

**BEHAVIORAL HEALTH  
SAFETY**

**+**

**REGULATORY  
INSPECTIONS**

# Who is human eXperience?



Kevin Turner, AIA  
Principal Architect



Sherri Reyes, MA  
Principal Consultant

- A design firm dedicated the belief that every **human** has value.
- Design and Operational Consulting to create viable, safe places of healing within behavioral health environments for a dignified patient **eXperience**.
- Our **eXperience** translates to quick, efficient solutions to help you pass inspections or re-inspections on-time and on-budget
- We help you manage the **human** elements within your stakeholder groups to make early, effective decisions.

# Agenda

- Review of the Regulatory Environment
- Patient Safety Risk Assessment
- Common problems and solutions
- BH Duct Tape + Magic Wand





# Powerful Forces



# Powerful Forces

- The Joint Commission





# Powerful Forces

- The Joint Commission
- DNV-GL



# Powerful Forces

- The Joint Commission
- DNV-GL
- CMS





## Regulatory Agencies

- CMS
  - December 2017: Memo #18-06 Hospitals – Clarification of Ligature Risk Policy
  - April 2019: DRAFT-QSO-19-12-Hospitals
    - Draft “Comprehensive” Rules
- The Joint Commission
  - 1996: Sentinel Event Policy
  - November 2017: “Special Report: Suicide Prevention in Health Care Settings”
  - July 2019: NPSG 15.01.01
- DNV-GL
  - Advisory Notice 2019-HC04





## 2017 Memo - Interim Guidance:

- Until CMS' comprehensive ligature risk interpretive guidance is released, the ROs, SAs and AOs **may use their judgment** as to the identification of ligature and other safety risk deficiencies, the level of citation for those deficiencies, as well as the approval of the facility's corrective action and mitigation plans to minimize risk to patient safety and remedy the identified deficiencies.

# DRAFT rules

## Assessment Tool:

- Although CMS does not endorse or require the use of an environmental risk assessment tool (e.g. the Veteran's Administration Mental Health Environment of Care Checklist (MHEOCC)) the use of such tools may be helpful for hospitals to assess safety risks in patient care environments.



# DRAFT Rules

## Such as:

1. Hand rails, door knobs, door hinges, shower curtains, exposed plumbing/pipes, soap and paper towel dispensers on walls, power cords on medical equipment or call bell cords, and light fixtures or projections from ceilings, etc.
2. **Solid versus drop ceilings.**
3. Unattended items such as utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizer, etc.)
4. Unsafe items brought to patients by visitors in locked psychiatric units of hospitals and psychiatric hospitals.
5. Windows that can be opened or broken.
6. Unprotected lighting fixtures.
7. Inadequate staffing levels to provide appropriate patient observation and monitoring as required by the physical layout of the patient care environment.





# November 2017 Special Report

1. All inpatient areas must be ligature resistant except:
  1. Areas around Nursing station with unobstructed view.
  2. Areas behind self-closing/ self-locking doors.
2. Patient room doors must have ligature resistant hardware.
3. Patient room doors are not required to have over the door alarms.
4. Transition zone between patient room and patient toilet room must be ligature resistant including the door if provided.
5. Patient rooms and bathrooms must have a solid ceiling.
6. “Drop Ceilings” can be used in observed areas.
7. Psychiatric medical beds can be used when the needs of the patient have been assessed for this need and a mitigation plan is in place
8. Standard toilet seats with a hinged seat and lid are O.K.
9. Med Surg inpatient settings do not need to be ligature resistant.
10. Mitigation strategies are required for med surg settings that are not ligature resistant.
11. ED rooms do not need to be ligature resistant
12. Suicidal ED patients can either be kept in “safe rooms” or kept in typical ED rooms with a mitigation strategy.
13. Mitigation strategies are required for ED settings that are not ligature resistant.





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The logo for DNV-GL, featuring the text "DNV-GL" in a bold, dark blue, sans-serif font. Above the text are three horizontal bars: a light blue bar on top, a green bar in the middle, and a dark blue bar at the bottom.

## Guidance?

- 2019-HC04
  - Mostly says to follow CMS guidelines on the issue of environmental risk assessment.

# NPSG 15.01.01 EP1

- The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging)





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## 2019 HC04

- Refers to the Care Quality Commission “Brief guide for inspection teams”, re: ligature points
  - Ask the ward manager to show you a copy of the last ligature audit. Check that:
    - This was conducted less than 12 months ago or since any alterations were made to the ward.



August 26, 2019

Mr. Joe Smith  
Director of Facilities  
Big Healthcare system  
123 street name road  
City, ST, 12345

Re: Environmental Risk Assessment

Dear Joe:

This letter is to summarize the status of the environmental risk assessment conducted for your hospital. The assessment including your inpatient, ED and other hospital spaces with regard to ligature safety and preparations for patients who, as a result of mental illness, may be a danger to themselves or others.

Our review of your inpatient spaces found several potential ligature opportunities which have since been corrected. See our attached report of findings and corrective actions to see what has been done to address these issues. Our review also found one item that could not be mitigated. It appears that the staff have an acceptable operational protocol for this issue, which is to be written down, included in the back of this manual and staff trained on it regularly.

Our review of your inpatient spaces found that the secure holding rooms meet current safety standards and are acceptable for their purpose. While it appears you would benefit from having more of these rooms, we understand that increasing the number is not required not feasible at this time. We recommend that your operational protocols for these spaces be written down, included in the back of this manual and staff trained on them regularly.

Our review of your general patient space found that your mitigation process for potentially suicidal patients or patients with other behavioral issues, is to provide 1:1 supervision. We recommend that you consider modifying some of your existing patient rooms to be more easily modified for this patient type to improve the overall safety and make it easier for the "sitter" to help keep the patients safe.

Sincerely,

Kevin M. Turner, AIA, LEED AP  
Principal Architect

401 Hawthorne Lane | Suite 110-124 | Charlotte, NC 28204

[www.hX.design](http://www.hX.design)

# Patient Safety Environmental Risk Assessment

- **Summary**
- Checklist
- Diagram of space types
- Report of corrective actions
- Mitigation protocols

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Behavioral Health (where applicable)							
#	Compliance Measure	Compliant (Yes or No)	Mitigations Taken/ Management Strategies (see mitigation & management strategy sheet)	Action Plan	Work Order if Applicable	Monitoring/Tool Validation	Completion Date
1	<p>Ceilings comply with one of the following:</p> <ul style="list-style-type: none"> <li>• Non-accessible solid gypsum in patient rooms (including bathrooms)</li> <li>• Access doors in solid ceilings are locked using a key or special tool to prevent unauthorized access and secured to the ceiling using tamper-resistant fasteners</li> </ul> <p>Is the unit designed to eliminate blind spots? <span style="float: right;">Note:</span></p> <p>In existing buildings alternate and equivalent methods must be in place (e.g., non breakable mirrors) to increase visibility.</p>						
2	Fire sprinkler heads are ligature-resistant institutional style?						
3	<p>HVAC grills are anti-ligature type with 1/8" perforated grates or vandal-resistant covers are installed using tamper-resistant fasteners?</p> <p>Are vents in the ceiling flush mounted with the ceiling surface and secured with tamper-resistant fasteners so they cannot serve as an anchor point for hanging?</p> <p>Are edges caulked with tamper resistant caulk to avoid being used as anchor point or sharp?</p>						
4	<p>HVAC units (e.g. fan coils, induction units and PTACs) in patient accessible areas comply with the following:</p> <ul style="list-style-type: none"> <li>• Controls are secured with tamper-resistant fasteners</li> <li>• Access panels are secured with tamper-resistant fasteners</li> <li>• Electrical and other utility connections are secured with tamper-resistant fasteners</li> </ul>						
5	<p>Window coverings comply with one of the following?</p> <ul style="list-style-type: none"> <li>• Min-lights integral to the window &amp; mounted between layers of safety glass</li> <li>• Roller shades specifically manufactured for psychiatric facilities</li> <li>• Curtains and curtain tracks must not have ligature point.</li> </ul>						

[illegible]

- Summary
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# Patient Safety Environmental Risk Assessment

- Summary
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## Field Report

### SRMC 3E Safety Upgrades Field Report#: hX 001

Date: October 29, 2019  
Time: 12:00  
Weather: Interior  
Temp: Interior

Present: Kevin Turner  
Karen Kay  
Zack Messick  
Human eXperience Workshop  
SRMC  
Montaith

The following items were Reviewed:

Item	Description	Action Req'd	Due Date	Status
1.0	Work in Progress			
1.1	Work is mostly complete in the east wing. Hardware for the door at end of corridor is still to be completed.	Noted		
1.2	Work is in progress in the North Wing.	Noted		
1.3	Appropriate separation and barriers appear to be in place	Noted		
2.0	Observations			
2.1	East wing work reviewed. See list of actions required in section 3.0 below.	Noted		
3.0	Actions			
3.01	3514: Fasteners are not tamper-proof at bathroom ceiling light fixture.	Replace with Tamper proof fasteners		
3.02	3514: Excess gaps around toilet need to be addressed	Install security sealant around gaps and edges.		
3.03	3512: Fasteners are not tamper-proof at bathroom ceiling light fixture.	Replace with Tamper proof fasteners		
3.04	3512: Excess gaps around toilet need to be addressed	Install security sealant around gaps and edges.		
3.05	3510: Fasteners are not tamper-proof at bathroom ceiling light fixture.	Replace with Tamper proof fasteners		
3.06	3510: Excess gaps around toilet need to be addressed	Install security sealant around gaps and edges.		
3.07	3509: Fasteners are not tamper-proof at bathroom ceiling light fixture.	Replace with Tamper proof		

Field Report hX 001 – 10/29/2019

Page 1 of 4



- Summary
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## Common issues







# Common Issues

- Door Knobs/ hardware



# Common issues

- Door Knobs/ hardware





# Common Issues

- Door Knobs/ hardware





# Common Issues

- Door closers



# Common Issues

- Door closers





## Common Issues

- Water Closet with Exposed pipe and not sealed to the wall.



## Common Issues

- Water Closet with Exposed pipe and not sealed to the wall.



# Common Issues

- Toilet Paper Holders



## Common Issues

- Toilet Paper Holders







# Common Issues

- Paper Towel Holders



# Common Issues

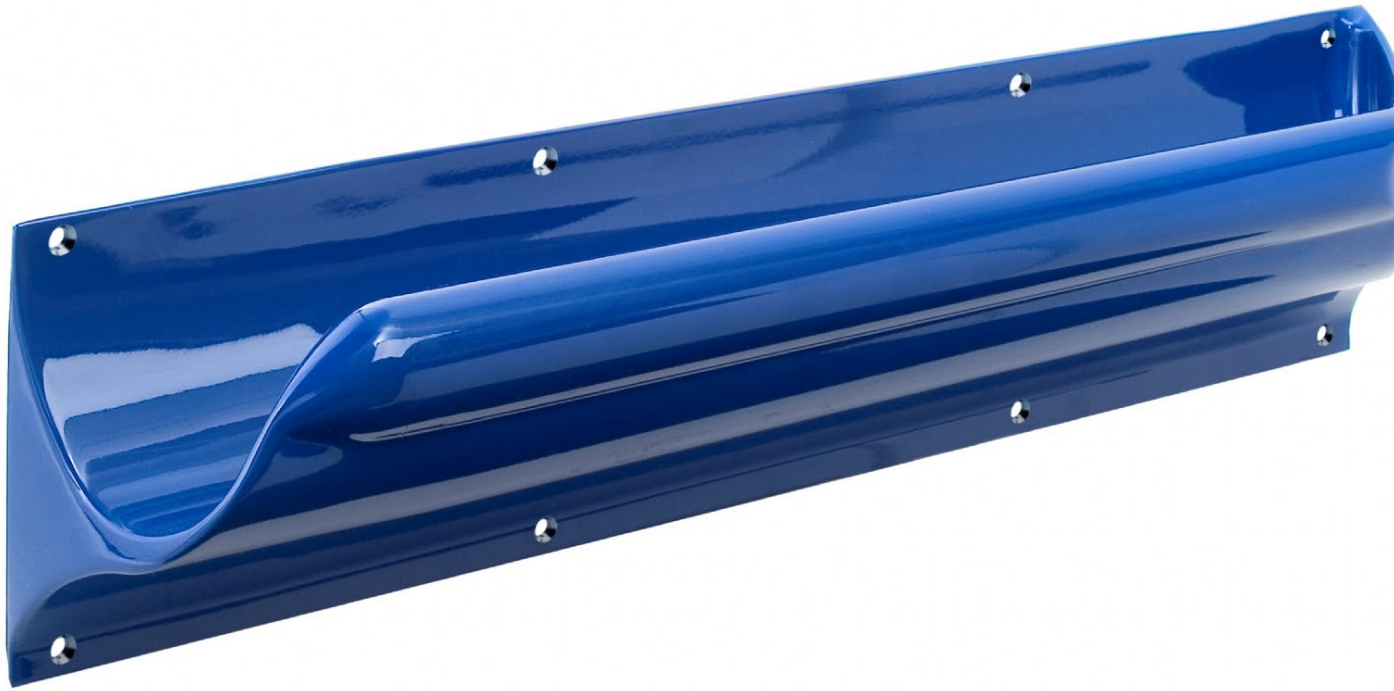
- Paper Towel Holders





# Common Issues

- Grab Bars



## Common Issues

- Grab Bars





# Common Issues

- Ceiling Devices





# Common Issues

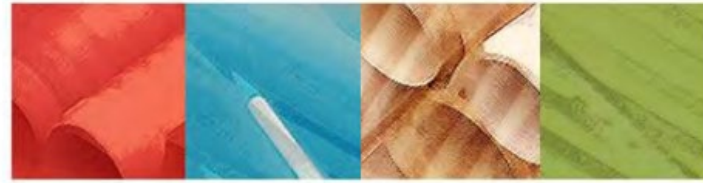
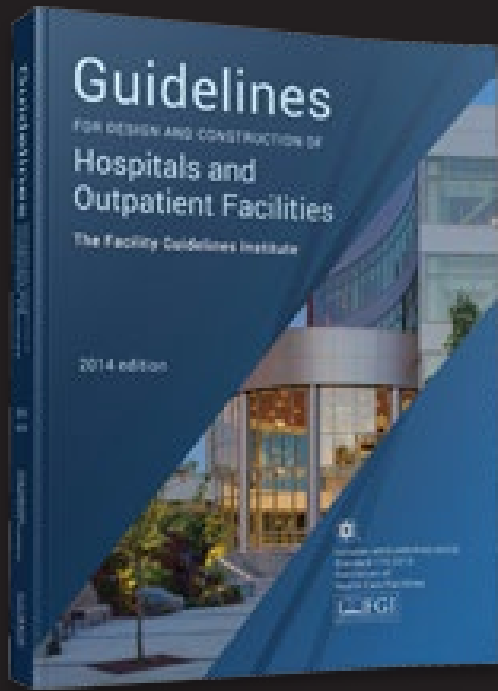
- Sprinkler heads

# Common Issues

- Electrical outlets







# BEHAVIORAL HEALTH DESIGN GUIDE

## Solutions

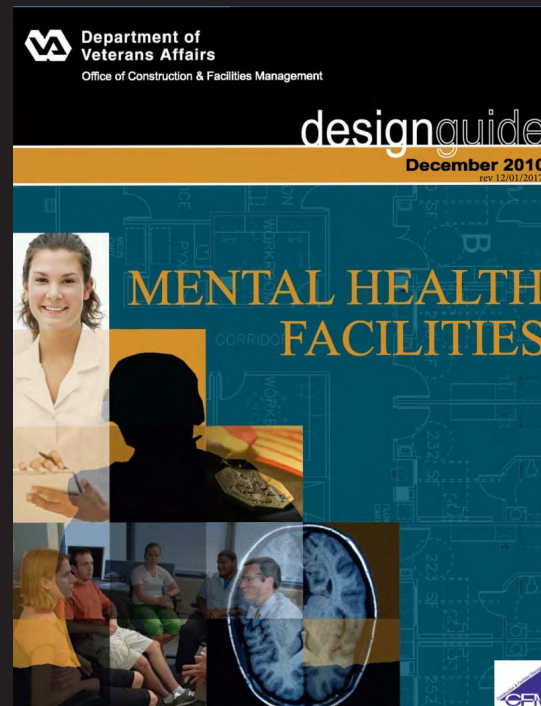
Reference Material:

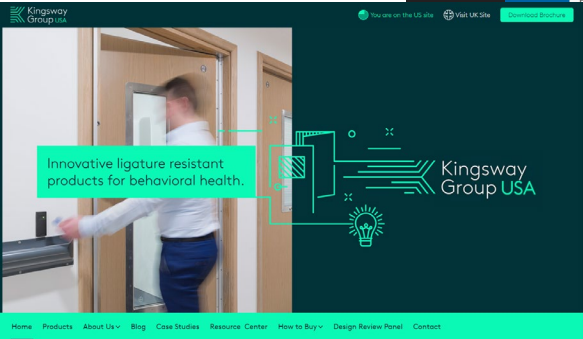
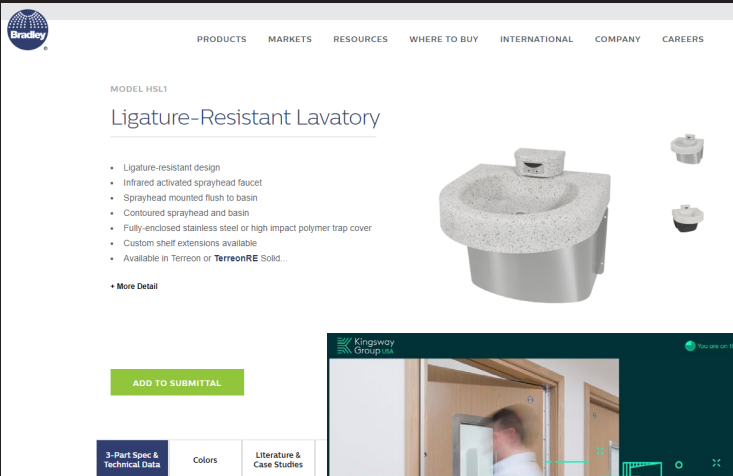
- FGI Guidelines for the Design and Construction of Hospitals and Outpatient Facilities
- Behavioral Health Design Guide
- Department of Veterans Affairs Design Guide for Mental Health Facilities
- New York State Office of Mental Health Patient Safety Standards materials and Systems Guidelines

### Patient Safety Standards, Materials and Systems Guidelines

Recommended by the  
New York State Office of Mental Health

With respect to NYS-OMH operated facilities, these Guidelines apply solely to new construction and major renovation projects. Existing facilities should use these Guidelines as a reference document whenever they make improvements.

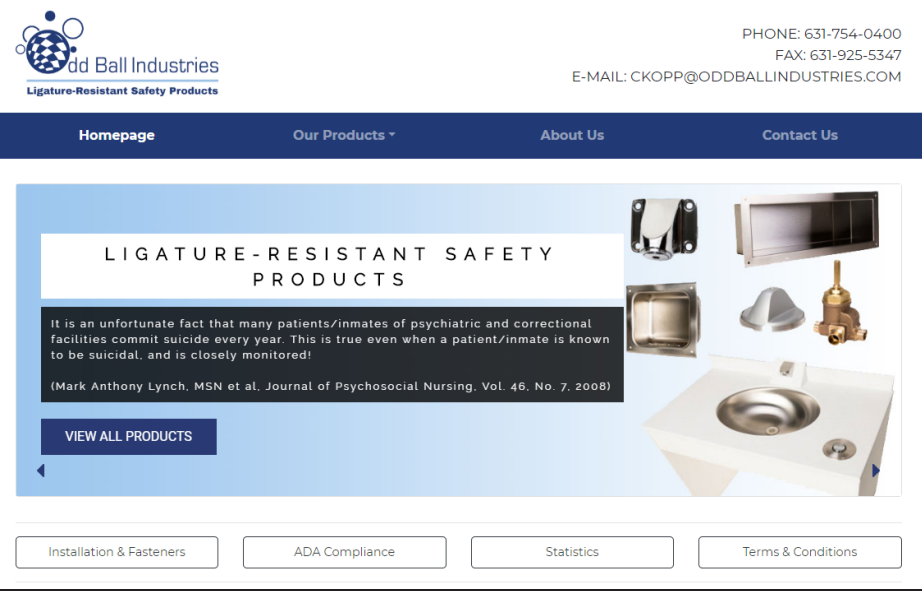
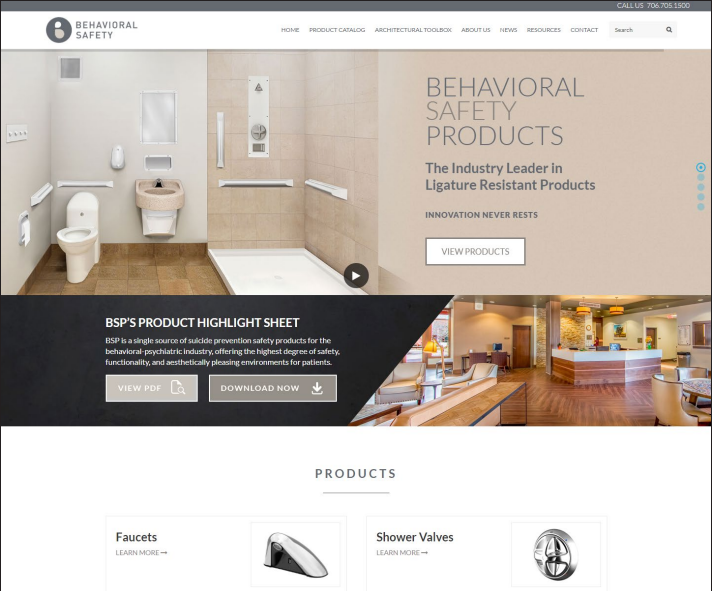




# Solutions

Product manufacturers:

- Behavioral Health Safety Products
- Whitehall Manufacturing
- Oddball Industries
- Kingsway Group
- Bradley
- Bobrick
- American Standard
- Northwest Security
- Assa Abloy
- Allegiant



# Duct Tape and the Magic Wand!







# Duct Tape and the Magic Wand!

- BH Duct Tape: Security Sealant



# Duct Tape and the Magic Wand!

- BH Duct Tape: Security Sealant
- BH Magic Wand: Operational Protocol





# Powerful Forces

- *Joint Commission*
- *DNV*
- *CMS*





Questions?