

STANDARD HOSPITAL ROOM

Considerations

- Staff providing observation of patients [line of sight, 1:1, within arm's reach, etc.] can NEVER leave their post without being relieved by another staff member.
- Patients at risk for suicide are always thinking of how they can execute their plan.
- Patients at risk for suicide are very resourceful and can commit self-harm in ways most people would never imagine.
- Environmental assessments, patient risk assessment, and mitigation strategies are imperative to patient safety.

Quality Improvement

12.00.02 Quality improvement program activities - *The hospital must use the data collected to identify opportunities for improvement and changes that will lead to improvement.*

Patient safety is a key priority for hospitals.

Ongoing monitoring of key suicide prevention strategies can be monitored through the hospital's QAPI Plan.

Every patient self-harm event or near miss should be reported and a Root Cause Analysis performed.

When patient self-harm occurs OR variation in compliance with safety initiatives are noted – process improvement should be implemented.

- Include frontline staff members in performance / process improvement efforts.
- Use valid quality improvement tools during process improvement.
- Report results to frontline staff involved in the care of patients.
- Be agile when implementing process improvement and analyzing effectiveness.

Key Points

- Hospital environments, by nature, are unsafe for patients at risk of self-harm or suicide.
- Hospitals are expected to study nationally recognized standards, perform risk assessments specific to their patient population and all relevant state laws / regulations to create policies that best protect their patient population.
- Environmental risk assessments, including ligature risk assessments are completed at minimum annually [sooner if required by state law or other regulations] for all areas of the hospital where suicidal patients may receive care. Reviewed annually by the EOC Committee.
- Each risk identified must have a mitigation strategy identified to outline how a patient would be kept safe with that risk present in the environment.

Key Points

- Every patient upon presentation to the ED or admitted to the hospital should have an initial suicide risk assessment completed and documented.
- The level of suicide risk determines the specific safety precautions required to keep the patient safe while under your care.
- Investigate whether you can make suicide risk assessments in the ED and inpatient EMR a hard-stop that cannot be skipped by staff.
- All staff monitoring patients at risk for suicide must be trained and have competency validated.

Key Points

- Assessment tools should be tailored to the patient care unit and patient population.
- Report all patient self-harm events or near miss events and complete a Root Cause Analysis.
- Include suicide prevention in the hospital QAPI Plan, implementing process improvement when opportunities are identified.

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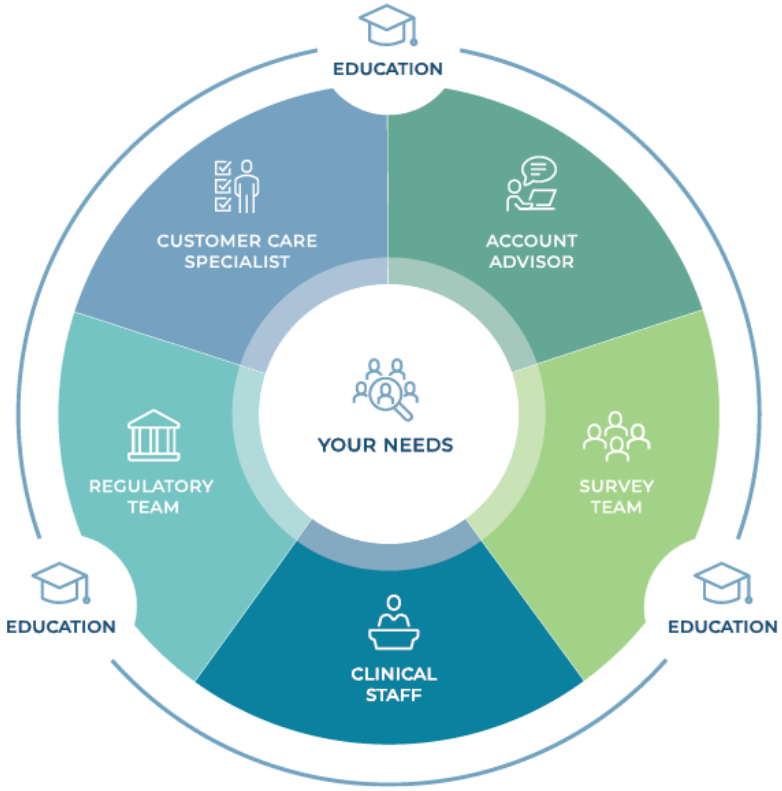

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