mln listening session

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Ligature Risk in Hospitals Listening Session

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®

Acronyms in this Presentation

- CAH = Critical Access Hospital
- CMS = Centers for Medicare & Medicaid Services
- CoP = Condition of Participation
- LRER = Ligature Risk Extension Request
- QSO = Quality, Safety & Oversight
- QSOG = Quality, Safety & Oversight Group
- SOM = State Operations Manual

Agenda

- Background
- Draft QSO-19-12 Memorandum
- Proposed Revisions of State Operations Manual (SOM) Appendix A guidance for Hospitals:
  - Condition of Participation (CoP) – Patient Rights
  - Condition of Participation (CoP) – Physical Environment
- Proposed Revisions of SOM Chapter 2 process:
  - Ligature Risk Extension Request (LRER) process
- Request for comments and questions

Background Information

Background Information – Ligature Risk

- December 8, 2017 – CMS released SC-18-06 to address ligature risk in hospitals

- Impact of ligature risk guidance:
  - Hospitals with psychiatric units and locked emergency department psychiatric areas or units
    - Hospitals = short term acute as well as cancer, children's, long term care, and rehabilitation
  - Psychiatric hospitals
  - Distinct part units in critical access hospitals (CAHs)

- CoP for Patient Rights and Physical Environment apply in all hospital settings
  - Specific ligature risk requirements do not apply in non-psych and unlocked units but hospitals must demonstrate how care is provided in a safe setting to all patients

- LRER Process
  - Developed to address renovations taking longer than 60 days to complete
  - Deemed and non-deemed hospital processes

QSO-19-12 Memorandum – Draft Ligature Risk Guidance

Draft QSO-19-12 Memorandum – Ligature Risk

- Released in draft form on April 19, 2019, for comment and review
- Intending to update guidance of SOM Appendix A previously released in December 2017
- Intending to add new process for LRERs
  - Processes vary for deemed and non-deemed hospitals, psych hospitals, and CAHs
- After review of feedback submitted, CMS will publish final versions of SOM Appendix A and SOM Chapter 2

SOM Appendix A Revisions: Patient Rights

SOM Appendix A – Patient Rights

- SOM Appendix A Patient Rights requirements not limited to ligature risk
  - Discussion today focused on ligature risk
- Revisions applicable to the following hospitals and units:
  - Psychiatric hospitals
  - Psych units in hospitals and CAHs (called distinct part units)
    - May include children's hospitals
    - May also apply in cancer, long term care, and rehabilitation hospitals
  - Locked psych units in hospital emergency departments
- Important to note that care to patients at risk of harm to self occurs in all types of settings:
  - Critical care units, medical-surgical units, inpatient and outpatient settings, etc.
- Identifying patients at risk
  - Screening and assessment
- Locked versus unlocked psych units
- Environmental safety risks
  - In collaboration with Physical Environment requirements
- Education and training

SOM Appendix A Revisions: Physical Environment

SOM Appendix A – Physical Environment

- SOM Appendix A Physical Environment requirements are not limited to ligature risk
  - Discussion today focused on ligature risk
- The physical plant and hospital environment must be developed and maintained to ensure the safety and well-being of patients
  - Hospitals are expected to demonstrate via onsite surveys how they are providing care to their patients in a safe setting
  - State Survey Agencies and accrediting organizations assess compliance from both Life Safety Code and Health and Safety surveyors
- Physical environment waivers
  - Related to age of facility and other factors
  - Not to be used to avoid or delay remedying ligature risk findings

- Ligature Risk is both a Physical Environment and Patients Rights issue

SOM Chapter 2: Ligature Risk Extension Requests

SOM Chapter 2 – Ligature Risk Extension Requests

- Proposed new process for Ligature Risk Extension Requests
- Provides instructions for CMS Regional Offices, State Survey Agencies, hospital accrediting organizations and hospitals
- Separate processes:
  - Deemed versus non-deemed hospitals, psych hospitals and CAHs with distinct part psych units
  - LRER approved via State Survey Agencies, accrediting organizations, and CMS Regional Offices
  - Tracking of initial, monthly and final updates
- Immediate Jeopardy citations
  - Must be removed onsite or shortly after survey to avoid termination from the Medicare program
- Condition-level noncompliance must be remedied within 60 days
  - Ongoing condition-level or substantial non-compliance may lead to termination
  - LRER process would provide extended period to remedy ligature risk issues
  - CMS recognizes potential hardship to quickly remedy ligature risk issues:
  - Approval for funding, necessary permits, competitive bidding, availability of supplies, access to hospital areas and units while providing ongoing patient care, etc.

Feedback Session

Logistics

- CMS seeks feedback on 3 topics:

    1. Patient rights requirements
    2. Physical environment requirements
    3. Ligature risk extension request process

- For each topic, participants will be queued and have a maximum of 3 minutes each to provide input

Resources

- Comments and questions regarding the draft Ligature Risk in Hospitals guidance and the Ligature Risk Extension Request process described in the draft QSO-19-12 memorandum and discussed today can be submitted to:

QSOG_Hospital@cms.hhs.gov
Or
HospitalSCG@cms.hhs.gov

- All comments must be received no later than Friday, June 28, 2019.

Thank You

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