

# Transforming Behavioral Health Through Prevention

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Services Psychiatric Hospital Conference

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# Learning Objectives

- Evaluate the cost of patient suicides in hospitals
- Evolution of compliance with Joint Commission and CMS
- Identify environmental risks of suicide and safety concerns in hospitals
- Present planning, design and construction challenges and mitigation solutions
- Address regulator requirements and compliance questions

# Suicide Rates in the United States

Suicide is the 10<sup>th</sup> leading cause of death in U.S.

More deaths than auto accidents

Twice as many as homicides

For every one suicide there are 25 attempts

Hospital suicide deaths can be linked to Environment of Care/Building design and construction

# Suicide Claim Review

Hanging is the most prevalent method ligature risks in a Behavioral Health Unit may include: plumbing fixtures and trim, robe hooks, ceiling grid, door hardware, beds, and window treatment and mounting hardware.

- Suffocation using a plastic bag (from waste receptacle)
- Jumping out of hospital window – Elopement and jumping in front of freight train

Housekeeping laundry and dietary carts should be locked when in the corridor – claim of patient “chugging” drain cleaner and other cleaning products

# Suicide Claim Costs

Lawsuit by surviving family members

Potential fine by State Department of Health

Negative publicity in local news media

Unannounced survey by The Joint Commission

Unannounced survey by CMS

Poor morale of staff members and patients

# Joint Commission and Suicide Prevention

1998 - Sentinel Event Alert #7 released on hospital suicides

2010 - Sentinel Event Alert #46 released on hospital suicides

2015 - National Patient Safety Goal #15 to identify suicide risks, including all hospitals and ED's

2016 - Sentinel Event Alert #56 released to replace Sentinel Event Alerts 7 & 46, with a wide focus of detecting and treating suicidal patients in all hospital settings.

2018 - Reissued National Patient Safety Goal to identify suicide risks

2019 – CMS clarifications of ligature risk interpretive guidelines

# Joint Commission NPSG.15.01.01

Effective July 1, 2019

EP 1 Change from “identify individuals at risk” to “reduce risk for suicide”

Behavioral Health and Psychiatric units: Conduct risk assessment to identify ligature risks, such as removal of anchor points, door hinges, and hooks that can be used for hanging

Emergency Departments & non-psychiatric units in hospital are allowed to have 1 on 1 staffing and removal of ligature and safety risk items/equipment from rooms (patient accessible toilets, observation and intensive care rooms)

# Expert Panel Report August 2017, hosted by Joint Commission

Suicide Prevention in Healthcare Settings: Recommendations for Providers and Surveyors

Issued in response to massive increase in CMS/Joint Commission recommendations in 2017

Separate set of requirements for each of the following: inpatient psych units, general acute inpatient units, and identified behavioral health accessible areas

Increase of requirements for acute care and Emergency Departments

Toilet seats eliminated as a potential ligature risk (integral)

# Regulatory Agency Compliance

- Center for Medicare Medicaid Services (CMS)
- The Joint Commission (TJC)
- Health Facilities Accreditation Program (HFAP)
- Additional Accreditation Organizations: DNV, NCQA, CIHQ
- State Licensure Rules
- Life Safety Code (LSC)
- State and Local Building Codes
- Local Fire Prevention Bureaus
- Facility Insurance Carrier
- Guidelines for Design & Construction by FGI

# CMS S&C Memo: 18-06- Hospitals

December 2017 CMS issued a 12 page letter reviewing ligature risks

Focus on surveys for ligature resistant or ligature free environments accessible to behavioral health, high risk and on clinical observation patients

Corrective action in 60 days

No waivers, not a Life Safety Code item

Only CMS can grant additional time for implementation corrective actions, must submit to Joint Commission first, then reviewed and forwarded to CMS, status updates required until corrected

# CMS Tag 144 Ligature Risks & Self Harm

Patient Rights Section of Medicare State Operations Manual, see at [cms.org](https://www.cms.gov)

Identify safety risks (examples include: plastic bags, bra straps, torn strips of clothing, phone charge cord, phone cord, nurse call cord, rubber strips from door seals, ties, shoe laces, cords and belts)

Ligature point highest risk is between 2.3 to 13 feet from the ground/floor

Develop and document clinical protocol to identify “patients at risk”

Provide education and training for staff & volunteers

# CMS Tag 701 Buildings & Ligature Risks

Presence of unmitigated ligature risks in psych hospitals/psych units and patient accessible areas e.g. emergency, can be deemed as an **immediate jeopardy**

**Required public notice by hospital if not corrected in 60 days**

# Metro Health \$1.3M Renovation of Psych Unit

2018 Cleveland Plain Dealer newspaper article – renovation of present behavioral health unit, even though moving to a new building in near future.

“To be extra careful, we are deciding to redo the entire areas in which there are potential ligature and safety risks” per Akram Boutros, President & CEO.

Improvements are in response to new safety recommendations from The Joint Commission to reduce the risk of suicide.

Metro Health has not had a strangulation incident in the unit, a spokesperson confirmed.

# Aultman Hospital Closed Psych Unit

2018 – Large hospital in Canton, Ohio, decided to close their behavioral health unit after \$3M price tag for renovations to reduce ligature risk. Included major cost of replacing all lay-in ceiling tile with solid ceilings, along with other items.

# Patient Populations at Risk

- Pediatrics/Adolescents
  - Adults
- Alcohol/Chemical Dependency
  - Geriatric
  - Med/Psych
  - Autistic
- Undiagnosed Emergency Patients
  - Walk-ins
  - Squads

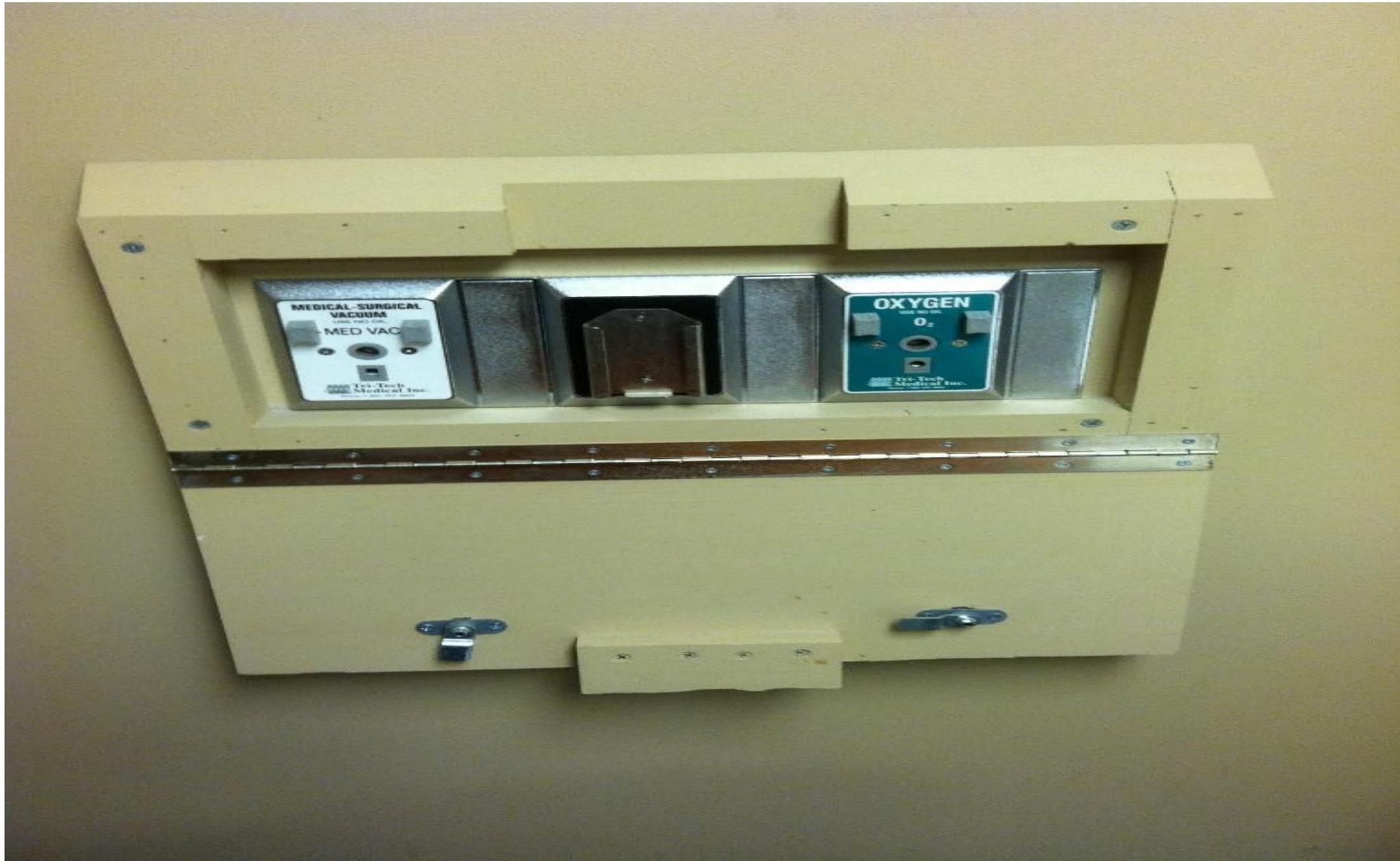
# Emergency Departments

Patients may be waiting for a transfer for days!

- Seclusion
- High Observation/Treatment (swing room(s))
- Patient Accessible Toilet(s)/Shower
- Current Options
  - Modify Rooms
  - One on One Staffing



Roll shutter in ED exam rooms to conceal ligature and safety risks



Secure medical gases with protective lockable covers

# Patient Administrative Center

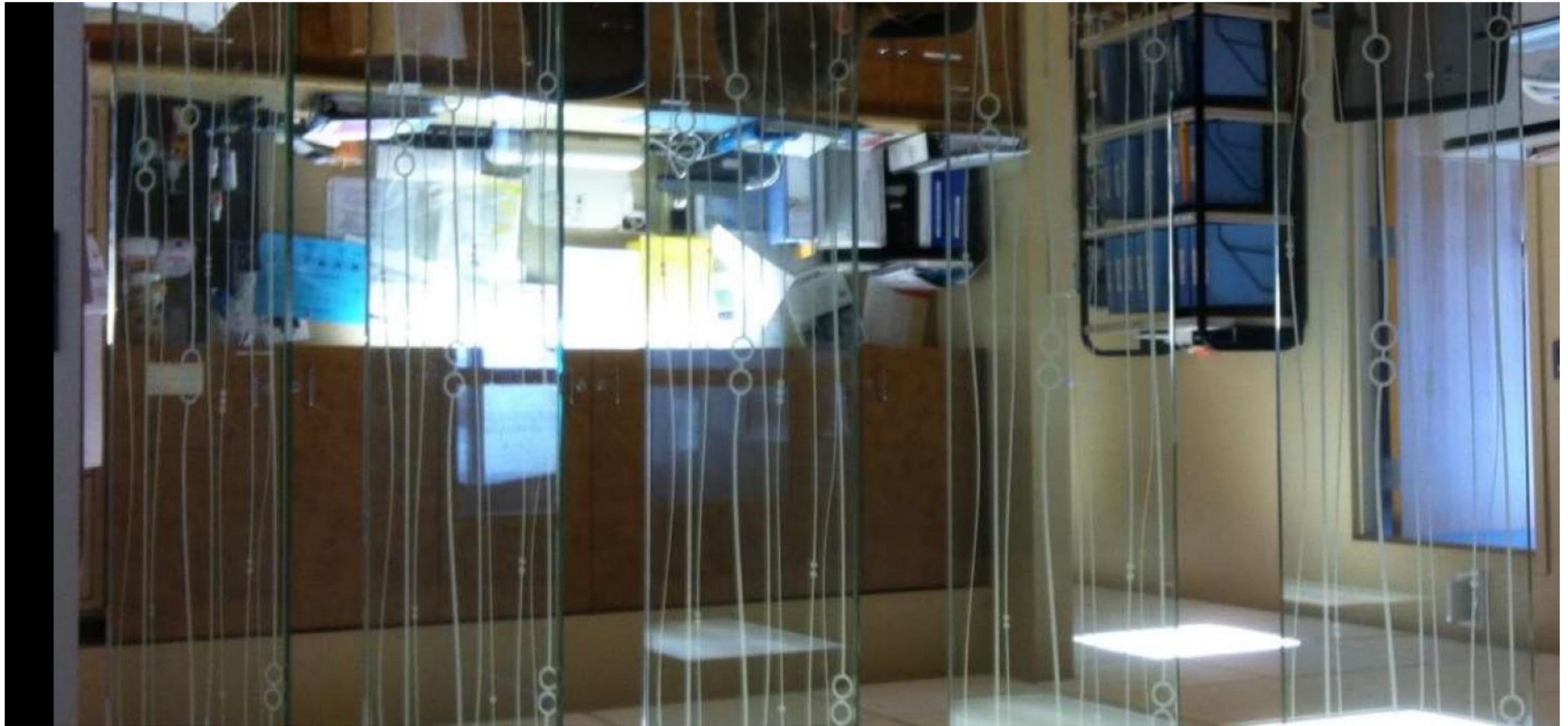
- Intrusion Prevention
- Visual/Acoustic Control/Privacy, HIPPA
- Staff Safety Zone



Design helps prevent patient from reaching/climbing over counter to nursing staff



Red line around nursing station – patients advised not to cross



Glazing (tempered & laminated) protection for nursing station

# Patient Bedrooms

- Entry/Corridor Doors/Frames/Hardware
- Bathroom door – if single patient is it needed?
- Ceiling System (surface, utilities)
- Walls/Finishes/Details
- Windows/Glazing/Window Treatment
- Furnishings/Wardrobes
- Utilities Toilet Room/Accessories



Wickett Door within a door of corridor patient room door that opened in – new units should have doors opening out to facilitate emergency access to patient accessible spaces, bedrooms, group rooms, laundry, dining/activities

## Featured Products:

Kingsway Group KG280  
Switch Anti-Barricade  
Double Acting Hinge

Townsteel MRXA Grade 1  
Mortise Lock with Ligature  
Resistant Trim, Classroom  
Function

Acrovyn Flush Doors



## Anti-Barricade Door Demonstration



Ligature resistant door handle – but difficult for geriatric patients, non-compliant with ADA



Ligature resistant lever type door handle – locking of non-occupied room



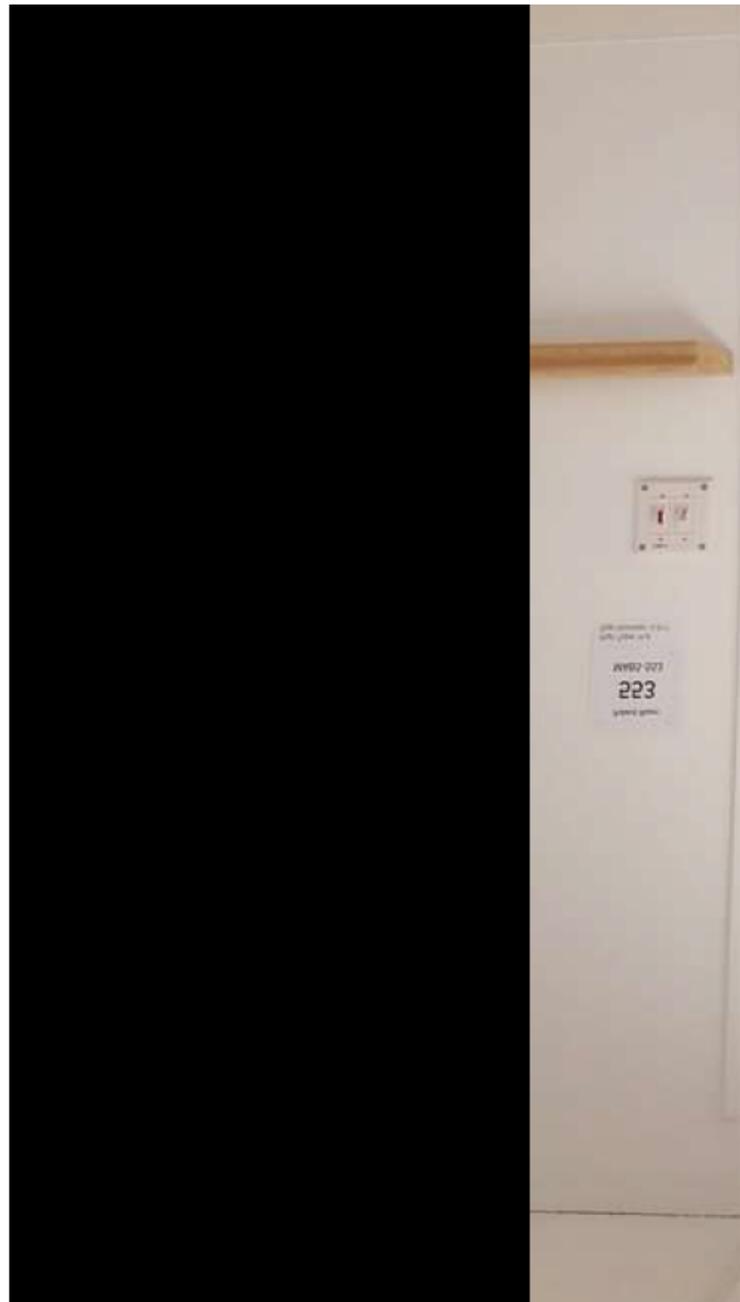
- Current Door Handle/Hardware



Anti ligature door to patient toilet room



Anti ligature door to bathroom lowers if pressure placed on top

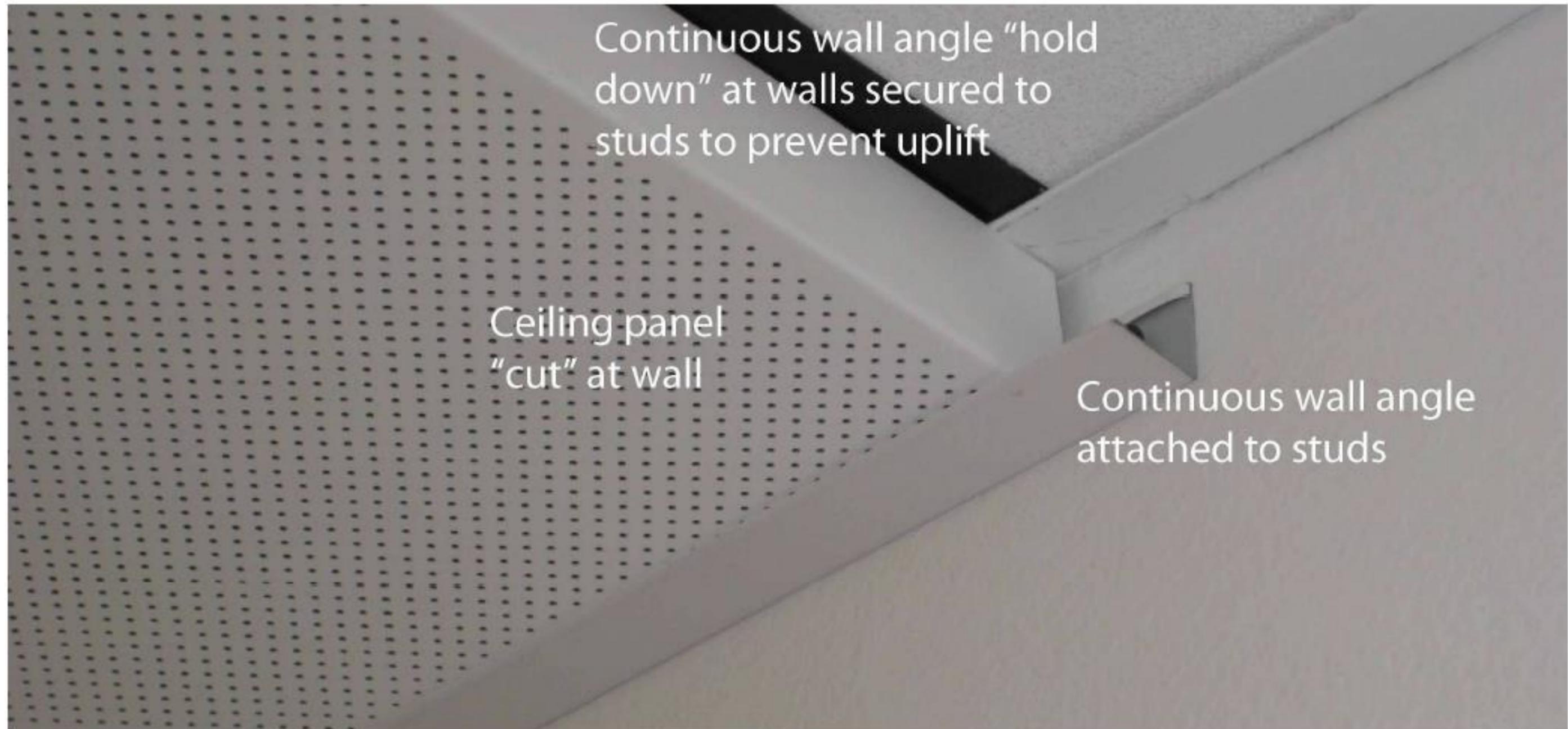




Continuous hinges with tamper resistant fasteners



Limited access ceilings to replace lay-in tile and grid, maintain required service to utilities

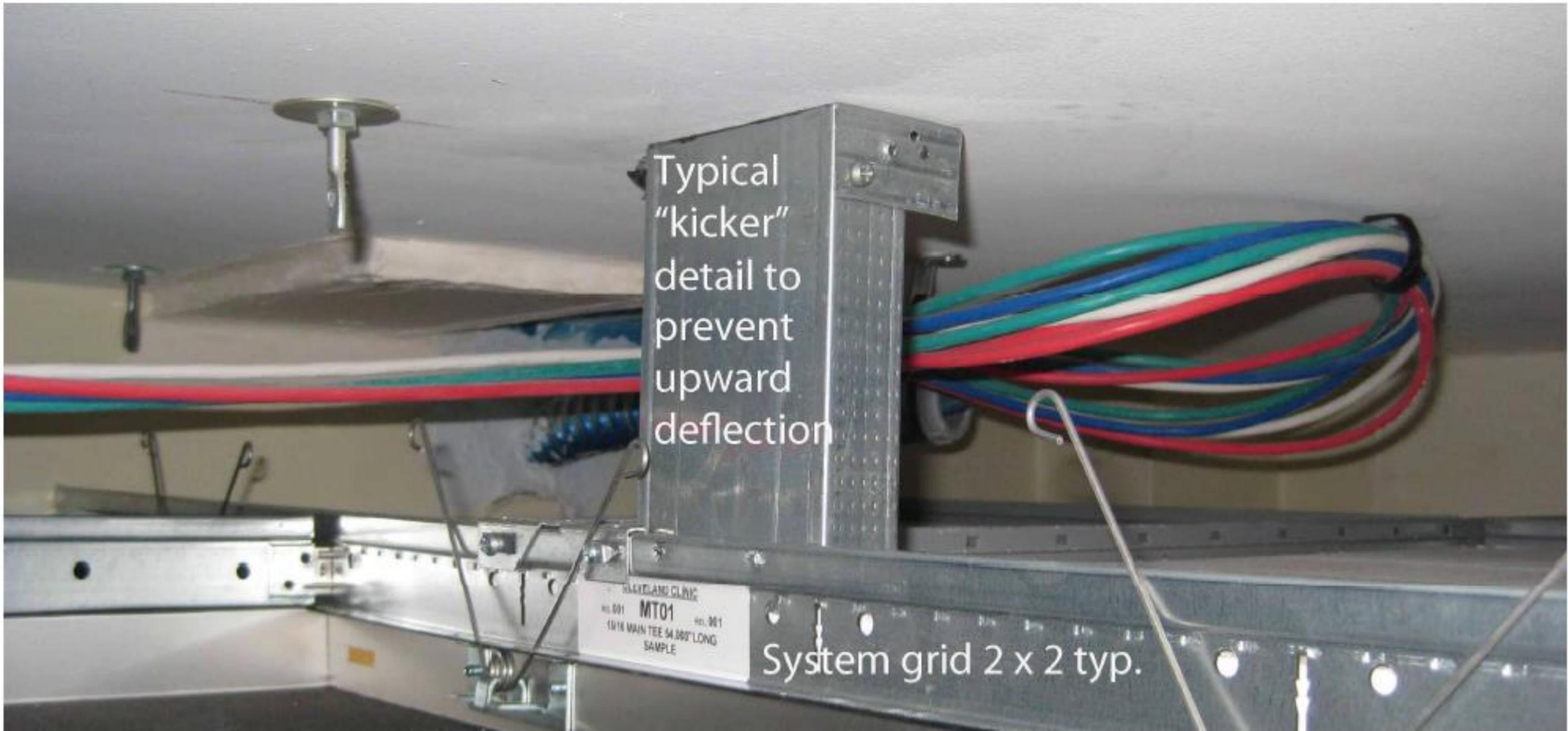


Continuous wall angle "hold down" at walls secured to studs to prevent uplift

Ceiling panel "cut" at wall

Continuous wall angle attached to studs

Limited access ceiling system



Typical  
"kicker"  
detail to  
prevent  
upward  
deflection

System grid 2 x 2 typ.

Limited access ceiling system



Limited access ceiling system



Robe hook (break away) 15 pound





Secure Windows/Glazing  
with Limited Access  
Patient Operation



Exposed Medical  
Gases/Slides



HVAC Covers with  
Limited Access Controls



Movable furnishings (chairs/beds/nightstands etc.) in room – can block or barricade corridor door and staff access.



Heavy sand filled chairs/furnishings limit use as weapon



# Corridors

- Should have direct visual access from Administrative Center
- Lighting/Ceiling systems/sprinklers anti ligature and vandal resistant
- Handrails plated/Corner guards (secure fastening)
- Signage secured to structure
- Fire Alarm (strobes/horns) ceiling mounted or “hooded”
- Medical Gas shut-off valves (location)
- Dumbwaiters secure controls/access
- Exit door locking must meet OBC/LSC criteria



Dumbwaiter  
Locking/Hardware



Medical Gas Shut-Offs/Alarms  
in Corridor



Ceiling mount/splayed cover (anti ligature)



Protected smoke detector and strobe/horn (requires local regulatory agency approval)



TV Enclosures

Protected TV enclosure

# Patient Toilet Rooms

- Door/opening (hardware, operation, fasteners)
- Plumbing fixtures/trim
- Power/lighting
- Toilet room accessories

Light Fixture  
Sprinkler Head



Grilles/Diffusers/Fasteners





Accessible  
Shower  
Wand



Fixed Shower Seat





# Unit Entry / “Sallyport”

- Control/“Screen” visitors' entry
- Minimize patient elopement potential
- Visitor coats/Law Enforcement “Gun Lockers”

# Patient Laundry

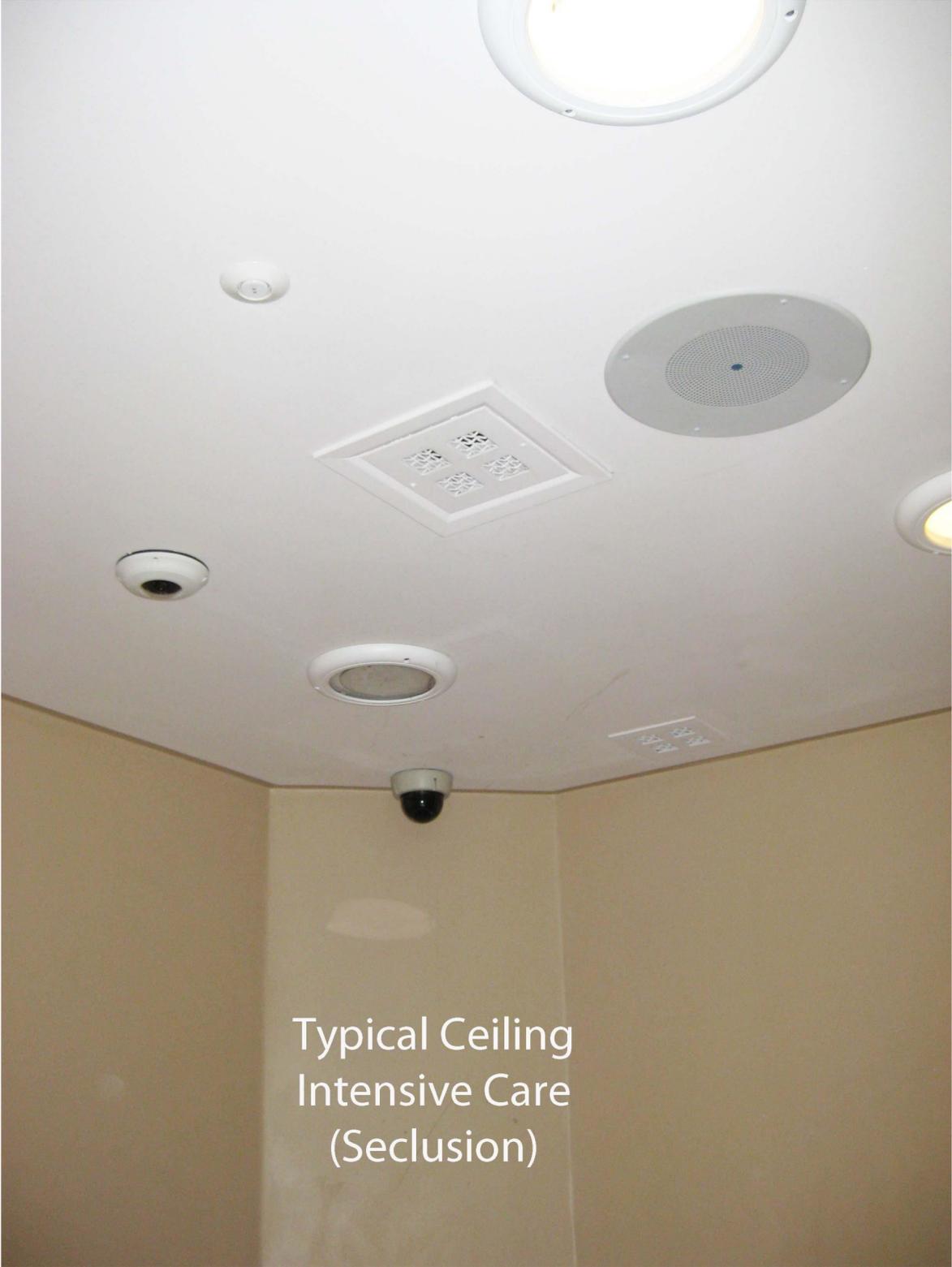
- Room access (out swinging door)/controlled access
- Window(s) for visualization
- Secure utilities (water/power/venting)
- Lockable cabinets for supplies

# Nourishment/Kitchen

- Room access (close at night with a locked door at non/mealtimes)
- Locking (cabinet doors/refrigerator)
- Hardware (cabinets/appliances)
- Direct visualization from administrative center
- Serving cart/tray staging (dining)
- Control of utensils



Ceilings



Typical Ceiling  
Intensive Care  
(Seclusion)

# Ceilings in patient accessible areas

- Bedrooms
- Toilet rooms
- Areas without direct visualization from nurse station

## Corrective action options

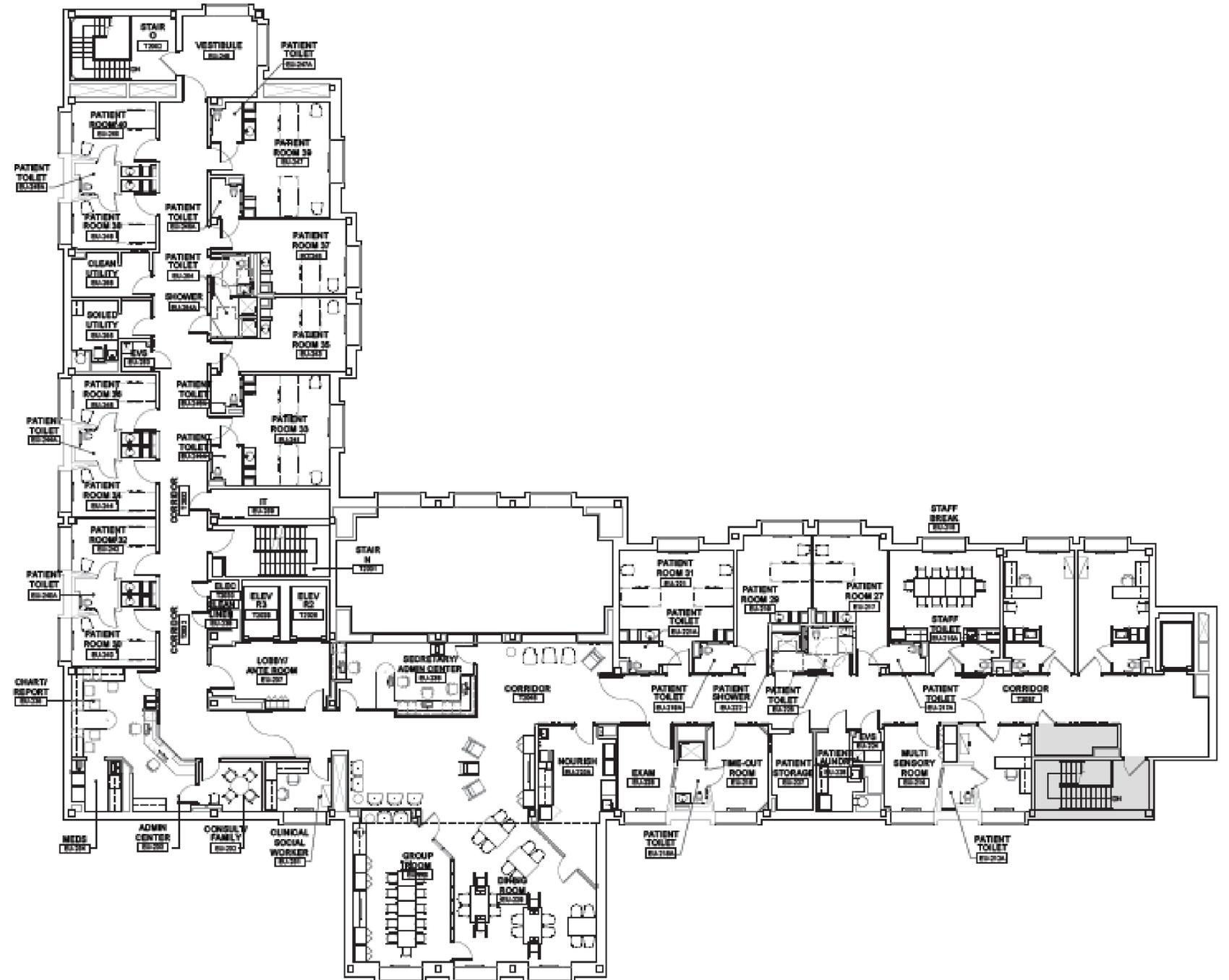
- Hard surface
- Limited access

# Floor Plan

- Euclid Second Floor (adaptive reuse)
- New Cottage Child & Adolescent



FIRST FLOOR COMPOSITE PLAN













# Behavioral Health Assessment Team

- Nurse manager of the behavioral health unit
- Behavioral health program director
- Medical director for the program or the chief of psychiatry
- Hospital safety officer
- Director of facilities management
- Frontline staff, such and/or a nurse or social worker, from the behavioral unit
- Use of 3<sup>rd</sup> party consultant with knowledge and expertise of behavioral health environments

# Environmental Risk Assessment Mitigation Process

- Conduct field investigation
- Identify risk areas with behavioral health assessment team
- Document “risk” elements, systems, operation conditions
- Organize mitigation project
  - Prioritize remedial work
  - Select systems and products
  - Document implementation process/schedule
  - Monitor completion schedule

# Additional Precautions to Reduce Suicide Risk

One-on-one staffing with patient, use of full-time sitter instead of a nurse

Camera monitored at nursing station – but must be 24/7 with replacement of staff on break

Patient searches

ED bathroom – if not ligature proof and psych safe bring in the commode or urinal to exam room

Patient assessments for suicide risk

Staff education and training

# References

- Design Guide for the Built Environment of Behavioral Health Facilities with information for hardware and fixtures, including photographs and model numbers to order.
- Authored by David Sine, ARM, CSP, CPHRM & James M. Hunt, AIA, NCARB
- February 2018, Version 7.3 now available from [www.bhfcllc.com](http://www.bhfcllc.com) (Behavioral Health Facility Consulting)
- Includes a Patient Safety Risk Assessment Tool

# References

- *Health Facilities Management article October 2018 by Anne M. Cox, AIA, ACHA, EDAC titled “Behavioral design strategies”*
- *Health Facilities Management article November 2018 by Chad Beebe, AIA, CHFM, CFPS, CBO, FASHE titled “Ligature-risk requirements”*
- *Behavioral Health Unit environmental assessment checklist from Makovich & Pusti – handout at ASHE presentation*

# Checklists from ashe.org

Patient Safety and Ligature Risk Checklists:

Emergency Room

Behavioral Health Units

Patient Bedrooms

Patient Toilet Rooms/Bathing Facilities

Patient Common Areas/Social Spaces

- Activities/Dining
- Group Rooms
- Consult Rooms
- Patient Laundries

# Zero Suicide Campaign

Framework for systematic, clinical suicide prevention

Includes a set of best practices

[www.zerosuicide.com](http://www.zerosuicide.com) includes numerous resources and tools

# General Discussions & Questions

Thanks for attending the program!

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