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Now effective: Surveying, scoring of ligature, suicide, self-harm in inpatient psychiatric setting

Effective immediately, The Joint Commission will place added emphasis on the assessment of ligature, suicide and self-harm observations in psychiatric hospitals and inpatient psychiatric patient areas in general hospitals. This comes at a time when there is national concern about the number of suicides in hospitals. Also, the "Zero Suicide" campaign has set a new bar to eliminate suicides in health care facilities. Suicide is second on the list of The Joint Commission's sentinel event database.

Research has shown that many suicide attempts are impulsive. There is little disagreement that a facility that can eliminate environmental risks is reducing the means and opportunities for patients to commit suicide and/or harm themselves.

During the on-site survey – Joint Commission surveyors will document all observations of ligature or self-harm risks in the environment and will:

- Determine if the facility has previously identified these risks
- Evaluate existing plans the facility has for removing these risks
- Evaluate the organization's environmental risk assessment process

Surveyors will assess and/or evaluate:

- Plans and policies on mitigation of harm posed by risks while removal occurs
- Adequacy of staffing patterns to support these mitigation plans
- The patient suicide risk assessment process
- Organization policies and practices related to actions needed for patients identified at risk
- Policies and processes of ensuring staff awareness of a patient's level of risk
- The organization's internal processes for improvement, including:
  - The history of patient safety events and the process for root cause analysis of these events
  - The organization's process for monitoring its compliance with its policies
  - Actions taken when noncompliance was identified

Documentation of findings and follow-up – Each observation of a ligature or self-harm risk in the inpatient psychiatric patient area will be:

- Considered a requirement for improvement (RFI)
- Documented, according to standard procedure, using quantification, precise description and all required elements of documentation
- Scored at Environment of Care (EC) 02.06.01, element of performance (EP) 1
- Rated on the Survey Analysis for Evaluating Risk (SAFER) Matrix™, in terms of Likelihood to Harm a Patient/Staff/Visitor (low, medium, high) and the number of occurrences (limited, pattern, widespread)

In addition, the findings will be cited at the appropriate Condition of Participation (CoP) 482.41 — and, if in the highest risk areas, will be cited at the Condition level and noted as high risk on the SAFER Matrix™. In multi-purpose hospital areas — such as common rooms where there are always staff, emergency rooms or medical inpatient units where psychiatric patients may temporarily reside — the survey team will assess the organization's awareness of risks, efforts to mitigate, reliability of mitigation efforts, and the surveyor(s) will routinely engage the Standards Interpretation Group in the discussion. The decision on the SAFER Matrix™, as well as the consideration of Standard versus Condition level, will take all of this information into account. The post-survey process for these observations will follow standard procedure in which the organization has a 60-day timeframe to correct the physical environmental risks or have the option of applying for a survey-related waiver.

Survey findings at the highest level of risk may trigger consideration of whether an Immediate Threat to Life (ITL) exists while the surveyors are on-site. Determination of an ITL is only done by the senior leadership at The Joint Commission, who review all the data presented by the survey team. Hospital leadership would be notified immediately if an ITL was under consideration.

Joint Commission-accredited hospitals that treat psychiatric patients are encouraged to become familiar with the "Design Guide for the Built Environment of Behavioral Health Facilities," as it includes solutions for environmental hazards to patients.

For more information on suicide risk, prevention and resources, see the *Sentinel Event Alert* published by The Joint Commission.

Patient safety

Sentinel Event Alert focuses on leadership's role in establishing safety culture

The Joint Commission today released its latest *Sentinel Event Alert* on the essential role of leadership in developing a safety culture. The alert provides actions and resources to help health care organizations establish and continuously improve upon key components of safety culture year-round, as well as during this month's National Patient Safety Awareness Week, from March 12-18.

Safety culture is the product of individual and group beliefs, values, attitudes, perceptions, competencies and patterns of behavior that determine an organization's commitment to quality and patient safety.

Health care leadership's failure to create an effective safety culture is a contributing factor to many types of adverse events, such as wrong-site surgery and delays in treatment, according to a new *Sentinel Event Alert* issued by The Joint Commission. Insufficient support for reporting patient safety events, intimidation of staff who report events, and refusal to consistently prioritize and implement safety recommendations are some of the factors that contribute to poor safety culture, according to the Joint Commission Center for Transforming Healthcare. The *Sentinel Event Alert* outlines 11 tenets for health care leaders to address safety culture.

"A strong safety culture begins with leadership; their behaviors and actions set the bar," said Ana Pujols McKee, MD, executive vice president and chief medical officer at The Joint Commission. "I urge all health care leaders to make safety culture a top priority at their health care organization. Establishing and improving safety culture is just as critical as the time and resources devoted to revenue and financial stability, system integration and productivity–because a lack of safety culture can have serious consequences for patients, staff and other stakeholders."

View the *Sentinel Event Alert* and accompanying infographic.

JAMA publishes Viewpoint on pain management by Joint Commission executive VP
The Journal of the American Medical Association (JAMA) published a Viewpoint editorial "The History of the Joint Commission's Pain Standards: Lessons for Today's Efforts to Address the Prescription Opioid Epidemic" by David W. Baker, MD, MPH, executive vice president, Division of Healthcare Quality Evaluation at The Joint Commission.

The Feb. 23 editorial summarizes lessons to be learned since 2000, when The Joint Commission introduced standards for organizations to improve care for patients with pain, amid national efforts to address underassessment and under-treatment of such patients.

"Our sincere hope is this analysis of lessons learned over the last 16 years will help our country's efforts to address the prescription opioid crisis," Dr. Baker said. "Our goal at The Joint Commission is to try to prevent the pendulum of medical practice from swinging back too far toward the poor pain control of the past. It's imperative we find a way to balance effective pain management for patients with the need to safely and judiciously prescribe opioids and protect the health of the general population."

The Joint Commission continues to address pain management for patients. In 2016, based on extensive assessment of public health, health care organization and patients' needs, The Joint Commission — with input from a Technical Advisory Panel of national pain experts — began drafting revisions to its pain management standards for accredited hospitals. The proposed standards were posted at The Joint Commission website for public comment Jan. 9 through Feb. 20, and will be finalized based on analysis of the information gathered during the comment period.

More information on pain management, including the draft pain management standards, is available on The Joint Commission's website.

Resources

Don't miss out: participate in March 7 live demo on SAFER Matrix™
The Joint Commission is hosting a webinar on its Survey Analysis for Evaluating Risk (SAFER™) Matrix™ Tuesday, March 7, during which a live demonstration will show how the model is scored in the field by surveyors.

The webinar is from 9-10 a.m. (PT)/10-11 a.m. (MT)/11 a.m.-noon (CT)/noon-1 p.m. (ET). Other objectives of this webinar are to provide:

- Additional information to help organizations understand the new SAFER Matrix™ and prepare for this transition.
- Specific data collected, as well as feedback from field surveyors and organizations.
- Details surrounding the new Evidence of Standards Compliance (ESC) fields, and data that can be shared from the Business Intelligence (BI) tool.

Space is limited for this webinar. For those unable to participate, a replay of the webinar with presentation slides will be available on The Joint Commission website approximately 5-7 business days following the program.

Register for the webinar. (Contact: Gidion Howell, ghowell@jointcommission.org)

***JQPS*: quality initiative significantly improves outcomes for children with chronic conditions**
Cincinnati Children's Hospital Medical Center significantly improved outcomes for children with chronic conditions. The story of their quality initiative is featured in the March 2017 issue of *The Joint Commission Journal on Quality and Patient Safety (JQPS).* The March 2017 issue of *JQPS* provides open access to all articles through March 31.

The study — "Applying the Chronic Care Model to Improve Care and Outcomes at a Pediatric Medical Center" by Jennifer Lail, MD, FAAP, and coauthors — describes how the hospital implemented a Condition Outcomes Improvement Initiative to help specialized clinical teams apply quality improvement

principles from the Chronic Care Model. Developed in the 1990s, the Chronic Care Model is an organizational approach to deliver patient-centered, evidence-based chronic care that improves individual and population-level outcomes. Data was analyzed from more than 27,000 pediatric patients from 18 improvement teams that implemented care design changes from 2012-2015.

Following implementation of the care design changes:

- 50 percent of 27,221 active patients with chronic conditions had an improved outcome
- 11 of 18 chronic condition teams achieved the goal of 20 percent improvement in their chosen clinical outcome

Other articles featured in the issue are:

- "A Prospective Emergency Department Quality Improvement Project to Improve the Treatment of Vaso-Occlusive Crisis in Sickle Cell Disease: Lessons Learned"
- "Timely Care for Sickle Cell" "Crossing the Communication Chasm: Challenges and Opportunities in Transitions of Care from the Hospital to the Primary Care Clinic"
- "Using an Electronic Perioperative Documentation Tool to Identify Returns to Operating Room (ROR) in a Tertiary Care Academic Medical Center" "Pediatric Postoperative Pulse Oximetry Monitoring During Transport to the Postanesthesia Care Unit Reduces Frequency of Hypoxemia"

Access the latest issue of *JQPS*.

Up in blogosphere with The Joint Commission

- Leading Hospital Improvement — An Essential Conversation: eCQM Adoption & Resources: Michelle Dardis, MSN, MBA, RN-BC, project director in the department for electronic clinical quality measures (eCQMs) at The Joint Commission, writes about the 2017 Healthcare Information and Management Systems Society (HIMSS) conference. She and coworker John Marc Alban presented on "eCQM Readiness and Challenges."
- On Infection Prevention & Control — Rolling Out the Newest Antimicrobial Stewardship Standard: Lisa Waldowski, MS, APRN, CIC, infection control specialist at The Joint Commission, writes about the newest infection prevention standard that encompasses the Centers for Disease Control and Prevention's (CDC) Core Elements and makes specific recommendations for nursing care centers, hospitals and critical access hospitals.

Updates to Accreditation Manager Plus® and Tracers with AMP™

For 2017, Joint Commission Resources (JCR) updated the Accreditation Manager Plus (AMP®) software solution compliance tool, and Tracers with AMP™.

In addition to a new, intuitive design, the software is current with Project REFRESH modifications.

Also included in the updates are:

- Functionality with SAFER Matrix™ scoring and reporting
- Complimentary access to the E-dition®
- All the Joint Commission Disease-Specific Care Certification and Advanced Disease-Specific Care Certification standards
- New reports, including the Priority Joint Commission Requirements RFI report that compares an organization's self-assessment with Joint Commission surveyor RFIs for a single organization or a health system

Tracers with AMP™ subscribers also can now score their organization against the certifications they currently have or the certifications they wish to pursue. Learn more.

Learn more about Joint Commission Resources' offerings online or call 877-223-6866.