Check out Standards FAQs on suicide risk recommendations
The Joint Commission has received questions related to its Suicide Risk Recommendations, which were published in both Joint Commission Online and The Joint Commission Perspectives. To address some of these questions, several Standards FAQs have been released.

Question: What does “serious” risk for suicide mean?
Answer: Organizations should use an evidence-based process to conduct a suicide assessment of patients who exhibit suicidal behavior or who have screened positive for suicidal ideation. The assessment should directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. After this assessment, patients should be classified as high, medium, or low risk of suicide. The Joint Commission considers “serious” as equivalent to “high risk.” (Please refer to NPSG 15.01.01 for information relevant to screening and assessment of patients at risk for suicide).

Question: Do we have to assess every patient for suicide risk who comes into the emergency department?
Answer: No. Only patients being evaluated or treated for behavioral health conditions as their primary reason for care must be screened for suicide risk. Please reference National Patient Safety Goal NPSG 15.01.01.01 for additional detail in addition to Joint Commission standards and requirements regarding screening protocols.

See other Standards FAQs on ligatures and suicide risk reduction:

Inpatient psychiatric units
- Can you please clarify the first recommendation as it relates to the nurses station?
- How many ligature-resistant medical beds does my unit have to have?
- Can drop ceilings be used in hallways and common patient care areas?
- Are over-the-door alarms required to be used on patient bedroom doors from the corridor?
- If patients are transported to another location (such as another building for programming), does that building/space need to be ligature resistant?
- Is there a height requirement in order to consider something a “ligature risk?”
- What type of shower curtains are allowable in an inpatient psychiatric unit?
- Can curtains be used in place of a bathroom door in an inpatient psychiatric unit?

Emergency departments
- Do emergency departments need to be ligature resistant?
- Does every emergency department need to have a “safe room?”

In this issue:
- Check out Standards FAQs on suicide risk recommendations
- Comment on proposed pain standards revisions for behavioral health organizations
- Effective Jan. 1, 2019: Final BHC standards revisions related to EP Review Project
- 4-1-1 on Survey Enhancements: New scoring revisions for IC.02.02.01 now in effect
- Stay ahead of the compliance curve by attending BHC Conference Oct. 10-11
- BHC News readership survey available until Oct. 25
Do we have to have 1:1 monitoring for every psychiatric patient who comes in through the emergency department?

What if all objects posing a ligature risk cannot be removed from the area where high-risk patients are being treated or triaged?

Miscellaneous questions

- What are the requirements for an inpatient substance abuse detox unit?
- Are the recommendations the same for open and/or unlocked psychiatric units?
- Do emergency departments in Joint Commission–accredited ambulatory care organizations need to comply with the “Recommendations for Emergency Departments” in the November 2017 Perspectives article?

Comment on proposed pain standards revisions for behavioral health organizations

The Joint Commission is interested in receiving your comments on proposed revisions to the pain assessment and management standards for accredited Behavioral Health Care organizations. These revisions are being developed to further promote patient safety and quality of care, as well as to align requirements with current recommendations from scientific, professional, governmental literature and reports.

Please note: The proposed new requirements have limited applicability based on the programs or services provided by an organization. A note or a lead-in statement at the beginning of the element of performance (EP) clarifies the setting or circumstances under which the EP is applicable to an organization.

The proposed new requirements are for:

- Care, Treatment, and Services (CTS) standard CTS.02.01.09, EP 3
- Human Resources Management (HRM) standard HRM.01.05.01, EP 11
- Medication Management (MM) standard MM.01.01.01, EP 2

Comment now. The deadline for comment is Oct. 16. (Contact: Mamello Tekateka, mtekateka@jointcommission.org)

Effective Jan. 1, 2019: Final BHC standards revisions related to EP Review Project

The Joint Commission has concluded its efforts to streamline and consolidate its existing elements of performance (EPs) for all accreditation programs as part of its EP Review Project, which is a component of Project REFRESH.

The Leadership (LD) chapter for all Joint Commission accreditation programs, including the Behavioral Health Care Accreditation program, were the last to be reviewed as part of Phase 4 of the EP Review Project.

These changes will become effective in January 2019. As with the first set of chapters, the consolidations reduced the number of EPs.

View the prepublication standards.

Performance measurement

4-1-1 on Survey Enhancements: New scoring revisions for IC.02.02.01 now in effect

Infection Prevention and Control (IC) standard IC.02.02.01—which requires hospitals (including behavioral health care units) to reduce the risk of infections associated with medical equipment, devices and supplies—continues to be one of the most commonly cited standards listed as noncompliant. In 2017, 72 percent of surveyed hospitals and critical access hospitals were found to be noncompliant with this standard.
After a careful evaluation of high-level disinfection (HLD) and sterilization process steps, The Joint Commission has refined its scoring to focus on the process steps that pose the highest risk to patients if they fail.

These revisions are the focus of the latest 4-1-1 on Survey Enhancements—a series that takes a deeper look at four high-risk areas that are evaluated by Joint Commission surveyors. The first 4-1-1 was on sterile medication compounding, this 4-1-1 focuses on HLD and sterilization, and the remaining 4-1-1s will focus on suicide prevention and hemodialysis.

These Infection Control scoring revisions (see table below) are intended to help hospitals hone in on the highest-risk process steps to become more compliant with IC.02.02.01, and they went into effect Sept. 1, 2018.

The Joint Commission will continue to score IC.02.02.01 as noncompliant whenever manufacturer instructions are not followed. Over the next several months, The Joint Commission will closely monitor the revisions to ensure consistent scoring.

Please note: IC.02.02.01 findings recorded before Sept. 1, 2018 will not be removed. Hospitals that are in the clarification window or that are preparing their Evidence of Standards Compliance (ESC) report should document compliance based upon the refined scoring guidelines. If your organization received an adverse decision and received only one finding from one of the seven areas, please contact the Standards Interpretation Group. (Contact: Sylvia Garcia-Houchins, sgarcia-houchins@jointcommission.org)

<table>
<thead>
<tr>
<th>Previously Scored</th>
<th>New Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible bioburden and dried blood found on instruments</td>
<td>• Wiping/flushing of soiled instruments is not observed during a case in the operating room or procedure room and it is clinically appropriate</td>
</tr>
<tr>
<td></td>
<td>• Item that is ready for use on a patient is visibly soiled</td>
</tr>
<tr>
<td>Enzymatic solution was not applied to maintain moisture on instruments</td>
<td>• There is no process for keeping used instruments moist</td>
</tr>
<tr>
<td></td>
<td>• Manufacturer instructions for products used to keep instruments moist were not followed</td>
</tr>
<tr>
<td></td>
<td>• The facility policy for keeping instruments moist was not followed</td>
</tr>
<tr>
<td>Instruments were not transported from the point of use in a leak-proof puncture-resistant container with the biohazard symbol or color red</td>
<td>• Sharps are being transported in a manner that violates OSHA requirements (e.g., sharps not placed in puncture-resistant container that is red or labeled biohazardous)</td>
</tr>
<tr>
<td></td>
<td>• Non-sharps are transported in a way that could lead to contamination of staff or other people</td>
</tr>
<tr>
<td>Instruments in the closed position</td>
<td>• Packaged instruments awaiting sterilization are in the closed/ratcheted position</td>
</tr>
<tr>
<td></td>
<td>• Items that have just undergone sterilization are on the trolley or in the sterilizer in the closed/ratcheted position</td>
</tr>
<tr>
<td></td>
<td>• Items in preparation and packaging that have come through the washer or pass-through window have not been disassembled in accordance with manufacturer instructions</td>
</tr>
<tr>
<td>Instruments are released prior to the biologic indicator being read</td>
<td>• Routine sterilizer monitoring with a biologic indicator required by the state or per evidence-based guideline is not followed and recorded</td>
</tr>
<tr>
<td></td>
<td>• Non-implant load is released without physical monitoring of cycle and external and internal chemical indicators</td>
</tr>
<tr>
<td></td>
<td>• Implant loads are released without routine sterilizer monitoring, a biologic indicator and a type 5 integrating indicator (aka integrator)</td>
</tr>
<tr>
<td></td>
<td>• Biologic indicator not read before implant release (unless allowed in emergent situations by facility policy and policy was followed)</td>
</tr>
</tbody>
</table>
| Items in the high level-disinfected area that are stored in drawers | • Container or location of storage is visibly soiled or staff are observed contaminating other high level-disinfected products  
• Storage is not consistent with the items intended use (e.g., items that require minimum of high-level disinfection may be stored in a way that protects from contamination even if they were sterilized)  
• Item is not stored in accordance with manufacturer instructions for use (IFU)  
• Item is not stored in accordance with facility risk assessment/policy if no guidance was provided by the item’s manufacturer IFU |
|---|---|
| Stored scopes exceeded the hang time | • Facility is not following manufacturer IFU for drying  
• Facility is not following manufacturer IFU for frequency of reprocessing  
Will NOT score any finding related to hang time under IC standards |

**RESOURCES**

**Stay ahead of the compliance curve by attending BHC Conference Oct. 10-11**

The behavioral health care field is evolving. Stay up to date on the hottest trends in the field, learn key ways to maintain compliance for your organization and gain important insights into upcoming changes at The Joint Commission by attending the annual Behavioral Health Care Conference.

This year’s conference will take place Oct. 10-11 at Crowne Plaza Chicago O’Hare, 5440 N. River Rd. in Rosemont, Illinois.

The BHC Conference will feature:
- Tips from Joint Commission experts on how to meet new, revised and challenging Behavioral Health Care (BHC) Accreditation standards.
- Discussions on key topics, ranging from measurement-based care and suicide risk assessment to eating disorder recovery and high reliability.
- New tools and resources, as well as practical strategies.

Conference-goers can choose one of three session tracks to focus on and best serve their organization’s needs:
- Behavioral Health Care Accreditation Manual
- Hospital Accreditation Manual
- Behavioral Health Care Accreditation Essentials

**Register** for the BHC Conference.

**BHC News readership survey available until Oct. 25**

The Joint Commission is interested in your thoughts about *BHC News*. We’d like to know if it provides the news you need about The Joint Commission’s Behavioral Health Care Accreditation program. Please take a few minutes to **complete this survey**, which will be available through Thursday, Oct. 25. (Contact: Jon DePaolis, jdepaolis@jointcommission.org)