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Phase 2 revisions for BHC accreditation manual effective January 2018

The Behavioral Health Care Accreditation manual is now up-to-date following completion of Phase 2 of The Joint Commission's standards review project. A number of standards required maintenance — such as clarifications to existing language, new elements of performance (EPs), and revisions to notes.

The Phase 2 revisions — which are effective Jan. 1, 2018 — include the following changes and additions to the Care, Treatment, and Services (CTS) and Record of Care, Treatment, and Services (RC) chapters:

- A new EP added to CTS standard 02.01.03 requires organizations to gather individual's relevant health information from other providers.
- CTS.02.01.11, EP 1 now includes a component about eating disorders.
- A new standard, CTS.04.03.20, addresses the supervision of individuals served and applies to organizations providing inpatient/24-hour crisis stabilization. (For details, see article below, "New standard CTS.04.03.20 does not preclude organizations from using peer support specialists.")
- CTS.05.05.09, EP 5 was deleted because the requirement to document physical holding of a child or youth in the clinical/case record is now addressed in the RC chapter.
- New EP 7 was added to CTS.05.05.21 and addresses having written policies and procedures regarding the initiation of physical holding of a child/youth by an authorized staff member.
- New EP 18 was added to CTS.05.06.35 and requires organizations to add details about debriefing to their written policies and procedures regarding restraint or seclusion.
- In RC.02.01.05, language was added referencing physical holding of a child/youth, and new EPs 5 and 6 detail what to include in the clinical/case record regarding physical holding.

View the prepublication standards.

New standard CTS.04.03.20 does not preclude organizations from using peer support specialists

As part of its Phase 2 revisions, The Joint Commission is adding a new standard — Care, Treatment, and Services (CTS) 04.03.20 — to its Behavioral Health Care (BHC) Accreditation manual. The standard, which will become effective Jan. 1, 2018, addresses the supervision of individuals served and applies to organizations providing inpatient crisis stabilization.

There are two elements of performance (EPs) for CTS.04.03.20:
1. **For inpatient crisis stabilization**: The organization supervises the daily activities of individuals served as needed to prevent them from engaging in behavior that could be detrimental to their health.

2. **For inpatient crisis stabilization**: Supervision is conducted by staff; the organization prohibits one individual served from supervising another.

It is important to note that this new standard does not preclude organizations from using peer support specialist services, which The Joint Commission defines as: “A service wherein a trained consumer supports other consumers in recovery.” These services are allowed in any setting — such as inpatient, crisis, residential, group home or outpatient settings.

Other standards and EPs that pertain to peer support specialist services include:

- **CTS.04.03.31** — For organizations providing peer support: The plan for care, treatment, or services addresses the involvement of peer support when provided.
  1. For organizations providing peer support: The individual served determines the amount of information that can be accessed by, and the involvement of, peers providing support.
  2. For organizations providing peer support: Peers providing support assist in developing the plan for care, treatment, or services, when indicated by the individual served.
  3. For organizations providing peer support: The plan for care, treatment, or services reflects the inclusion of peer support, as determined by the individual served.

(Contact: Lynn Berry, lberry@jointcommission.org)

**Redesigned ESC form launched for all programs**

The Evidence of Standards Compliance (ESC) form has been redesigned to help organizations focus on describing the critical aspects of corrective actions they have taken to resolve Requirements for Improvement (RFIs) and ensure sustainability of those actions. The new form was rolled out in April for ambulatory care and deemed psychiatric hospitals; it was rolled out to all other accreditation and certification programs on July 24.

Organizations utilize the redesigned ESC form after any type of survey that results in RFIs. The improved ESC form — redesigned as part of Project REFRESH — has numerous benefits, including:

- New formatting that clearly and concisely states expectations for successful completion.
- A simplified layout that enables organizations to provide relevant information that better aligns with proven performance improvement methodologies.
- Flexibility that allows for organizations to implement corrective actions within their unique environment; however, it also provides guidance to hone in on key elements of effective compliance.
- Provisions of clear, concise and acceptable program-specific examples.
- An enhanced focus on sustained compliance.

The ESC form is available on an organization’s Joint Commission Connect™ secure extranet site, which includes resources to aid in successful completion of the new ESC form, such as:

- Updated ESC guidelines and instructions.
- A preventative analysis resource guide.
- Specific examples for each program on acceptable ESC responses.
- Updated ESC FAQs.

Questions about the redesigned ESC form can be directed to your organization’s Joint Commission account executive.

**Tips and benefits to keeping accreditation current and paying promptly**

Receiving and maintaining accreditation from The Joint Commission is an important achievement for any behavioral health care (BHC) organization. Occasionally, The Joint Commission is not able to award an organization its initial accreditation or has to issue a denial of accreditation to a currently accredited
organization due to failure to pay annual or on-site fees. For organizations in which accreditation is mandated by the state, lost accreditation also results in noncompliance with the state mandate.

Here are some helpful tips to keeping your organization’s Joint Commission accreditation current and being ready for payment when it is due:

- **For organizations undergoing their initial survey:** Your deposit is applied to your first annual fee, which is prorated depending on the quarter in which your application is submitted. Once your application is submitted, your on-site fee estimate is posted on your Joint Commission Connect extranet site. This is the best time to set aside the remainder of your first annual fee and your on-site fee. Ideally, set aside your first three years’ annual fee to ensure that you have the funds to complete at least the first triennial cycle of your accreditation.

- **For currently accredited organizations:** Remember to include annual fees (due every January), and on-site fees (due every three years immediately following your on-site survey) in your budget for each year.

Your organization can leverage its accreditation to increase revenue and decrease operating costs. Some suggestions include:

- Contacting your liability carrier to pursue a discounted rate or a better rating, which can result in a discounted rate.

- Utilizing your accreditation to apply as a provider for:
  - Commercial payers
  - Federal and state payment
  - Demonstration projects
  - Managed care contracts
  - Partnerships with health systems and other providers

If you have any questions regarding fees, billing or invoices, contact The Joint Commission’s pricing unit at 630-792-5115.

### Safety culture and high reliability

**New video: Joint Commission president explains how safety culture can protect patients**

Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission, explains in a new video how years of survey and patient safety experiences led The Joint Commission to conclude that a strong safety culture can eliminate a wide variety of patient safety risks.

In the video, Dr. Chassin touches on the concepts covered in *Sentinel Event Alert 57: The essential role of leadership in developing a safety culture*, in order to engage health care leaders to promote and improve patient safety in their organizations.

Leadership is crucial to achieving and maintaining a safety culture in an organization, as it sets the cultural tone for the whole organization. Dr. Chassin dove deeper into this topic in the webinar *Building Your Safety Culture: A Job for Leaders*.

### Resources

**One click away: Searchable list of measurement-based BHC tools now available**

A searchable list of measurement-based care tools for behavioral health care is now available on The Joint Commission’s website, which can be accessed directly with no login needed.

The list of outcome measure tools is being made available to accredited organizations as a resource only. The Joint Commission does not endorse the use of any particular instrument or tool — nor does it imply
that the tools listed on this portal are superior to tools not found on this portal. Organizations should use discretion in choosing products based on their needs and the needs of the population(s) they serve.

As a reminder, revisions to the Behavioral Health Care Outcome Measures standard — Care, Treatment, and Services (CTS) 03.01.09 — take effect Jan. 1, 2018, and include elements of performance (EPs) that require organizations to use:

- A standardized tool or instrument to monitor an individual’s progress
- The results from analysis of the data to inform the individual’s goals and objectives as needed
- Their data to evaluate outcomes of the population(s) they serve

In a previous issue of BHC News, Scott Williams, PsyD, director of Health Services Research at The Joint Commission, suggested approaches to selecting instruments to meet the intent of the revised Behavioral Health Care Outcome Measures standard.

Meanwhile, if organizations know of a measurement-based tool, instrument or system not currently on the list but that they believe should be, contact the instrument or system developer, owner or vendor and ask them to visit the list’s webpage to post a description of the instrument. (Contact: Scott Williams, swilliams@jointcommission.org)

BHC Conference: Keynote speaker Mackenzie Phillips shares experience, new role as counselor

Those planning to attend The Joint Commission’s Behavioral Health Care Conference will learn about the latest buzz and emerging topics in accreditation, and will hear from keynote speaker Mackenzie Phillips, who will share stories of her own battles with substance abuse and her new role as a counselor at Breathe Life Healing Centers in West Hollywood, California.

The conference will take place Oct. 12-13 at Crowne Plaza Chicago O'Hare, 5440 N. River Road in Rosemont, Illinois. Presentations include:

- "Lessons for Today’s Efforts to Address the Prescription Opioid Epidemic"
- "Why Address Intimate Partner Violence in Behavioral Health Settings: Implications for Community Behavioral Agencies and Psychiatric Hospitals"

Attendees will also get a better look at:

- Surveying, scoring of ligature, suicide, and self-harm risks
- Key topics such as measurement-based care, planning of care treatment and services, infection prevention, National Patient Safety Goal 15 update on suicide risk assessment
- Project REFRESH and the SAFER Matrix™ scoring methodology
- New, revised and challenging behavioral health care standards and how to meet them

Learn more or register for the conference.

Upcoming behavioral health care webinars

Accredited behavioral health care organizations and organizations planning to become Joint Commission accredited may be interested in attending one or all of the following upcoming one-hour webinars:

- Oct. 10 — High Reliability in Behavioral Health Care: Explains why high reliability is important, and how to integrate high reliability concepts in your organization.
- Nov. 7 — Resources for Readiness: Explore the many resources that The Joint Commission makes available to help organizations prepare for and maintain behavioral health accreditation.