JOINT COMMISSION

R3 Report

REQUIREMENT, RATIONALE, REFERENCE

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Published for Joint Commission-accredited organizations and interested health care professionals, R3 Report *provides the rationale and references that Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale,* R3 Report *goes into more depth. The references provide the evidence that supports the requirement.* R3 Report *may be reproduced if credited to Joint Commission. Sign up for email delivery.*

National Patient Safety Goal for suicide prevention

Effective July 1, 2019, seven new and revised elements of performance (EPs) were applicable to all Joint Commission-accredited behavioral health care organizations. These new requirements are at National Patient Safety Goal (NPSG) 15.01.01 and are designed to improve the quality and safety of care for those who are being treated for behavioral health conditions and those who are identified as high risk for suicide. Because there has been no improvement in suicide rates in the U.S., and since suicide is the 10th leading cause of death in the country, Joint Commission re-evaluated the NPSG in light of current practices relative to suicide prevention.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, Joint Commission held five technical expert panel meetings between June 2017 and March 2018. The results of the first four meetings were published in the November 2017, January 2018, and February 2018 editions of *The Joint Commission Perspectives*.

National Patient Safety Goal

NPSG.15.01.01: Reduce the risk for suicide.

Requirement

NPSG 15.01.01, EP 1:

The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).

Note: Noninpatient behavioral health care settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).

Rationale

The health care environment, including patient rooms, patient bathrooms, corridors, and common patient care areas can contain features that patients can use to attempt suicide. The most common hazards for suicide risk are ligature anchor points that can be used for hanging. However, there are many other types of hazards, so it

is important to do a thorough assessment of the environment to minimize all potential suicide risks. For nonpsychiatric units that are not required to be ligature-resistant, the focus should be on rigorous implementation of protocols to keep patients safe, especially one-to-one monitoring. For more information, see The Joint Commission Perspectives article, November 2017, Volume 37, Number 11.

The Veteran's Health Administration showed that use of a Mental Health Environment of Care Checklist to facilitate a thorough, systematic environmental assessment reduced the rate of suicide from 4.2 per 100,000 admissions to 0.74 per 100,000 admissions. There was no loss of effect over seven years of implementing this policy and processes.

Reference*

- Watts BV, et al. Sustained Effectiveness of the Mental Health Environment of Care Checklist to Decrease Inpatient Suicide. *Psychiatric Services*, 2017 Apr 1;68(4):405-407.

Requirement

NPSG 15.01.01, EP 2:

Screen all individuals served for suicidal ideation using a validated screening tool.

Note: Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.

Rationale

Patients being evaluated or treated for behavioral health conditions often have suicidal ideation. Brief screening tools are an effective way to identify individuals at risk for suicide who require further assessment and steps to protect them from attempting suicide. Screening tools should be appropriate for the population to the extent possible (e.g., age-appropriate). When using validated screening tools, organizations should not change the wording of the questions because small changes can affect the accuracy of the tools.

Examples of validated screening tools include the ED Safe Secondary Screener, the PHQ-9, the Patient Safety Screener, the TASR Adolescent Screener, and the ASQ Suicide Risk Screening Tool. The Columbia-Suicide Severity Rating Scale can be used for both screening and more in-depth assessment of patients who screen positive for suicidal ideation using another tool. There is more information on the use of the Columbia-Suicide Severity Rating Scale in the NPSG.15.01.01 Suicide Prevention Resources document.

Note: Patients being treated primarily for a medical condition often have comorbid behavioral health conditions. Others may be at risk for suicide because of a recent medical diagnosis, a change in clinical status that carries a poor prognosis, or psychosocial issues. This National Patient Safety Goal does not require organizations to routinely screen these individuals and does not require universal screening for suicidal ideation. However, it is important for clinicians to be aware that patients being treated primarily for a medical condition often have comorbid behavioral health conditions, a change in clinical status that carries a poor prognosis, or psychosocial issues. These patients may be at risk for suicide, and it is important for clinicians to properly assess these individuals for suicidal ideation as part of their overall clinical evaluation when indicated. Some organizations that care for vulnerable populations with a high prevalence of suicidal ideation have successfully implemented universal screening.

Reference*

- Roaten K, et al. Development and Implementation of a Universal Suicide Risk Screening Program in a Safety-Net Hospital System. *Joint Commission Journal of Quality and Patient Safety*, 2018 Jan;44(1):4-11.

Requirement

NPSG 15.01.01, EP 3:

Use an evidence-based process to conduct a suicide risk assessment of individuals served who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.

Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens individuals served for suicidal ideation and assesses the severity of suicidal ideation.

Rationale

Patients with suicidal ideation vary widely in their risk for a suicide attempt depending upon whether they have a plan, intent, past history of attempts, etc. It is important to conduct an in-depth assessment of patients who screen positive for suicide risk in order to determine how to appropriately treat them. The use of an evidence-based assessment process or tool in conjunction with clinical evaluation is effective in determining overall risk for suicide. Examples include the Safe-T Pocket Card and the Columbia-Suicide Severity Rating Scale. The Safe-T Pocket Card can be used for both screening and more in-depth assessment of patients who screen positive for suicidal ideation using another tool. There is more information on the use of the Columbia-Suicide Severity Rating Scale in the NPSG.15.01.01 Suicide Prevention Resources document.

The use of validated tools is strongly encouraged, but it is acceptable for organizations to modify questions to use language that is more appropriate for their patient population as long as the questions adhere to the intent of the original validated tool. Organizations are also not required to use a checklist of risk factors and protective factors that are part of some assessment tools; this can be evaluated as part of the usual clinical evaluation.

Reference*

- Grant CL and Lusk JL. A Multidisciplinary Approach to Therapeutic Risk Management of the Suicidal Patient. *Journal of Multidisciplinary Healthcare*, 2015;(8):291-298.

Requirement

NPSG 15.01.01, EP 4:

Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide.

Rationale

It is important for all clinicians who might come in contact with a patient at risk for suicide to be aware of the level of risk and the mitigation plans to reduce that risk. Thus, this information should be explicitly documented in the patient's record.

Reference*

- Knesper DJ, American Association of Suicidology, and Suicide Prevention Resource Center. Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Education Development Center, Inc. 2010.

Requirement

NPSG 15.01.01 EP 5:

Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. At a minimum, these should include the following:

- Training and competence assessment of staff who care for individuals served at risk for suicide
- Guidelines for reassessment
- Monitoring individuals served who are at high risk for suicide

Rationale

Policies and procedures for monitoring patients at high risk for suicide should include specifics about training and competence assessment of staff. These are essential for ensuring consistent, safe care. To the extent possible, policies should be based on evidence-based practices.

Reference*

- Substance Abuse and Mental Health Services Administration. "Suicide Care in Systems Framework." Waltham, MA: SAMHSA, Suicide Prevention Resource Center, Clinical Care and Intervention Task Force, 2011.
- National Action Alliance for Suicide Prevention. Washington, DC: National Action Alliance for Suicide Prevention, 2012, https://theactionalliance.org/sites/default/files/clinicalcareinterventionreport.pdf

Requirement

NPSG 15.01.01, EP 6:

Follow written policies and procedures for counseling and follow-up care at discharge for individuals served identified as at risk for suicide.

Rationale

Studies have shown that a patient's risk for suicide is high after discharge from the psychiatric inpatient or emergency department settings. Developing a safety plan with the patient and providing the number of crisis call centers can decrease suicidal behavior after the patient leaves the care of the organization.

Reference*

- Stanley B, et al. "Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department." *JAMA Psychiatry,* 2018;75(9):894-900.

Requirement

NPSG 15.01.01, EP 7:

Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of individuals served at risk for suicide and take action as needed to improve compliance.

Rationale

High reliability in suicide prevention can only be achieved if there is strict adherence to policies and procedures. Monitoring adherence is therefore essential. In some of the suicides reported to Joint Commission, the root cause was identified as failure to adhere to policies, such as a period of time when one-to-one monitoring was not done for a high risk patient.

Reference*

- Chassin M and Loeb J. High-Reliability Health Care: Getting There from Here. *The Milbank Quarterly*, 2013;91(3):459-490.

*Not a complete literature review.