The Joint Commission Perspectives®

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The Joint Commission has approved revisions to its National Patient Safety Goal® (NPSG), Standard NPSG.15.01.01, related to suicide prevention in hospitals and behavioral health care organizations. Because there has been no improvement in suicide rates in the United States since the Goal was introduced in 2007, and suicide is the 10th leading cause of death in the country, The Joint Commission concluded that it was time to reevaluate the Goal in response current best practices relative to suicide prevention. Moreover, many suicide deaths are among individuals who were recently seen by or currently under the care of a health care provider. These revisions will be effective July 1, 2019.

Reevaluating NPSG.15.01.01

In the March 2018 issue of Perspectives, The Joint Commission announced that it would revise NPSG 15.01.01 based on recommendations from its Technical Expert Panel and current evidence-based research. Previously, The Joint Commission held five technical expert panel meetings between June 2017 and March 2018. The results of the meetings were published in the November 2017, January 2018, February 2018, and March 2018 issues of Perspectives—including the article announcing the intention to revise the existing Goal.
The current Goal took a high-level approach to suicide prevention in health care organizations and, as such, has been limited in its objective of helping organizations improve their processes and environments for individuals at risk for suicide. The revised Goal, which now is more specific and instructional, aligns with current research and the expert panel recommendations.

Specific revisions include the following:

- Behavioral health care organizations, psychiatric hospitals, and psychiatric units in general hospitals should conduct environmental risk assessments to be ligature resistant.
- Non-psychiatric units in general hospitals are not expected to be ligature resistant; however, the units should minimize risks in the environment for patients identified at risk for suicide.
- Individuals being treated or evaluated for behavioral health conditions as their primary reason for care need to be screened for suicide risk using a validated tool. (The Goal does not require universal screening.)
- Organizations must develop a plan to mitigate suicide based on an individual's overall level of risk.
- Organizations must follow written policies and procedures for counseling and follow-up care for individuals identified as at risk for suicide.

These revisions will be posted on the Prepublication Standards page of The Joint Commission website and will be published online in the spring 2019 E-dition® update to the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) and Comprehensive Accreditation Manual for Hospitals (CAMH); for customers who purchase it, the spring 2019 print update for CAMBHC and CAMH will include these revisions.

Visit the Joint Commission website for access to a compendium of resources that can be used to meet the requirements of the revised standards. For more information, please contact Stacey Paul, RN, MSN, APN, PMHNP-BC, clinical project director, Department of Standards and Survey Methods.