

## MENTAL HEALTH ENVIRONMENT OF CARE CHECKLIST FOR UNITS TREATING SUICIDAL PATIENTS

### 1. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Updates requirements regarding Mental Health Environment of Care Checklist (MHEOCC) appeal requests and attestations of completion of MHEOCC inspections (paragraphs 2 and 4), and adds references to two new standard operating procedures at <https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Inpatient.aspx>: Submission of MHEOCC Inspections and Appeals, and Submission of MHEOCC Attestations. **NOTE:** *This is an internal Department of Veterans Affairs (VA) website that is not available to the public.*

b. Adds a Committee Membership paragraph for the MHEOCC Review Board, Veterans Integrated Service Network MHEOCC Oversight Team and VA medical facility Interdisciplinary Safety Inspection Team (paragraph 3).

c. Adds training requirements (paragraph 5).

**2. RELATED ISSUES:** VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023; VHA Directive 1160.07, Suicide Prevention Program, dated May 24, 2021; VHA Directive 1160.06, Inpatient Mental Health Services, dated September 27, 2023; VHA Directive 1608(1), Comprehensive Environment of Care Program, dated June 21, 2021; VHA Directive 1101.14, Emergency Medicine, dated March 20, 2023; and VHA Directive 1101.13, VHA Urgent Care, dated March 20, 2023.

**3. POLICY OWNER:** The Office of Mental Health (11MH) is responsible for the contents of this directive. Questions may be referred to [VHAOMHSPInpatientMentalHealthTeam@va.gov](mailto:VHAOMHSPInpatientMentalHealthTeam@va.gov).

**4. LOCAL DOCUMENT REQUIREMENTS:** VA medical facilities are required to develop and maintain a VA medical facility Standard Operating Procedure for daily environment of care rounds conducted on the inpatient mental health unit by the charge nurse or designee (see paragraph 2.t.).

**5. RESCISSIONS:** VHA Directive 1167, Mental Health Environment of Care Checklist for Mental Health Units Treating Suicidal Patients, dated May 12, 2017, is rescinded.

**6. RECERTIFICATION:** This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of November 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**7. IMPLEMENTATION SCHEDULE:** This directive is effective 6 months after the

publication date to allow for VISNs and VA medical facilities to make necessary changes in order to comply with the policy.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Erica Scavella, M.D., FACP, FACHE  
Assistant Under Secretary for Health  
for Clinical Services/CMO

***NOTE:*** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on November 5, 2024.

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## MENTAL HEALTH ENVIRONMENT OF CARE CHECKLIST FOR UNITS TREATING SUICIDAL PATIENTS

### 1. POLICY

It is Veterans Health Administration (VHA) policy that all Department of Veterans Affairs (VA) medical facilities with inpatient mental health units, and mental health intervention rooms in Emergency Departments (EDs) and Urgent Care (UC), use the Mental Health Environment of Care Checklist (MHEOCC) to inspect those units for suicide hazards twice annually. VA medical facilities must also use the MHEOCC to provide guidance for designing new or renovated inpatient mental health units, EDs and UC. **AUTHORITY:** 38 U.S.C. §§ 1720F(k), 7301(b). **NOTE:** The MHEOCC is available at <https://dvagov.sharepoint.com/sites/vhancps/SitePages/Mental-Health.aspx>. This is an internal VA website that is not available to the public.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) is responsible for:

(1) Supporting the Office of Mental Health (OMH) with implementation and oversight of this directive.

(2) Collaborating with the Chief Learning Officer, Institute for Learning, Education and Development (ILEAD) and identified subject matter experts to develop MHEOCC training module content.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges at all VA medical facilities within the VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Learning Officer, Institute for Learning, Education and Development.** The Chief Learning Officer, ILEAD is responsible for collaborating with the Assistant Under Secretary for Health for Clinical Services/CMO and identified subject matter experts to develop MHEOCC training module content and producing and maintaining the training modules.

e. **Executive Director, Office of Mental Health.** The Executive Director, OMH is responsible for:

- (1) Communicating the contents of this directive throughout OMH.
- (2) Appointing representatives from OMH to the MHEOCC Review Board (MRB) and identifying a Team Lead (see paragraph 2.j.) and ensuring that the MRB functions as described in this directive.
- (3) Establishing and maintaining the standard operating procedures (SOPs) for the processing of MHEOCC appeal requests and collection of VA medical facility and VISN MHEOCC inspection completion attestations. These SOPs can be found at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** *This is an internal VA website that is not available to the public.*
- (4) Ensuring information regarding the MHEOCC is available to all VHA staff. Information regarding the environment of care (EoC) on acute inpatient mental health units, including educational tools and resources for the MHEOCC, may be found at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** *This is an internal VA website that is not available to the public.*
- (5) Collaborating with the Executive Director, NCPS, Executive Director, Office of Nursing Services (ONS)/Deputy Chief Nursing Officer (CNO), Executive Director, National Emergency Medicine Office (NEMO), and Executive Director, Suicide Prevention Program (SPP) to review and respond to questions from VA medical facilities or VISNs about how identified hazards should be abated.
- (6) Identifying subject matter experts from OMH to develop MHEOCC-related training module content based on feedback received from the Executive Director, NCPS and the Executive Director, SPP.

f. **Executive Director, National Center for Patient Safety.** The Executive Director, NCPS, is responsible for:

- (1) Providing subject matter experts to ensure the content of the MHEOCC is reviewed in an ongoing manner and updated as needed.
- (2) Ensuring that when the MHEOCC is updated, those updates are communicated to VISNs and VA medical facilities.
- (3) Ensuring that the NCPS web-based Patient Safety Assessment Tool (PSAT) is updated to reflect the most recent version of the MHEOCC.
- (4) Collaborating with the Executive Director, OMH, Executive Director, ONS/Deputy CNO, Executive Director, NEMO, and Executive Director, SPP to review and respond to questions from VA medical facilities or VISNs about how identified hazards should be abated.

(5) Appointing a representative from NCPS to serve on the MRB.

(6) Identifying subject matter experts from NCPS to review MHEOCC-related training module content and provide feedback to the Executive Director, OMH as needed.

g. **Executive Director, Office of Nursing Services/Deputy Chief Nursing Officer.** The Executive Director, ONS/Deputy CNO is responsible for:

(1) Appointing a representative to serve on the MRB.

(2) Collaborating with the Executive Director, OMH, Executive Director, NCPS, Executive Director, NEMO, and Executive Director, SPP to review and respond to questions from VA medical facilities or VISNs about how identified hazards should be abated.

h. **Executive Director, National Emergency Medicine Office.** The Executive Director, National Emergency Medicine Office (NEMO) is responsible for:

(1) Appointing a NEMO representative to serve on the MRB and as emergency medicine (ED) subject matter expert for MHEOCC-related issues. **NOTE:** *A NEMO representative participates on the MRB when appeals requests involving ED or UC spaces are being reviewed. See paragraph 3.a.*

(2) Providing consultation to the Executive Director, OMH, Executive Director, NCPS, Executive Director, ONS/Deputy CNO, and Executive Director, SPP in reviewing questions from VA medical facilities or VISNs about abatement of identified hazards in the ED or UC environment.

i. **Executive Director, National Suicide Prevention Program.** The Executive Director, SPP is responsible for:

(1) Communicating the contents of this directive throughout SPP.

(2) Collaborating with the Executive Director, OMH, Executive Director, NCPS, Executive Director, Office of Nursing Services (ONS)/Deputy Chief Nursing Officer (CNO) and Executive Director, NEMO to review and respond to questions from VA medical facilities or VISNs about how identified hazards should be abated.

(3) Identifying subject matter experts from SPP to review MHEOCC-related training module content and provide feedback to the Executive Director, OMH as needed.

(4) Meeting quarterly with the MRB to share summaries of MHEOCC-related issues identified by the MRB the previous quarter.

j. **Mental Health Environment of Care Checklist Review Board Team Lead.** See paragraph 3.a. for required membership of the MRB. For additional information, see the MRB charter at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environme](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environme)

[nt-of-Care.aspx](#). **NOTE:** This is an internal VA website that is not available to the public. The MRB Team Lead is responsible for leading the MRB, including:

(1) Ensuring the MRB meets at least monthly, and additionally as needed, to review and approve or deny MHEOCC appeal requests submitted as specified in the Submission of MHEOCC Inspections and Appeals SOP at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public. When denying an appeal request, the MRB must provide feedback to the VA medical facility explaining the reasons for denial.

(2) Ensuring the MRB provides consultation and technical assistance to VA medical facilities and VISNs regarding the MHEOCC, the management and abatement of identified suicide hazards and use of the MHEOCC to inform any construction or renovation plans for inpatient mental health units and mental health spaces in the ED or UC.

(3) Receiving and monitoring completion of VISN MHEOCC inspection completion attestations as specified in the SOP for MHEOCC Attestations at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(4) Ensuring that approved MHEOCC appeals expire no more than 2 years from the date the appeal was initiated by the VA medical facility.

(5) Ensuring the MRB meets quarterly with the Executive Director, SPP to share summaries of MHEOCC-related issues identified by the MRB the previous quarter.

k. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive, including the MHEOCC SOPs, and informing leadership when barriers to compliance are identified. The directive MHEOCC SOPs may be found at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(2) Establishing a VISN MHEOCC Oversight Team (MOT) (see paragraph 2.r.).

l. **Veterans Integrated Service Network Chief Medical Officer.** The VISN CMO, in conjunction with the VISN CNO, is responsible for ensuring the VISN MOT reviews all of the VISN's MHEOCC inspection completion attestation submissions and that the VISN attestation is submitted to the MRB in accordance with the SOP for Submission of MHEOCC Attestations at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.



m. **Veterans Integrated Service Network Chief Nursing Officer.** The VISN CNO, in conjunction with the VISN CMO, is responsible for ensuring the VISN MOT reviews all of the VISN's MHEOCC inspection completion attestation submissions and that the VISN attestation is submitted to the MRB in accordance with the SOP for Submission of MHEOCC Attestations at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

n. **Veterans Integrated Service Network Emergency Medicine Consultant.** The VISN Emergency Medicine Consultant is responsible for reviewing and approving, denying or canceling ED or UC appeal requests based on review according to the SOP for Submission of MHEOCC Inspections and Appeals at

<https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Inpatient.aspx>.

**NOTE:** This is an internal VA website that is not available to the public.

o. **Veterans Integrated Service Network Patient Safety Officer.** The VISN Patient Safety Officer (PSO) is responsible for reviewing and approving, denying or canceling appeal requests based on review according to the SOP for Submission of MHEOCC Inspections and Appeals at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

p. **Veterans Integrated Service Network Chief Mental Health Officer.** The VISN Chief Mental Health Officer (CMHO) is responsible for:

(1) Reviewing and approving, denying or canceling appeal requests based on review according to the SOP for Submission of MHEOCC Inspections and Appeals at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(2) Submitting the required VISN MHEOCC attestation on behalf of the VISN MOT in accordance with the SOP for Submission of MHEOCC Attestations at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

q. **Veterans Integrated Service Network Comprehensive Environment of Care Committee Lead.** **NOTE:** For information regarding the VISN CEOC Committee, see VHA Directive 1608(1), *Comprehensive Environment of Care Program*, dated June 21, 2021. The VISN Comprehensive Environment of Care (CEOC) Committee Lead is responsible for reviewing the summary report of VISN MHEOCC inspections submitted by the MOT Lead.

r. **Veterans Integrated Service Network Mental Health Environment of Care Checklist Oversight Team Lead.** **NOTE:** See paragraph 3.b. for the required team membership of the VISN MOT. The VISN MOT collaborates with and provides consultation to VA medical facilities within the VISN to ensure identified hazards are abated in a timely manner, or that mitigation plans are developed and implemented until



the hazard can be abated. The VISN MOT serves as the liaison between VA medical facilities and the MRB. The VISN MOT Lead is responsible for leading the VISN MOT activities including:

(1) Reviewing all MHEOCC inspections for VA medical facilities within the VISN in the PSAT following each required inspection, tracking identified hazards for each VA medical facility and working with the VA medical facility Interdisciplinary Safety Inspection Team (ISIT) to ensure abatement and submission of an appeal request within the required time frame as specified by the SOP for the Submission of MHEOCC Inspections and Appeals at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website not available to the public.

(2) Monitoring VA medical facilities within the VISN to ensure they submit their MHEOCC inspection completion attestations within the required timelines as specified in the Submission of MHEOCC Attestations SOP, which may be found at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website not available to the public.

(3) Reviewing required VA medical facility MHEOCC inspection completion attestations and providing feedback to VA medical facilities ISITs when MHEOCC attestations are not accurate or do not align with the VA medical facility's abatement plans in accordance with the Submission of MHEOCC Attestations SOP at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website not available to the public. When needed, the VISN MOT must work with the VA medical facility ISIT to ensure the attestation is accurately completed.

(4) Providing a summary report of VISN MHEOCC inspections to the VISN CEOC Committee following submission of the VISN MHEOCC attestation.

(5) Providing consultation to the VA medical facility Director as requested regarding use of the MHEOCC to inform any construction or renovation plans for inpatient mental health units and mental health spaces in the ED or UC.

(6) Consulting with the VISN Emergency Medicine Consultant regarding any appeal requests involving EDs and UC.

s. **VA Medical Facility Director.** The Director of each VA medical facility with an inpatient mental health unit and ED or UC is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring completion of the required MHEOCC training as described in paragraph 5 of this directive.

(3) Establishing a VA medical facility ISIT as defined in paragraphs 2.z. and 3.c., designating the VA medical facility ISIT Lead, and ensuring that individuals appointed to the VA medical facility ISIT have time to complete MHEOCC inspection rounds together, simultaneously, as a group.

(a) VA medical facility Directors may opt to add additional ISIT members such as representatives from the VA medical facility occupational health program, VA Police, and the CEOC.

(b) In smaller VA medical facilities or at VA medical facilities that only have a mental health intervention room, other personnel can be assigned to the ISIT by the VA medical facility Director.

(4) Ensuring implementation of the MHEOCC inspections and submission of MHEOCC appeal requests and MHEOCC inspection completion attestations within the required timeframe and as specified by the SOP for the Submission of MHEOCC Inspections and Appeals and Submission of MHEOCC Attestations at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website not available to the public.

(5) Reviewing MHEOCC inspection completion attestations and certifying on behalf of the VA medical facility leadership team that MHEOCC processes are being followed as specified in the SOP for the Submission of MHEOCC Attestations at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(6) Ensuring that hazards are abated as quickly as possible and that, for each hazard identified, the VA medical facility ISIT and other necessary stakeholders understand the risk level as determined by the Risk Assessment Matrix, develop an appropriate abatement plan, and track progress toward completion of corrective actions.

(7) For hazards that are not abated immediately, ensuring that an effective mitigation plan is developed and sufficiently resourced, including an SOP that ensures staff education and directly addresses the hazard until it is abated.

(8) Ensuring that for any hazard that cannot be abated within 6 months, appeal requests are submitted within 60 days from the date the MHEOCC inspection is submitted.

(9) Ensuring that the time frame for all MHEOCC appeal requests submitted by the VA medical facility is no more than 2 years from the date of submission of the request.

(10) Ensuring that approved appeals are closed out when corrections have been completed prior to the expiration of the approved appeal.

(11) Ensuring that approved appeals requiring additional time for correction are resubmitted at least 3 months prior to the expiration date.

(12) Ensuring any appeal request approved more than two years prior to publication of this directive is resubmitted for review.

(13) Reviewing and approving, denying or canceling facility MHEOCC appeal requests based on review to ensure that they are completed accurately and according to the SOP for Submission of MHEOCC Inspections and Appeals at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(14) Ensuring the MHEOCC is used to inform any construction or renovation plans for inpatient mental health units and mental health spaces in the ED or UC. This includes requesting consultation from the VISN MOT and the MRB.

(15) Ensuring that VA medical facility staff seek consultation with the VISN MOT when needed, such as for review of mitigation strategies developed.

(16) Ensuring that VA medical facility SOPs regarding safety and security of patients treated on inpatient mental health units and in mental health intervention rooms in EDs or UCs utilize language in alignment with the definitions in paragraph 8 of this directive.

t. **VA Medical Facility Chief of Staff or Associate Director for Patient Care Services.** The VA medical facility Chief of Staff or Associate Director for Patient Care Services is responsible for:

(1) Ensuring that the VA medical facility has an SOP for daily EoC rounds conducted on the inpatient mental health unit by the charge nurse or designee. These rounds are conducted separately from patient safety rounds (Q15 minute/continuous rounds) and are focused on monitoring known environmental risks as well as identifying new acute safety risks that occur between twice annual MHEOCC inspections.

(2) Ensuring that all staff members who enter the inpatient mental health unit and ED or UC mental health intervention room are trained on the environmental hazards that represent a threat to suicidal patients, and how to identify and abate them. See paragraph 5 for information regarding training requirements.

u. **VA Medical Facility Chief of Mental Health.** The VA medical facility Chief of Mental Health is responsible for:

(1) Reviewing and approving, denying or canceling appeal requests based on review to ensure that they are completed accurately and according to the SOP for Submission of MHEOCC Inspections and Appeals at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(2) Initiating the twice annual VA medical facility MHEOCC inspection completion attestation on behalf of the VA medical facility ISIT as indicated in the SOP for Submission of MHEOCC Attestations at

[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

v. **VA Medical Facility Chief of Emergency Medicine or Chief of Urgent Care Medicine.** In collaboration with the VA medical facility ED or UC Nurse Manager, the VA medical facility Chief of Emergency Medicine or Chief of UC Medicine is responsible for reviewing and approving, denying or canceling ED or UC appeal requests based on review to ensure that they are completed accurately and according to the SOP for Submission of MHEOCC Inspections and Appeals at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

w. **VA Medical Facility Emergency Department or Urgent Care Nurse Manager.** In collaboration with the VA medical facility Chief of Emergency Medicine or Chief of Urgent Care Medicine, the VA medical facility ED or UC Nurse Manager is responsible for reviewing and approving, denying or canceling ED or UC appeal requests based on review to ensure that they are completed accurately and according to the SOP for Submission of MHEOCC Inspections and Appeals at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website that is not available to the public.

x. **VA Medical Facility Patient Safety Manager (PSM).** The VA medical facility PSM is required by VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023, and is responsible for:

(1) Serving as a core member of the VA medical facility ISIT and providing consultation and technical assistance related to patient safety concerns to inpatient mental health unit staff.

(2) Initiating MHEOCC appeal requests and following the steps summarized in the SOP for the Submission of MHEOCC Inspections and Appeals found at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** This is an internal VA website not available to the public. This responsibility may also be performed by other mental health staff as appointed by the VA medical facility Chief of Mental Health.

y. **VA Medical Facility Comprehensive Environment of Care Committee Lead.** **NOTE:** For information regarding the VA medical facility CEOC Committee, see VHA Directive 1608(1). The VA medical facility CEOC Committee Lead is responsible for reviewing findings of MHEOCC inspections provided by the VA medical facility ISIT.

z. **VA Medical Facility Interdisciplinary Safety Inspection Team Lead.** **NOTE:** See paragraph 3.c. for the required team membership of the VA medical facility ISIT. The VA medical facility ISIT Lead is responsible for leading the VA medical facility ISIT, including:

(1) Ensuring that the ISIT conducts the required twice annual MHEOCC inspections of the mental health unit and mental health intervention rooms in the ED or UC.

(2) Summarizing findings for each round of MHEOCC inspections for the VA medical facility CEOC Committee. **NOTE:** *Team membership and attendance at MHEOCC inspections must be recorded and updated as needed as part of this summary, including if a core team member had a designee.*

(3) Utilizing the Risk Assessment Matrix in paragraph 4 to conduct a risk assessment analysis for every hazard identified during the MHEOCC inspection and submitting each analysis via the PSAT.

(4) Tracking and ensuring completion of corrective actions for identified hazards within the timeframe specified for each hazard in the Risk Assessment Matrix in paragraph 4 and keeping the VA medical facility Director updated on progress. Tracking must document the date the hazard was identified, risk assessment score and date of abatement or implementation of a mitigation plan. **NOTE:** *This group must visually assess each hazard identified during the MHEOCC inspection to inform the development of abatement plans. The plan must note who is responsible for implementing the correction and the deadline for completion (see paragraph 4 for required timeframes for hazard abatement).*

(5) Tracking the VA medical facility's MHEOCC appeal requests and following monitoring procedures specified in the SOP for the Submission of MHEOCC Inspections and Appeals found at [https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** *This is an internal VA website not available to the public.*

(6) Completing the required training in paragraph 5.

### 3. COMMITTEE MEMBERSHIP

a. **Mental Health Environment of Care Checklist Review Board.** The MRB is comprised of representatives from OMH, NCPS, ONS and, when appeal requests involving ED or UC spaces are being reviewed, NEMO.

b. **Veterans Integrated Service Network Mental Health Environment of Care Checklist Oversight Team.** The VISN MOT must include, at a minimum:

- (1) VISN CMHO.
- (2) VISN Safety Manager.
- (3) VISN PSO.
- (4) VISN CMO or CNO or designee.
- (5) Clerical support individual.

c. **VA Medical Facility Interdisciplinary Safety Inspection Team.** The VA medical facility ISIT is comprised of the following core team members:

- (1) VA medical facility PSM.
- (2) VA medical facility Inpatient Mental Health nurse manager.
- (3) VA medical facility Inpatient Mental Health program director.
- (4) VA medical facility Engineering/Facilities Management representative.
- (5) VA medical facility Suicide Prevention Coordinator.

(6) One additional clinical staff from any discipline or work area (e.g., ED or UC, Inpatient Medicine, Inpatient Mental Health, Outpatient Mental Health).

#### 4. RISK ASSESSMENT MATRIX

a. For each hazard identified during MHEOCC inspections, the VA medical facility ISIT must complete an assessment using the Risk Assessment Matrix below. This risk assessment score must be entered in the PSAT for each identified hazard.

b. Regardless of risk level, appeal requests are required when the identified hazard cannot be fixed within 6 months of submitting each MHEOCC inspection. All MHEOCC appeal requests must include a risk assessment analysis based on the Risk Assessment Matrix to demonstrate how the mitigation plan developed will effectively address the identified hazard until the hazard is abated. For example, a mitigation plan for sharp corners may be direct line of sight observation of patients while in a location with an identified hazard.

##### c. Hazard Severity Ratings.

| Severity     | Description   | Score |
|--------------|---|-------|
| Catastrophic | Death or permanent loss of function   | 4     |
| Major        | Permanent lessening of function, temporary total disability                                       | 3     |
| Moderate     | Injury/illness requiring medical/surgical intervention, lost workdays, compensable injury/illness | 2     |
| Minor        | First aid or minor supportive medical treatment   | 1     |

##### d. Mishap Probability Ratings.

| Probability | Description  | Score |
|-------------|--|-------|
| Frequent    | Likely to occur immediately or within a short period of time (may happen several times a year) | 4     |
| Occasional  | Probably will occur (may happen several times in 1-2 years)                                    | 3     |

|          |   |   |
|----------|---|---|
| Uncommon | Possible to occur (may happen sometime in 2-5 years)  | 2 |
| Remote   | Unlikely to occur (may happen sometime in 5-30 years) | 1 |

**e. Risk Assessment Matrix.**

| Severity | Probability | PSAT Risk Assessment Score |
|----------|-------------|----------------------------|
| 4        | 4           | 16                         |
| 4        | 3           | 12                         |
| 3        | 4           | 12                         |
| 3        | 3           | 9                          |
| 4        | 2           | 8                          |
| 2        | 4           | 8                          |
| 3        | 2           | 6                          |
| 2        | 3           | 6                          |
| 4        | 1           | 4                          |
| 2        | 2           | 4                          |
| 1        | 4           | 4                          |
| 3        | 1           | 3                          |
| 1        | 3           | 3                          |
| 1        | 2           | 2                          |
| 2        | 1           | 2                          |
| 1        | 1           | 1                          |



**f. Required Timelines for Hazard Abatement.**

| <b>Risk Level</b> | <b>Timeline for Abatement of Risk</b>  | <b>Examples</b>   |
|-------------------|--|---|
| 12-16             | Requires immediate attention. Patients must not be allowed into the room until the hazard is fixed, or mitigation strategy is in place.  | Open window in a patient's room, stores of medication in a patient's room |
| 8-11              | Requires abatement within 24 hours. Hazard must be monitored until fixed, or mitigation strategy is in place.  | Anchor point in a bedroom or bathroom                                     |
| 6-7               | Requires abatement plan with a mitigation strategy in place within 5 days.   | Exposed wires from TV in day room, securing computers                     |
| 3-5               | Mitigation plans must be completed within 7 days and included on the twice annual MHEOCC inspection completion attestation submissions. The mitigation plan is summarized in an EoC Rounding SOP for the unit. | Sharp corners on walls or picture frames                                  |
| 1-2               | The mitigation plan must be completed within 7 days and is summarized in an EoC Rounding SOP for the unit.   | Door thresholds higher than 3/4 inches above the floor                    |

**5. TRAINING**

a. The following staff must complete MHEOCC TMS training at orientation and annually thereafter, except for ED or UC staff who are required to complete the training one time only. **NOTE:** *As required by VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018, required TMS courses for health professions trainees (HPTs) may only include VHA Mandatory Training for Trainees (TMS ID 3185966) or VHA Mandatory Training for Trainees –Refresher (TMS ID 3192008). Supervising practitioners must provide orientation and training to health professions trainees related to handling of environmental risks, emergency situations, and related VHA policies and VA medical facility procedures for the specific clinical area.*

(1) All members of the VA medical facility ISIT (including any members who temporarily serve on the ISIT to replace a permanent member who is not available).

(2) Mental health care providers who provide services on inpatient mental health units or in the ED or UC.

(3) Non-mental health care staff who work on inpatient mental health units or in the ED or UC. Examples include, but are not limited to, work staff in housekeeping, nutrition services, pharmacy, laboratory, chaplains, non-mental health providers and VA Police.

(4) Any non-VA employees, such as contractors and VA medical facility-approved volunteers, who perform work on inpatient mental health units or in the ED or UC.

b. **Required Talent Management System Training.** The staff specified above must complete one of two TMS trainings depending on whether they provide clinical care or are non-clinical employees:

(1) **Required for Clinical Staff.** VA 1290945: Mental Health Environment of Care Checklist Training for Clinical Staff.

(2) **Required for Non-clinical Staff.** VA 1290950: Mental Health Environment of Care Checklist (MHEOCC) Training for Non-Clinical Staff.

(3) **Required for Emergency Medicine/Urgent Care Staff.** VA: 131011698: Mental Health Environment of Care Checklist (MHEOCC) Training for Emergency Department Staff. Newly hired ED and UC staff must complete this training during their orientation. Existing ED and UC staff must complete this training a minimum of one time, and again as determined by their supervisor.

## 6. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

## 7. BACKGROUND

a. The MHEOCC is designed to help VA medical facilities identify and address environmental risks for suicide and suicide attempts while Veterans are being treated on acute inpatient mental health units and other areas such as the ED and UC. The MHEOCC is one part of a comprehensive system to reduce suicide among Veterans. Additional VA medical facility-wide protocols must be in place to assess, treat and communicate the risk of suicide as directed by VHA Directive 1160.07, Suicide Prevention Program, dated May 24, 2021.

b. In 2007, the MHEOCC was implemented across VHA, and MHEOCC inspections were required quarterly. In April 2010, the VHA Deputy Under Secretary for Health for Operations and Management changed the frequency of required inspections to every 6 months. In January 2014, all VA medical facilities with inpatient mental health units began using the PSAT to officially record MHEOCC inspections, track identified hazards and track the implementation and progress of abatement plans for hazards identified during MHEOCC inspections. In January 2019, new MHEOCC criteria were implemented for reviewing mental health intervention rooms and mental health bathrooms in EDs and UC. Since the implementation of the MHEOCC, the rate of suicide on VHA mental health units has decreased from 4.2 deaths per 100,000

admissions prior to MHEOCC implementation, in 2000 to less than 0.5 deaths per 100,000 admissions in 2023.

c. The environment on an inpatient mental health unit is an element of treatment and must provide a warm, therapeutic milieu that evokes hope, healing and recovery while maintaining safety in accordance with the MHEOCC (see VHA Directive 1160.06, Inpatient Mental Health Services, dated September 27, 2023). While new VA medical facilities can more easily incorporate warm and inviting design elements into the acute mental health treatment environment, existing units with institutional features must not remain sterile and non-therapeutic. There are many design elements that can be introduced into existing units that would create such a healing environment while meeting MHEOCC requirements. For more information, see the Inpatient Mental Health and Residential Rehabilitation Treatment Program Facilities Design Guide at: <https://www.cfm.va.gov/til/dGuide.asp>. **NOTE:** This is an internal VA website that is not available to the public.

## 8. DEFINITIONS

a. **Mental Health Intervention Room.** A mental health intervention room is a room in an ED or UC where patients who may be at high risk for harm to self or others may be taken immediately on arrival. The purpose of this room is to provide an environment suitable for the rapid medical and mental health evaluation of dangerously unstable situations and the capacity to safely manage and treat the patient. When possible, the mental health intervention room should be located away from the waiting area and near the nursing station. The mental health intervention room should meet the standards for construction, equipment and furnishings outlined in the MHEOCC and the VHA Emergency Department Design Guide. When possible, VA medical facilities should have one room meeting these requirements in the ED and Level I and Level II UC. For more information, the VHA Emergency Department Design Guide can be found at <https://www.cfm.va.gov/til/dGuide.asp>. **NOTE:** This is an internal VA website that is not available to the public.

b. **Patient Safety Assessment Tool.** The PSAT is a software application managed by NCPS that is used to record MHEOCC inspections, track identified hazards and track the implementation of abatement plans for hazards identified during MHEOCC inspections.

## 9. REFERENCES

- a. 38 U.S.C. §§ 1720F(k), 7301(b).
- b. VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.
- c. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.

d. VHA Directive 1160.06, Inpatient Mental Health Services, dated September 27, 2023.

e. VHA Directive 1160.07, Suicide Prevention Program, dated May 24, 2021.

f. VHA Directive 1608(1), Comprehensive Environment of Care Program, dated June 21, 2021.

g. Mental Health Environment of Care Checklist:  
<https://dvagov.sharepoint.com/sites/vhancps/SitePages/Mental-Health.aspx>. **NOTE:**  
*This is an internal VA website that is not available to the public.*

h. Mental Health Environment of Care Checklist, VHA National Center for Patient Safety, Department of Veterans Affairs,  
<https://www.patientsafety.va.gov/professionals/onthejob/mentalhealth.asp>.

i. Inpatient Mental Health and Residential Rehabilitation Treatment Program Facilities Design Guide: <https://www.cfm.va.gov/til/dGuide.asp>.

j. Office of Mental Health, Inpatient Mental Health Environment of Care & MHEOCC:  
[https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH\\_Inpt/SitePages/Environment-of-Care.aspx](https://dvagov.sharepoint.com/sites/VACOMentalHealth/MH_Inpt/SitePages/Environment-of-Care.aspx). **NOTE:** *This is an internal VA website that is not available to the public.*

k. Office of Mental Health, Inpatient Mental Health Services:  
<https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Inpatient.aspx>.  
**NOTE:** *This is an internal VA website that is not available to the public.*