Expanding Ligature Emergency Response Through Organization-Wide Ligature Cut-Down Kits

- What They Did
  - Developed and deployed ligature cut-down kits containing specialized cutting tools capable of quickly removing a variety of ligature materials.
  - Implemented the kits across psychiatric and non-psychiatric care areas, including medical-surgical, intensive care, and other inpatient units.
  - Incorporated annual competency validation, education, and ongoing staff training regarding kit access, use, maintenance, and replenishment.

- Key Outcomes
  - Increased staff preparedness to rapidly intervene during potential ligature events.
  - Added an additional safety layer beyond environmental controls and 1:1 observation practices.
  - Standardized access to emergency ligature-response equipment throughout the organization.

OVERVIEW

Cambridge Health Alliance serves a large population of patients with behavioral health needs, including individuals treated in dedicated psychiatric settings as well as patients receiving medical or surgical care who may have co-occurring mental health conditions. The organization recognized that even with comprehensive suicide prevention efforts, environmental risk mitigation, and constant observation, some patients may attempt self-harm using items necessary for clinical care, such as medical tubing or cords.

To strengthen patient safety, the organization implemented ligature cut-down kits that provide staff with immediate access to specialized cutting tools capable of rapidly removing potential ligatures. The kits supplement existing suicide prevention strategies, including environmental risk assessments, dedicated observation for patients at risk of self-harm, suicide risk screening, and follow-up assessment processes. The practice provides a readily available emergency response capability throughout the organization and supports staff intervention during both anticipated and unexpected ligature events.

OPERATIONAL PLAN

Leadership and Team Structure

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Performance Strength Summary

Cambridge Health Alliance Everett Care Center

This practice emerged from the organization's broader suicide prevention efforts and involved collaboration among behavioral health, nursing, education, quality, patient safety, accreditation, and operational leadership. The implementation focused on identifying practical measures to reduce harm when ligature attempts occur despite preventive interventions.

- **Psychiatric Nurse Educator:** Developed the original ligature cut-down kit concept as part of suicide prevention improvement efforts and identified tools capable of addressing different ligature materials.
- **Behavioral Health Leadership:** Helped assess suicide-related risks, evaluate clinical needs, and support implementation across inpatient psychiatric settings.
- **Nursing Leadership:** Supported kit deployment, education, competency validation, and operational integration across patient care areas.
- **Professional Development and Nursing Education Teams:** Assemble kits, manage distribution, conduct annual competency training, and oversee ongoing staff education regarding proper use of the equipment.
- **Quality, Patient Safety, and Accreditation Teams:** Supported suicide prevention initiatives and helped integrate the practice within broader patient safety and regulatory compliance efforts.
- **Frontline Clinical Staff:** Maintain awareness of kit locations, access equipment during emergencies, and utilize the appropriate tool based on the material involved.

Implementation Steps

The organization implemented this practice as part of broader suicide prevention work. The following steps outline the process that other organizations could adapt for implementation.

- **Identified Patient Safety Risks:** Evaluated suicide prevention processes and recognized that patients could use a variety of available items to create ligatures, even when environmental controls and observation practices were in place.
- **Developed Specialized Kits:** Created ligature cut-down kits containing multiple cutting devices designed to address different materials, including linens, clothing, wires, cords, and other potential ligatures. Tools included safety scissors, wire-cutting devices, and hook-style cutters.
- **Standardized Emergency Response:** Established a process for staff to rapidly access the kits when intervention was required during a ligature event.

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- **Distributed Kits Across Care Areas:** Expanded kit availability beyond psychiatric units to include intensive care units, medical-surgical units, and other inpatient areas where patients at risk for self-harm may receive care.
- **Established Storage Locations:** Located kits in designated emergency equipment areas where staff could quickly retrieve them during crisis situations.
- **Educated Staff:** Incorporated instruction regarding kit contents, indications for use, and access procedures into annual competencies and other education activities. Staff complete teach-back exercises to demonstrate understanding.
- **Integrated With Existing Prevention Measures:** Continued use of environmental risk assessments, suicide risk screening, physician assessments, alarm systems, and 1:1 observation while using the kits as an additional safeguard.

Challenges and Solutions

The organization described implementation as relatively straightforward. However, several operational considerations were addressed to support long-term success.

- **Maintaining Preparedness:** Because ligature events are high-risk and infrequent, staff may rarely use the equipment. The organization addressed this challenge by incorporating hands-on education, teach-back exercises, and recurring competency validation to maintain readiness.
- **Supporting Diverse Clinical Environments:** Patients at risk for self-harm may receive treatment outside psychiatric units where necessary medical equipment remains present. The organization addressed this challenge by expanding kit deployment across multiple care settings rather than limiting availability to behavioral health areas.
- **Managing Kit Ownership and Maintenance:** Ongoing assembly, replenishment, and distribution responsibilities were needed. The organization assigned responsibility to nursing education personnel to support consistency and accountability.

RESULTS

This practice strengthened the organization's ability to respond rapidly when a ligature event occurs.

- **Enhanced Emergency Response Capability:** Staff have immediate access to specialized tools that allow rapid removal of ligatures when intervention is required.
- **Expanded Protection Across Care Settings:** Patients receiving care in psychiatric and non-psychiatric environments benefit from the availability of standardized emergency response equipment.

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- **Strengthened Layered Suicide Prevention Strategy:** The kits provide an additional safeguard that complements environmental controls, observation practices, suicide risk assessments, and other suicide prevention measures.
- **Improved Staff Readiness:** Annual competency validation and ongoing education support staff confidence and familiarity with emergency equipment.

SUSTAINABILITY

The organization maintains the practice through ongoing education, equipment management, and integration into existing patient safety processes. These activities help ensure that staff remain prepared to respond effectively during a ligature event.

- **Conducts Annual Competency Validation:** Staff review kit contents, identify appropriate uses for each device, and complete teach-back exercises demonstrating knowledge of equipment use and access procedures.
- **Provides Recurring Education:** Training occurs through annual education activities, HealthStream learning modules, skills demonstrations, and other competency-based training methods.
- **Maintains Kit Readiness:** Team members routinely inspect, restock, and replace equipment to ensure tools remain functional and immediately available.
- **Uses Standardized Storage Locations:** Kits remain in designated emergency equipment areas, allowing staff to consistently locate them during urgent situations.
- **Continues Suicide Prevention Monitoring:** The organization maintains environmental risk assessments, physician risk evaluations, suicide screening processes, observation protocols, and safety alarm systems as part of its broader prevention program.

LEARN MORE

Connect with the Organization

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Performance Strength Summary

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