

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 The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The 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) will be applicable to all Joint Commission-accredited hospitals and 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, The 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, The 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*.

The revisions have been posted on the Prepublication Standards page of The Joint Commission website, and will be available online until the end of June 2019. The new and revised EPs also will be published online in the spring 2019 E-dition update of the behavioral health care (BHC) and hospital (HAP) accreditation programs, and in print in the 2019 Update 1 to the *Comprehensive Accreditation Manuals* for the BHC and HAP accreditation programs. After July 1, 2019, please access the new requirement in the E-dition or standards manual.

National Patient Safety Goal

NPSG.15.01.01: Reduce the risk for suicide.

Note: EPs 2–7 apply only to patients in psychiatric hospitals and patients being evaluated or treated for behavioral health conditions as their primary reason for care in general hospitals.

Requirement	
	NPSG 15.01.01, EP 1: BHC: 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). HAP: For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).

<p>Requirement</p>	<p>(cont.)</p> <p>For non-psychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient’s medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.</p> <p>Note: Non-psychiatric units in general hospitals are not expected to be ligature-resistant environments. Nevertheless, these facilities should assess clinical areas to identify objects that could be used for self-harm and should be routinely removed when possible from the area around a patient who has been identified as high-risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).</p>
<p>Rationale</p>	<p>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 non-psychiatric 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.</p> <p>The Veteran’s Health System 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.</p>
<p>Reference*</p>	<p>Watts BV, et al. Sustained Effectiveness of the Mental Health Environment of Care Checklist to Decrease Inpatient Suicide. <i>Psychiatric Services</i>, 2017 Apr 1;68(4):405-407.</p>
<p>Requirement</p>	<p>NPSG 15.01.01, EP 2: BHC: Screen all individuals served for suicidal ideation using a validated screening tool.</p> <p>HAP: Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool.</p>
<p>Rationale</p>	<p>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.</p> <p>Examples of validated screening tools include the PHQ-2, 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.</p> <p>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. Although this National Patient Safety Goal does <u>not</u> require</p> <p>(cont.)</p>

Rationale	organizations to routinely screen these individuals and does not require universal screening for suicidal ideation. It is important for clinicians to assess these individuals for suicidal ideation as part of their overall clinical evaluation. 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 . <i>Joint Commission Journal of Quality and Patient Safety</i> , 2018 Jan;44(1):4-11.
Requirement	<p>NPSG 15.01.01, EP 3:</p> <p>BHC: 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.</p> <p>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.</p> <p>HAP: Use an evidence-based process to conduct a suicide risk assessment of patients 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.</p> <p>Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation.</p>
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 ED Safe Secondary Screener , the Safe-T Pocket Card , and the Columbia-Suicide Severity Rating Scale . 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 . <i>Journal of Multidisciplinary Healthcare</i> , 2015;(8):291-298.
Requirement	<p>NPSG 15.01.01, EP 4:</p> <p>BHC: Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide.</p> <p>HAP: Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.</p>
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.

<p>Requirement</p>	<p>NPSG 15.01.01 EP 5: BHC: 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</p> <p>HAP: Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following: - Training and competence assessment of staff who care for patients at risk for suicide - Guidelines for reassessment - Monitoring patients who are at high risk for suicide</p>
<p>Rationale</p>	<p>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.</p>
<p>Reference*</p>	<p>Covington D and Hogan M. Suicide Care in Systems Framework.</p>
<p>Requirement</p>	<p>NPSG 15.01.01, EP 6: BHC: Follow written policies and procedures for counseling and follow-up care at discharge for individuals served identified as at risk for suicide.</p> <p>HAP: Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.</p>
<p>Rationale</p>	<p>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.</p>
<p>Reference*</p>	<p>Stanley B, et al. "Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department." <i>JAMA Psychiatry</i>, 2018;75(9):894-900.</p>
<p>Requirement</p>	<p>NPSG 15.01.01, EP 7: BHC: 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.</p> <p>HAP: Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance.</p>
<p>Rationale</p>	<p>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 The 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.</p>
<p>Reference*</p>	<p>Chassin M and Loeb J. High-Reliability Health Care: Getting There from Here. <i>The Milbank Quarterly</i>, 2013;91(3):459-490.</p>

*Not a complete literature review.