General Overview: Every hospital needs to attend this webinar. It is now a hot area and there is a lot of survey activity around prevention of suicidal patients from harm or strangulation. The Joint Commission announced that this is one of the four top areas of focus. The Centers for Medicare and Medicaid Services (CMS) has promulgated requirements for hospitals to prevent ligature risk and self harm from patients that are suicidal. A 13 page memo was issued and the hospital manual was amended on December 29, 2017 to implement these changes. Any hospital that received Medicare, which is most hospitals in America, must implement these changes for all patients.

CMS amends tag numbers 144 in patient rights and tag 701 in facility services. This discusses what units need to be ligature resistant. It covers what patient assessments must be done and what should be in the environmental assessments. It discusses education and policy and procedure requirements. If you have a highly suicidal patient and the room is not ligature resistant do you have a 1:1 sitter? Hospitals that do not will need to change their policy and process and budge for this.

Joint Commission has 16 requirements to ensure compliance with their standards. These will discussed in detail and include psych hospital, behavior health units, general acute care inpatient units, outpatient units and emergency departments. The zero suicide campaign will be discussed. The TJC sentinel event alerts on suicide, NPSG 15 and proposed changes, and Frequently Asked Question (FAQ) on ligature risk will be covered. Again, the Joint Commission announced that this is one of four area of focus so hospitals need to have this issue on their radar screen and be prepared.

Resources will be provided. Tools to assess patients to determine if they have suicidal ideations will be included.

Objectives:

• Recall that CMS now has two tag numbers that set forth requirements to prevent ligature risks for patients with suicidal ideations
• Discuss that the Joint Commission has requirements for hospitals to follow to prevent patients from self harm including hanging or strangulation
• Describe that CMS recommends education in orientation, when policies change and every two years

Faculty:

Sue Dill Calloway, RN, AD, BA, BSN, MSN, JD, CPHRM, CCMSCP

Attorney at Law is currently the Medical-Legal Consultant and President of Patient Safety and Healthcare Consulting and Education. She is also the past chief learning officer and a current board member for the Emergency Medicine Patient Safety Foundation. She has been employed in the nursing profession for more than 30 years. Ms. Calloway has legal experience in medical malpractice defense for physicians, nurses and other health professionals.

Ms. Calloway received her AD in nursing from Central Ohio Technical College. Her BA, BSN, MSN (summa cum laude) and JD (with honors) degrees are from Capital University in Columbus. She is a member of many professional organizations. She has authored over 102 books and has published many articles. She is a frequent lecturer on healthcare issues.

Continuing Education Credit:

This program is approved by the Kentucky Board of Nursing for 2.4 contact hours, program offering number 5-0023-120-136. The Kentucky Board of Nursing approval of individual nursing education provider does not constitute endorsement of program content. Participants must attend the entire session and complete the evaluation. Those desiring continuing education credit must have nursing license number.

Intended Audience:

• All staff, nurses, physicians and providers on the hospital behavioral health unit
• All staff, nurses, physicians and providers at Psychiatric hospitals
• All staff, nurses, physicians, and providers in hospital emergency departments
• All staff, nurses, physicians and providers on hospital units where suicidal patients are taken care of such as ICU, medical-surgical units, OB and post-partum, and outpatient areas
• All hospital risk managers
• Hospital legal counsel
• Patient safety officer
• CEO, COO, CNO, and nurse supervisors
• Chief medical officers
• Director of maintenance and facility services
• Biomedical engineering
• Materials management
• Environmental Services
• Security
• Director in charge of environment of care requirements and staff
• Quality improvement coordinator
• Compliance officer
• Director of Regulatory Affairs
• Board members
• Nurse educator
• Clinic and outpatient managers
• All department directors/nurse managers such as ED, ICU, CCU, Med-surg managers, outpatient, etc.
• Anyone who is responsible to ensure compliance with the CMS hospital conditions of participation and the Joint Commission standards