

R3 Report

REQUIREMENT, RATIONALE, REFERENCE

A complimentary publication of Joint Commission

Issue 7, August 15, 2016

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.

Eating disorders standards for Behavioral Health Care

Requirements

In January 2016, Joint Commission released a set of new [Behavioral Health Care \(BHC\) standards for residential and outpatient eating disorders programs](#). These standards are designed to improve the quality and safety of care, treatment, or services provided by eating disorders programs. The standards accomplish this by covering the following critical aspects of care:

- **Assessments** (CTS.02.03.11) include certain laboratory and diagnostic tests, information from other providers, fall risk assessment, and refeeding assessment. This information must be obtained in order to effectively treat an individual with an eating disorder.
- **Plan for Care, Treatment, or Services** (CTS.03.01.03) for individuals with an eating disorder require some additional information, including a specific diagnosis and a plan for sufficient nutritional rehabilitation.
- **Assessing Outcomes** (CTS.03.01.09) of care, which are based on data collected at admission. The data collected are determined by the organization and are in accordance with the level of care provided. These assessments help the organization to monitor itself with regard to the effectiveness of the care, treatment, or services being provided.
- **Coordination of Care** (CTS.04.01.01) addresses, for example, if the individual served is transferred to a hospital during the course of care, treatment, or services. The organization would establish and maintain communication with the hospital regarding the individual's eating disorder. Some hospitals may not have protocols in place for treating individuals with eating disorders, and the information provided could be critical to the individual's well-being.
- **Additional Services** (CTS.04.02.16) cover specific core care, treatment, or service components that are provided by the organization to individuals with eating disorders, including psychosocial, medical, nutritional, and psychiatric components. Organizations also need to be knowledgeable about evidence-based guidelines regarding treatment for eating disorders.
- **Supervision** (CTS.04.02.18) ensures that, as needed, staff supervise individuals served to make sure they do not engage in behavior that could be detrimental to their health. It is important that staff members – not other individuals served – perform these duties.
- **Multidisciplinary Care Team(s)** (CTS.04.02.29) is employed by the organization to support and coordinate care, treatment, or services. These teams consist of a core group of professionals who will provide the

care, treatment, or services required by the individuals served. Having the team helps to make certain that the care, treatment, or services are coordinated among the team members.

- **Discharge** (CTS.06.02.03 and CTS.06.02.05) plans contain specific information, and, with the consent of the individual, are shared with after-care providers within certain timeframes. This supports efficient and effective transitions of care.
- **Business Practices** (LD.04.02.03) include supplying individuals and their families with certain information regarding insurance and financial assistance. Program materials should contain specific information regarding the organization's eating disorders program. It is important for individuals and their families to be well informed about the program and what their financial commitment will be before deciding to commit to the program; it is the organization's responsibility to supply this information.
- **Performance Monitoring** (PI.01.01.01) is accomplished by the organization collecting data on outcomes of care, treatment, or services. By collecting and analyzing such data, the organization can determine whether it is meeting the needs of individuals served.
- **Individuals' Rights** (RI.01.01.01) ensures that residential facilities have specific policies regarding the individual's ability to leave the facility, have visitors, and access the internet. Having such policies in place can help the organization to keep the individual safe while he or she is under the care of the organization.

Rationale

Individuals who are served by residential and outpatient eating disorders programs require both behavioral *and* physical health care, treatment, or services; they can be very fragile.

Prior to the development of the eating disorders standards, Joint Commission had two standards in the BHC accreditation manual that specifically addressed care, treatment, or services related to eating disorders. While many other standards in the manual applied to eating disorders programs, these were the only two that applied specifically to organizations providing care to individuals with eating disorders.

The field had asked Joint Commission to consider writing additional standards for eating disorders programs. Concern had been expressed by the field that not all eating disorders programs were adhering to the level of rigor that is needed to effectively provide these services. Eating disorders have the highest mortality rate of any behavioral health disorder, making it very important that these programs provide the safest, highest quality care possible. Based on this information, Joint Commission decided to develop additional requirements addressing eating disorders programs.

References

Engagement with stakeholders, customers, and experts

In addition to the required vetting of the proposed requirements with Joint Commission's expert technical advisory and approval committees, research undertaken included the following:

- The Eating Disorders Technical Advisory Panel and the Eating Disorders Advisory Council, representing leading experts in the field of behavioral health and eating disorders, provided guidance regarding current principles and practice. These groups included consumers, clinicians, administrators, and educators.
- Conference calls with key external experts.
- Learning visits at accredited behavioral health care organizations with eating disorders programs.
- Formal field review of the proposed standards.
- Pilot testing at an accredited eating disorders program.

Level of Evidence

The following sources were used as references in the development of the eating disorders standards:

- [Practice Guideline for the Treatment of Patients with Eating Disorders, Third Edition](#). Arlington, Virginia: American Psychiatric Association, 2010 (graded level of evidence). (Accessed June 14, 2016)
- Lock J, et al. [Practice Parameter for the Assessment and Treatment of Children and Adolescents with Eating Disorders](#), *Journal of the American Academy of Child and Adolescent Psychiatry*, 2015 May;54(5):412-25 (graded level of evidence). (Accessed June 14, 2016)
- [Eating Disorders: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders, Second Edition](#). Deerfield, Illinois: Academy for Eating Disorders, 2012. (Accessed June 14, 2016)