

## Ligature Risk Interpretive Guidelines

The Centers for Medicare & Medicaid Services (CMS) is requesting public comments regarding Ligature Risk Interpretive Guidelines by June 17, 2019. The request recommends several updates to the December 8, 2017 S&C Letter Clarification on Ligature Policy. Noteworthy recommended updates are:

- The addition and clarification of the use of video monitoring for the purposes of 1:1 monitoring with continuous visual observation
- Clarification of environmental risk assessment tool contents which include evaluating solid versus drop ceilings
- That waivers for Ligature Risk findings are not permissible

The draft revised guidelines are intended to provide increased direction, clarity and guidance regarding what constitutes a ligature risk and clarify the expectations that hospitals achieve a "ligature-resistant" environment in psychiatric units of acute care hospitals, locked emergency department psychiatric units and psychiatric hospitals. The requirements to create a ligature-resistant environment do not apply to non-psychiatric units of hospitals, even though these units might provide care to those at risk of harm to self or others.

CMS is seeking input on these drafts and requests comments by June 17, 2019. CMS will review submitted comments before issuing a final version of this policy memorandum, Appendix A and Chapter 2 of the SOM. Once finalized, these interpretive guidelines will be implemented by CMS and become the guidance for surveyors.

ASHE is requesting that members share their concerns and comments regarding the proposed guidance. A link to the CMS Memorandum requesting information can be found on the [ASHE Patient Safety](#) webpage along with a link to a survey to share your concerns with ASHE. Please complete the survey by May 17, 2019. The ASHE Patient Safety webpage also contains several additional tools and resources addressing the environmental risks associated with the care of patients at risk for suicide and self-harm.

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