

January 22, 2018



## CMS Clarification of Ligature Risk Policy

### Introduction

A ligature risk (point), as currently defined by the Centers for Medicare and Medicaid Services (CMS), is “anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation.”<sup>1</sup>

On December 8, 2017, CMS submitted a memorandum to the State Survey Agency Directors announcing the development of a clarification of the Ligature Risk Policy. CMS identified the “need for increased direction, clarity, and guidance regarding the definition of what constitutes a ligature risk and other safety risks” involving the care of patients, especially those requiring psychiatric care. CMS further states that patient safety is compromised if such risks ensue.<sup>1</sup>

CMS notes that a hospital’s Patient’s Rights Condition of Participation (CoP) § 482.13(c)(2) provides all patients with the right to a safe environment, and patients with suicidal ideation or other psychiatric disorders are particularly vulnerable.

The focus for a ligature resistant or ligature free environment pertains to psychiatric hospitals or psychiatric units within a hospital. These facility types are to take every precaution to minimize patient safety risks in accordance to national standards and guidelines.

### Executive Summary

CMS has identified the critical need for increased direction, clarity and guidance regarding the definition of what constitutes a ligature risk. The clarification of the Ligature Risk Policy will address this question as well as: (1) how risks should be surveyed, (2) at what level patient safety deficiencies should be cited, (3) what elements will be required for a corrective action plan, and (4) what constitutes an appropriate mitigation plan to minimize risks for facilities with identified safety deficiencies.

In the development of the comprehensive ligature risk interpretive policy, CMS is utilizing the expertise of: (1) Regional Offices (RO), (2) state survey agencies (SA), (3) accrediting organizations (AO), (4) providers, (5) mental health clinicians, and (6) other stakeholders that are central to this issue.

The Policy is expected to take approximately six months to complete. In the meanwhile, CMS has granted Joint Commission and other survey agencies the autonomy to use their own judgment when identifying ligature and safety risk deficiencies.<sup>1</sup>

## Background

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CMS remarks that “the presence of unmitigated ligature risks in a psychiatric hospital or psychiatric unit of a hospital is an immediate jeopardy situation. Additionally, this also includes any location where patients at risk of suicide are identified” and CMS points out the most common ligature risks are doors, hooks/handles, windows, belts, and sheets or towels.<sup>1</sup>

CMS’ main concern is the care and safety of the psychiatric patient and the staff that provide that care, and ligature risks compromise the Patient’s right to receive care in a safe environment. Therefore, the intention of the clarification of the Ligature Risk Policy is to provide direction, clarity, and guidance to ROs, SAs, and AOs and facilities.

## Key Elements

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As CMS develops the clarification of the Ligature Risk Policy, there are many areas in which the facility can prepare to become ligature resistant or ligature free. Questions to consider:

1. What is the facility’s policy for identifying ligature risks?
  2. Who is the facility contact when a ligature risk has been identified?
    - a. How is the data tracked, communicated and used for enhancement of patient care and process improvement?
  3. Does the facility use appropriate hinges, handles and locking mechanisms for a ligature resistant environment?
  4. How often does the facility assess ligature risks in: (1) patient rooms, (2) bathrooms, (3) hallways, and (4) common patient areas?
  5. Does the nursing station have an unobstructed view?
  6. Does the facility provide appropriate training to employees caring for patients with suicidal ideations?
  7. What is the policy for removing items that could cause self-harm?
  8. Are visitors monitored and how?
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## Timing

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Approximately – June, 2018

## Additional Information

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<sup>1</sup>CMS Memorandum:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-06.pdf>