



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

QSO: 18-21-All Hospitals

**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](mailto: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