

# Ligature Attachment & Suicide Risk Assessment on Behavioral Health Inpatient Units

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## Introduction

### Key Factors for today's discussion:

1. Patient Safety Risk Assessment
2. Translating Assessment into Design

## Behavioral Health Thought Leaders



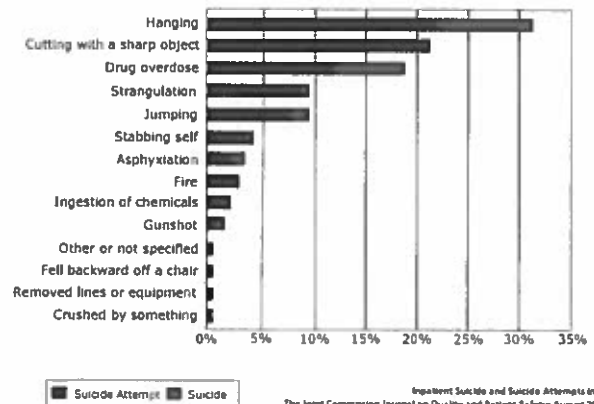
**Kimberly McMurray**  
Principal  
Behavioral Health Facility  
Consultants, LLC



**Jim Hunt**  
Founding Principal  
Behavioral Health Facility  
Consultants, LLC

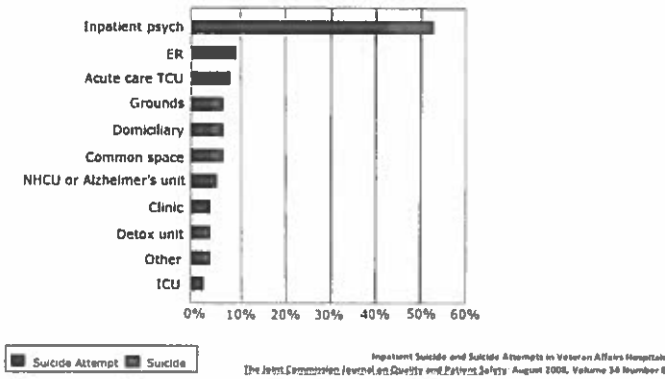
Author Design Guide and  
Sits on TJC Expert Panel

### Published 2008 Reported Methods and Percent for Inpatient Suicides and Suicide Attempts December 1999- June 2006, N-185

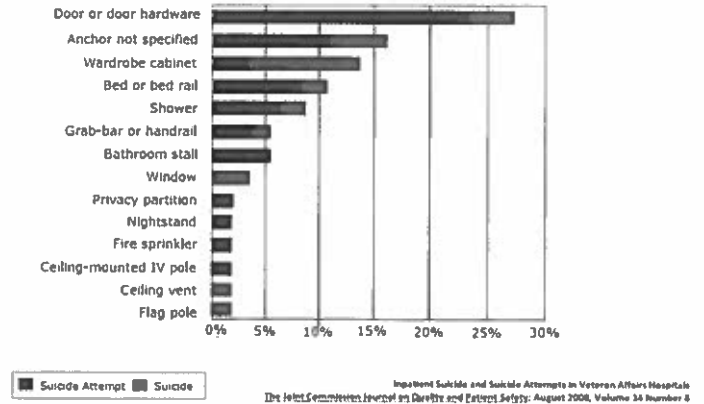


Inpatient Suicide and Suicide Attempts in Veteran Affairs Hospitals  
The Joint Commission Journal on Quality and Patient Safety, August 2008, Volume 14 Number 8

**Published 2008**  
**Location and Percent of Inpatient Suicides and**  
**Suicide Attempts**  
**December 1999-June 2006, N=185**



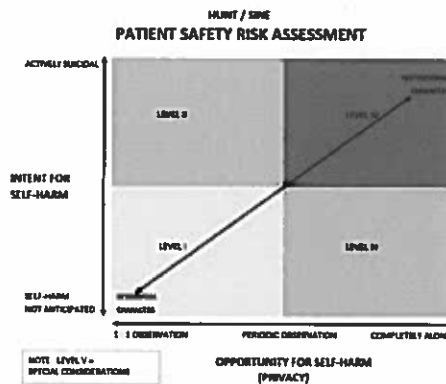
**Published in 2008**  
**Hanging Anchor Points for Inpatient Suicide**  
**And Attempted Suicide by Hanging**  
**December 1999- June 2006, N=58**



**Today.....**  
**Is Suicide in Hospital's still a problem?**

- 10<sup>th</sup> leading cause of death in US (TJC)
- 4<sup>th</sup> most frequently reviewed Sentinel Event (TJC)
- 50+% of Inpatient Suicides on Psych Units (TJC)
- 90% of these occur in Patient Rooms and Bathrooms (S. Bayramzadeh)

**Patient Safety Risk Assessment**



**Level I:** Patients not allowed or under constant supervision

**Level II:** Areas behind self-locking doors - patients supervised/not left alone

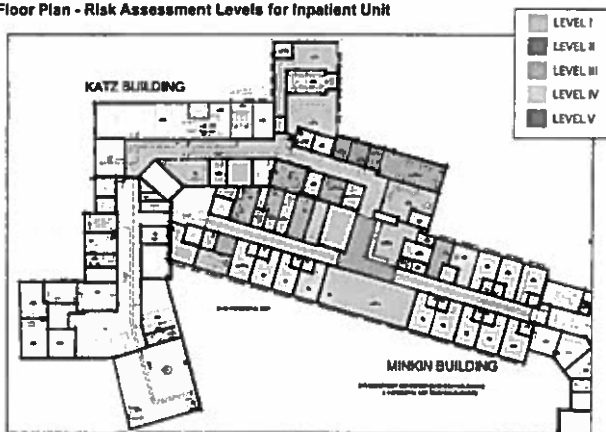
**Level III:** Not behind self-locking doors - patients may spend time with minimal supervision

**Level IV:** Patients spend a great deal of time alone

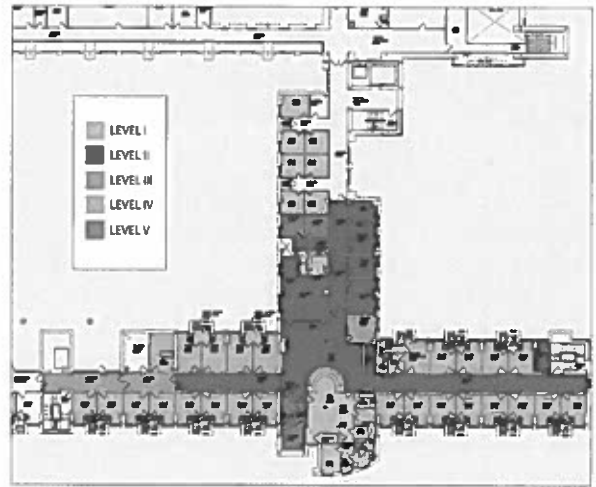
**Level V:** Special

## Patient Safety Risk Assessment

Floor Plan - Risk Assessment Levels for Inpatient Unit



## Patient Safety Risk Assessment



## Patient Safety Risk Assessment



## Translating Assessment into Design

- Expert Panel comprised of CMS, TJC, Healthcare providers, design professionals from across the US.
- Expert Panel 2017 - June 9th, August 18th, October 11th and Dec. 8th
- Panel Recommendations from June and August meetings made public in
  - November 2017 Inpatient,
  - January 2018 Residential and Outpatient, and
  - July 2018 Perspectives.
- Updates continue to be shared in TJC Perspectives

## Translating Assessment into Design

### How & Why Behavioral Health Inpatient Unit Design is Different from Medical/Surgical Units



## Translating Assessment into Design

### ACTIVITIES THAT TAKE PLACE IN PATIENT ROOMS

#### MEDICAL/SURGICAL

- SPEND MAJORITY OF TIME IN PATIENT ROOM
- SLEEP
- EAT MEALS
- SEE DOCTORS/PROVIDERS
- RECEIVE TREATMENT
- VISITORS/FAMILY
- TV / MED EDUCATION

#### BEHAVIORAL HEALTH

- SPEND VERY LITTLE TIME IN PATIENT ROOM
- SLEEP

### HOW MANY HAZARDS CAN YOU FIND?



WE HAVE IDENTIFIED 8  
CAN YOU FIND 12 MORE?

## Translating Assessment into Design

FGI – Guidelines for the Design and Construction of Hospitals, Outpatient and Residential Facilities – 2018 Edition  
[www.fgi.org/guidelines.org](http://www.fgi.org/guidelines.org)



Behavioral Health Design Guide  
February 2018 Edition 7.3  
[www.bhcllc.com](http://www.bhcllc.com)

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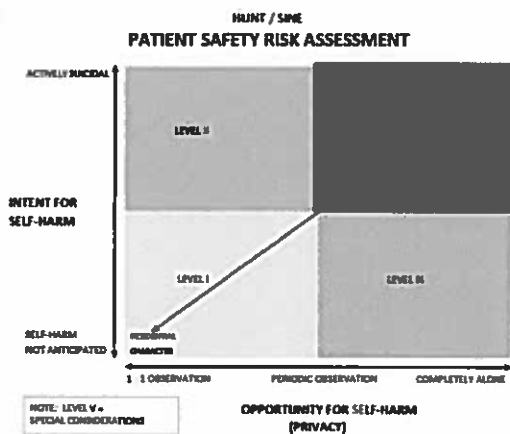
Behavioral Health Design Guide  
February 2018 Edition 7.3  
[www.bhfcllc.com](http://www.bhfcllc.com)

## Level IV Patient Bedrooms Toilets & Bathing Facilities



American Society for Healthcare Engineering  
A professional membership group of the  
American Hospital Association

## A. Patient Bedroom & Bathroom



Level IV: patients spend a great deal of time alone

*Example: patient rooms, patient toilets, shower rooms*

## A. Patient Bedroom & Bathroom

### Patient Bedroom

- **Ceiling** – monolithic, tamper-resistant lights, air grilles, fire sprinklers
- **Glazing** – shatter and mar-resistant, no curtains
- **Door** – Barricade-resistant and ligature resistant hardware, over door alarm
- **Furniture** – durable, secured in place, no doors or drawers

