

➔ Quality and safety

Learn what leading the way to zero means for behavioral health care organizations

Can you imagine a health care industry with zero complications of care, zero lost revenue and zero harm events of any kind? The Joint Commission envisions a future of zero harm and is committed to helping make it a reality.



In its work *leading the way to zero*[™], The Joint Commission provides tools and resources to help organizations transform the way they work to prevent harm. For behavioral health care organizations, zero harm means:

- Zero patients going without high-quality behavioral health care
- Zero self-harm to patients or harm to others
- Zero runaways or elopements
- Zero restraints
- Zero overdoses
- Zero suicide attempts
- Zero early discharges due to inadequate insurance coverage

These are just some of the examples of how The Joint Commission helps behavioral health care organizations in the journey to zero harm.

“The Joint Commission helps behavioral health care organizations focus on improving communication and integration inside the organization, as well as with other providers to ensure clients receive integrated, high-level behavioral health care,” said Julia Finken, RN, BSN, MBA, CPHQ, CSSBB, executive director, Behavioral Health Care Accreditation, The Joint Commission.

Learn more about what zero harm looks like in behavioral health care organizations by watching the “[Zero Harm IS Achievable](#)” video or visit The Joint Commission’s [Leading the Way to Zero[™] webpage](#).

Quick Safety details de-escalation techniques

There is a growing need for care staff to learn de-escalation techniques in light of more and more violence occurring in health care settings. The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases occurring against nurses and nursing assistants — and an *American Journal of Nursing* study found 25 percent of nurses reported being assaulted by patients or the patient’s family members.

In this issue:

- Learn what leading the way to zero means for behavioral health care organizations
- *Quick Safety* details de-escalation techniques
- Are you prepared? Standards revisions set to take effect July 1
- Behavioral Health Care Accreditation program celebrating 50th anniversary

Earlier this year, The Joint Commission published an issue of *Quick Safety* that highlights de-escalation — which is a first-line response to potential violence and aggression — and presents models and interventions for managing aggressive and agitated patients in the emergency department (ED) and inpatient settings.



As mentioned in the *Quick Safety*, dealing with aggressive patients can be an everyday occurrence in the mental health setting. Therefore, it is important for care staff to be educated and trained on de-escalation models and interventions for defusing aggression.

The *Quick Safety* highlights three approaches that can be used on inpatient behavioral health units:

- Patient-centered — including a medical exam, both a nursing and social history, a psychiatric evaluation, and an aggression assessment.
- Staffing-centered — ensuring that the care workers have the training, skills, knowledge and competencies in areas such as de-escalation.
- Environmental-centered — including that diversionary activities are available 24/7 and ensuring that the physical layout of the building allows patients to move about freely and safely, while also allowing them to have personal space.

The issue also gives 10 interventions from the Safewards Model — a method used to de-escalate situations — to reduce conflict and minimize harm, including:

- Mutually agreed upon and publicized standards of behavior by and for patients and staff.
- A requirement to say something good about each patient at nursing shift handover.
- Structured, shared innocuous personal information between staff and patients (such as, music preferences, favorite films, and sports) via a ‘know each other’ folder kept in the day room.
- A crate of distraction and sensory tools to use with agitated patients (for example, stress toys, mp3 players with soothing music, light displays, and textured blankets).

Several safety actions organizations can consider regarding de-escalation also were included in the issue, such as making sure these efforts are supported by leadership; using tools to record data and inform future practice; incorporating the use of reliable and valid assessment tools; and involving patients in these discussions.

The issue also features many workplace violence resources from The Joint Commission, the Occupational Safety and Health Administration, CDC and the Centers for Medicare & Medicaid Services.

[Read Quick Safety.](#)

➔ ACCREDITATION

Are you prepared? Standards revisions set to take effect July 1

Summer is just around the corner, and that means soon there will be new standards revisions going into effect on July 1 for Joint Commission-accredited behavioral health care organizations.

These revisions include:

- [Seven new and revised elements of performance \(EPs\) to be scored at National Patient Safety Goal \(NPSG\) 15.01.01:](#)
These new requirements 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.

- A [note](#) was added that clarifies the applicability of 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) — for behavioral health care settings.
- The note states: Non-inpatient behavioral health care settings and unlocked inpatient units do not need to be ligature-resistant. The expectation for these settings is that they 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, removing objects from the room that can be used for self-harm and continuous monitoring in a safe location while awaiting transfer to higher level of care).
- [New and revised pain assessment and management standards](#): The new requirements have limited applicability in the behavioral health care program, but they outline a multi-level approach to pain management to help care staff deliver safe, individualized pain care.

The revisions will be included in the spring 2019 updates to the E-dition® and accreditation manual, and can be viewed on your organization's Joint Commission Connect® extranet site.

Behavioral Health Care Accreditation program celebrating 50th anniversary

Break out the party hats, as The Joint Commission's [Behavioral Health Care Accreditation program](#) is celebrating its 50th anniversary this year.

Launched in 1969, the program initially accredited providers of programs and services for persons with intellectual and developmental disabilities. However, in 1972, the program expanded to include evaluation and accreditation of organizations providing mental health and addiction services.

Now, The Joint Commission accredits more than 3,100 behavioral health organizations, operating at more than 11,000 locations nationwide. These organizations provide care, treatment, and services for settings such as:

- Addictions/substance use disorder
- Behavioral health homes
- Case management
- Child welfare
- Community-based settings
- Corrections-based settings
- Crisis stabilization (24-hour acute care setting)
- Eating disorders
- Family preservation and wraparound services
- Forensic services
- Foster care and therapeutic foster care
- Home-based mental health
- Methadone/opioid treatment programs
- Outdoor/wilderness-based behavioral services
- Outpatient counseling
- Partial hospitalization, day treatment, adult day care, and intensive outpatient services
- Prevention and wellness promotion services
- Psychiatric rehabilitative services
- Residential/group homes
- Shelters
- Special populations, including children, youth, veterans, and persons with intellectual disabilities
- Technology-based
- Therapeutic schools (both day and 24-hour)
- Transitional, supervised or supportive living
- Vocational rehabilitation

Over the past 50 years, The Joint Commission's Behavioral Health Care Accreditation program has provided a framework to help organizations manage risk and improve their quality and safety in a number of ways, such as:

- Incorporating continuous process improvement.
- Focusing on trauma-informed care, medication-assisted addiction therapy and measurement-based care that centers on outcomes for individuals served.
- Helping the field reduce restraints and seclusion.
- Working on suicide prevention.

[Learn more](#) about the Behavioral Health Care Accreditation program.

