PURPOSE/ MISSION: To Prevent Patient Injury & to Provide a Safe & Secure Environment for Patients Who are Assessed to be at Risk for Suicide and/or Self-Injury

Providing Behavioral Healthcare In Hospitals

Identifying Prime Risk Areas

- Behavioral Health Unit
- Emergency Department
- Med/Surge Unit
- ICU
Providing Behavioral Healthcare In Hospitals

Identifying Risk

- Clinical
- Environmental
- Financial
Identifying Risk - Clinical

1. Nurse *Identifies* Patient being treated for Emotional/ Behavioral Disorder
2. Nurse *Completes* Suicide / Self-Injury Assessment
3. Patients *Determined* as High Risk are placed on ‘Constant Observation’
4. Environmental *Safety Check* required upon Patient’s arrival to unit & each handoff
• Sharps Removed from Room
• Objects w/ High Potential for Harm Removed/ Secured
• Patient Belongings Secured out of Patient’s Control
• Non-Essential Cords/ Tubing Removed
• Non-Essential Medical Equipment/ Supplies Removed
• Trash bags (non-breathable) Removed
• Visitors Monitored for Contraband Exchange/ Outerwear & Belongings Left Outside the Room
### Identifying Risk - Clinical

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Initials</th>
<th>Signature</th>
<th>Printed Name</th>
</tr>
</thead>
</table>

#### Observer Information
- **Observer Type:**
  - C – CNA
  - OA – Outside Agency
  - MHW – Mental Health Worker
  - PCA – Patient Care Assistant
  - S – Security
  - R – Observer Removed

#### Observer Assessment
- **Observer Assessment:**
  - Initials
  - Observer
  - Observer Type
  - Constant Observation Yes/No
  - Safety Wash Ratio

#### Safe Environment Checklist
- **Safe Environment Checklist:**
  - Initials
  - A – Alternative
  - I – Initiated
  - C – Continued
  - D – Discontinued
  - N – Not Initiated

#### Safe Environment Checklist Details
- **Safe Environment Checklist Details:**
  - Initials
  - Affect:
    - A – Appropriate
    - F – Flat
    - H – Hostile
    - I – Inappropriate
    - L – Labile
  - Behavior:
    - A – Agitated
    - B – Belligerent
    - C – Cooperative
    - S – Sleeping
  - Safety Wash Ratio
  - Initials
  - Objects with high potential for harm removed from room
  - Patient belongings removed from room
  - Patient has dietary order for suicide precautions/finger foods only
  - Non-essential cords or tubing removed from the room
  - Non-essential medical supplies removed from the room
  - Teach recipients removed from room
Mitigating Risk - Clinical/Environmental/ Financial

Develop & Maintain a Behavioral Health Assessment Team

• Nurse Manager of BH Unit
• BH Program Director
• Medical Director or Chief of Psychiatry
• Hospital Safety Officer
• Director of Facility Management
• Front Line Staff Working the Unit (Nurse, Social Worker, etc)

• Identify: Identify Risk Levels & their Mitigation; Designate areas to be “Psyche-safe”
Identifying Risk - **Regulatory (Environmental)**

Providing Behavioral Healthcare In Hospitals

- TJC - inspection focal points 2017
- FGI Design Guidelines 2014
- NFPA 101 Life Safety Requirements 2012
- CMS EC requirements
Identifying Risk - Regulatory (Environmental)

Providing Behavioral Healthcare In Hospitals

- Effective March 1, 2017: “Surveying, Scoring of Ligature, Suicide, Self-Harm in Inpatient Psychiatric Settings with Emphasis on Surveys of Hospitals” (TJC)
- EC.02.06.01 “The Hospital Establishes & Maintains a Safe & Functional Environment
- EP1 “Interior Spaces Meet the Needs of the Patient Population and are Safe and Suitable to the Care, Treatment and Services Provided”
- EC.02.06.01 EP1 Surveyors are focusing on what is required for Hospitals to eliminate Ligature Risks by making all possible modifications within 60 days of known deficiency.
- 2017 Change: “Even If You Have a Risk Assessment, Regardless of Method, You May Still Be Cited for Ligature Risks”. (TJC)
According to the CDC, “Suicide is 10th leading cause of Death, more than auto accidents)
75% of Inpatient Suicides are by hanging
41% of those used anchoring points of doors and cabinets
50% of the Inpatient Suicides have had a hanging point below the head
Identifying Risk - Environmental

EVALUATE THE PATIENT’S E.O.C.

- CORDS (OVER 6" LONG)
- RECEPTACLES
- PATIENT BED
- DOOR HINGES/ DOOR KNOBS
- TOWEL RACKS/BARS, GRAB BARS
- WINDOWS
- WASHER/DRYERS
- TRASHCANS/ LOOSE OBJECTS/ FURNITURE
- CEILING TYPE/ CEILING MOUNTED DEVICES
- PROTRUDING FIXTURES
- PREVIOUS INCIDENTS (WAS THE ELEMENT OF RISK CORRECTED?)
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

Identifying Risk Where BH Patients are Treated
Identifying Risk - Environmental

ANTI-LIGATURE FIXTURES (& Their Cost)

WALL CONSTRUCTION OPTIONS
• Stud Spacing
• Drywall type/Backer Board
• Impact Resistant Finish
Mitigating Risk Where BH Patients are Treated

Identifying Risk - Environmental

- Maintenance/ Durability
- Anti-Ligature/ Room “Safing”
- Environmental Triggers (Stressors)
- Surveillance & Patient Observation
Mitigating Risk Where BH Patients are Treated

Identifying Risk - Environmental

Design Considerations
• Environmental Triggers (Stressors)
• Patient Observation/ Elopement/ Treatment Levels
Identifying Risk - Environmental

Mitigating Risk Where BH Patients are Treated

Renovation Considerations

• Identify Levels of Risk (self-harm, vandalism)
• Develop Corresponding Construction Spec’s per Level
Identifying Risk - Financial

Suicide (Sentinel Events) Cost To Hospital

Providing Behavioral Healthcare In Hospitals

- Lawsuit by Surviving Family Members
- Potential Dept. of Health Fines
- Negative Media Publicity
- Unannounced Follow Up Surveys- TJC & CMS
Risk Mitigation:
Conduct a Risk Assessment & be Ready for TODAY’S BH, E.D. & Med/Surge Patients