DATE:       July 20, 2018

TO:         State Survey Agency Directors

FROM:       Director
            Quality, Safety & Oversight Group (former Survey and Certification Group)

SUBJECT:    CMS Clarification of Psychiatric Environmental Risks

Memorandum Summary

• Proposed Psychiatric Task Force: The Proposed Psychiatric Task Force to address
  the environmental risks associated with the care of psychiatric inpatients is not the most
  appropriate vehicle to foster the changes that are required.

• Ligature Risks Compromise Psychiatric Patients’ Right to Receive Care in a Safe
  Setting: The care and safety of psychiatric patients and the staff that provide that care
  are our primary concerns. CMS is incorporating the outcomes of the TJC Suicide Panel
  (in which CMS participated) into comprehensive ligature risk interpretive guidance to
  provide improved direction and clarity for state survey agencies (SAs) and accrediting
  organizations (AOs).

• Interim Guidance: Until CMS’ comprehensive ligature risk interpretive guidance is
  released, the 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.

Background

The proposed CMS Psychiatric Care Task Force to address environmental risks related to the
inpatient care of patients experiencing a psychiatric illness, will not be convened as planned. We
will continue to seek your input, but have determined that a workgroup would not be the most
appropriate vehicle to foster the required changes. The successful efforts by the TJC Suicide
Panel to clarify and refine the issues involving ligature and safety risks are being incorporated
into the revisions of the Interpretive Guidance. CMS felt that to repeat the work of TJC Suicide
Panel (in which CMS participated) would not provide any substantive additional gains and
would not be a productive use of the time and expertise of the participants.

The goal of revising the Interpretive Guidance is to incorporate and clarify standards, ligature
risks, and safety issues that will assist providers/AOs in complying with the Conditions of
Participation for Medicare (CoPs). Expectations regarding ligature risks and safety issues for
patients receiving care and treatment for psychiatric disorders are included in the Hospital CoPs
for Patient’s Rights to Care in a Safe Setting.
We will continue with revisions to both the Interpretive Guidance for Psychiatric hospitals (Appendix AA) as well as the Interpretive Guidance for Hospitals (Appendix A), which will incorporate the standards that were recommended via the collaborative work of the TJC Suicide Panel Special Report: Suicide Prevention in Health Care Settings.

The December 8, 2017 QSO Memo: 18-06-Hospitals: Clarification of Ligature Risk Policy (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-06.pdf), and the proposed training materials will augment the Guidance so that there is clear direction for the care and treatment of this vulnerable patient population.

Contact: If you have any questions regarding this memorandum, please send inquiries to the hospital e-mailbox at hospitalscg@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

cc: Survey and Certification Regional Office Management