



Center for Clinical Standards and Quality

Ref: QSO-23-19-Hospitals

DATE: July 17, 2023

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Ligature Risk and Assessment in Hospitals

Memorandum Summary

- *Patients in Medicare-certified hospitals have a right, by regulation, to receive care in a safe setting.*
- *Hospitals can demonstrate compliance with this standard through appropriate patient assessments, adequate staffing and monitoring, and mitigation of environmental risks.*

Background:

Medicare-certified hospitals have a regulatory obligation to care for patients in a safe setting under the Medicare Hospital Conditions of Participation at §482.13(c)(2). The intention of this requirement is to specify that each patient receives care in an environment that a reasonable person similarly situated as the patient would consider to be safe. Additionally, this standard is intended to provide protection for the patient's emotional health and safety as well as his/her physical safety. Respect, dignity, and comfort would also be components of an emotionally safe environment.

The focus of ligature risk management should be to place patients in an environment, with appropriate monitoring, reflective of their specific medical and psychiatric needs. Based on their clinical evaluation, some patients may require both a more restrictive environment and an increased level of monitoring than other patients. Therefore, it is not expected that hospitals have the same ligature risk configuration throughout their facility, but rather focus on the specific needs and risks of individual patients, based on their clinical or psychiatric assessment. Similarly, corrective actions implemented in response to deficiencies or adverse events should focus on appropriately addressing the findings or failures, rather than universal remedies. For example, the attempted use of a door as a ligature point does not mean all patient doors in the

hospital need to be replaced. Instead, surveyors should investigate further to determine whether the failure could have been the result of something more basic to safe patient care, such as insufficient monitoring and/or patient assessment and evaluation. All contributing factors should be considered before corrective action is initiated.

Patient safety issues related to ligature risks identified should be cited at the appropriate CoPs (for example, Patient Rights, Physical Environment, Nursing Services, QAPI, etc.) depending on the specific types of non-compliance identified.

Discussion:

Patients at risk of suicide (or other forms of self-harm) or who exhibit violent behaviors toward others receive healthcare services in both inpatient and outpatient locations of hospitals. Although all risks cannot be eliminated, hospitals should be able to demonstrate how they identify patients at risk of self-harm or harm to others and the steps they are taking to minimize those risks in accordance with nationally recognized standards and guidelines. The potential risks include, but are not limited to, those from ligatures, sharps, harmful substances, access to medications, breakable windows, accessible light fixtures, plastic bags (for suffocation), oxygen tubing, bell cords, etc.

Hospitals should consider three main elements in ensuring patient safety related to ligature risks:

1. Patient Assessment

There are numerous models and versions of patient screening and assessment tools to identify the risk of harm to self or others. CMS does not endorse nor require the use of any particular tool. The type of patient screening or assessment tool used to determine the risk of harm to self or others should be appropriate to the patient population served, care setting, and staff competency. Hospitals should implement a patient screening and risk assessment strategy that is appropriate to the patient population. For example, a patient screening and risk assessment strategy in a post-partum unit would most likely not be the same screening and risk assessment strategy utilized in the emergency department.

All patients in psychiatric hospitals and psychiatric units should be screened for suicidal ideation in order to ensure patient safety. In acute care hospitals, patients being evaluated and treated for behavioral health conditions as their primary reason for care should be screened for suicidal ideation. Hospital policy should address any other circumstances where suicidal screening is required.

Hospitals may find the recommendations and resources in the 2018 report, *Recommended standard care for people with suicide risk: Making health care suicide safe*, issued by the National Action Alliance for Suicide Prevention (Action Alliance), to be highly useful in developing the best practices for effective patient screening and assessment for those patients at risk for harm to themselves, as well as for improving the care of patients at risk of suicide.¹ The Action Alliance is a public-private partnership working to advance

¹ National Action Alliance for Suicide Prevention: Transforming Health Systems Initiative Work Group. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe*. Washington, DC:

the National Strategy for Suicide Prevention and reduce the suicide rate by twenty percent by 2025. Notably, the report advances two of the goals of the National Strategy for Suicide Prevention (National Strategy): (a) Promote suicide prevention as a core component of health care services, and (b) Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors. (To download a copy of the National Strategy, please visit: www.actionallianceforsuicideprevention.org).

2. Staffing/Monitoring

Hospitals should also provide the appropriate level of education and training to staff regarding the identification of patients at risk of harm to themselves or others, the identification of environmental patient safety risk factors, and mitigation strategies. Staff would include direct employees, volunteers, contractors, per diem staff, and any other individuals providing clinical care under arrangement. Hospitals have the flexibility to tailor the training to the services staff provide and the patient populations they serve. CMS expects hospitals to provide education and training to all new staff initially upon orientation and whenever policies and procedures change. Additionally, CMS recommends ongoing training at least every two years after initial training.

3. Environmental Risk

Just as all hospitals should implement a patient risk assessment strategy to ensure patient safety, all hospitals should implement an environmental risk assessment strategy to provide patient care in a safe setting. Environmental risk assessment strategies may not be the same in all hospitals or hospital units. The hospital should implement environmental risk assessment strategies appropriate to the specific care environment and patient population. Risk assessments should be appropriate to each unit and should consider the possibility that the unit may sometimes care for patients at risk for the threat of harm to self or others.

Contact: Questions about this memorandum should be addressed to QSOG_Hospital@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

Karen L. Tritz

Director, Survey & Operations Group

David R. Wright

Director, Quality, Safety & Oversight Group

Education Development Center, Inc. (accessed at: https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf)

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus