Accreditation and certification

Revised NPSG on suicide prevention takes effect July 1, 2019; learn more in R³ Report

Effective July 1, 2019, there will be seven new and revised elements of performance (EPs) to be scored at National Patient Safety Goal (NPSG) 15.01.01 for all Joint Commission-accredited hospitals and behavioral health care organizations. 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.

Because suicide is the 10th leading cause of death in the country and there has been no improvement in suicide rates in the U.S., The Joint Commission re-evaluated the NPSG in light of current practices relative to suicide prevention.

The revised requirement — which now is more specific and instructional, and aligns with current research and expert panel recommendations — includes 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 NPSG 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.

View the prepublication standards.

For more information about the revisions, a new issue of R³ Report provides a rationale statement for each EP, along with references that support each requirement.

Revisions coming to NPSG addressing anticoagulant therapy

The Joint Commission has revised National Patient Safety Goal (NPSG) 03.05.01 — which applies to organizations that initiate, manage and adjust dosage for anticoagulation medications — for Joint Commission-accredited ambulatory health care (applicable to medical centers only) organizations, critical access hospitals, hospitals and nursing care center programs. These revisions will take effect July 1, 2019.

This NPSG does not apply to organizations limited to the mechanical treatment of bleeding. The new and revised elements of performance (EPs) address concepts related to:

- Using approved protocols and evidenced-based guidelines.
- Ongoing patient monitoring.
- Patient and family education.
- Evaluating organizational safety practices and taking actions to improve those practices.
View the prepublication standards for:
- Hospital
- Critical access hospital
- Ambulatory health care
- Nursing care center

**Laboratory Accreditation resurvey window changing from 6 to 3 months**
Starting next year, The Joint Commission is reducing the resurvey window for its Laboratory Accreditation program from six months to three months for unannounced surveys. This change will better meet the needs of laboratory-accredited organizations as it relates to staffing and planning.

Organizations also will still be able to select 10 “avoid dates” within the survey eligibility window. Also, out-of-cycle survey events will not be effected by this change, including:
- For-cause surveys
- Retrospective cytology surveys
- Proficiency testing monitoring surveys
- Accreditation with follow-up survey

The Joint Commission will implement the new three-month resurvey window with applications that have a **due date after Jan. 3, 2019**, and a **laboratory accreditation anniversary date after Oct. 3, 2019**. These organizations will see an updated survey eligibility range when completing the application. The “Tab 6 - Survey Details - Avoid Dates” webpage will be updated on Jan. 3, 2019, and the organization will be able to choose 10 avoid dates during this survey eligibility range.

If your organization’s accreditation anniversary date occurs prior to Oct. 3, 2019, your organization will benefit from a three-month resurvey window with the avoid dates included in the 15-month application. Avoid dates will still be provided through the application, “Tab 6 - Survey Details - Avoid Dates.” The survey eligibility range will be updated to show the three-month window, starting Jan. 2, 2019.

Organizations that submitted an application before Jan. 3, 2019, will not have the ability to modify the already submitted avoid dates. If your organization previously submitted a Laboratory Application for Accreditation, then there is no action needed at this time.

The Joint Commission will continue to make every effort to reasonably accommodate an organization’s avoid dates. However, the Joint Commission reserves the right to conduct a survey during an “avoid period” if the reason given to avoid a survey at that time is such that a survey can be reasonably accomplished. Also, The Joint Commission may not honor single avoid dates clustered near the end of the accreditation cycle or other attempts to choose dates that unreasonably narrow the period of time in which schedulers can efficiently accommodate the unannounced survey process. (Contact: Heather Hurley, hhurley@jointcommission.org)

**Quality and safety**

**November issue of Quick Safety urges health care workers to take flu season seriously**
Not every flu season is the same. But at least this much is certain: Health care workers who usually skip a flu shot need to take a harder look at who they may be harming the most — their patients and co-workers.

According to the Centers for Disease Control and Prevention (CDC), the number of cases involving influenza-associated illness that occurred last season was the highest since the 2009 H1N1 pandemic, when an estimated 60 million people were sick with influenza.
During the 2017-2018 flu season, an estimated 48.8 million became ill with influenza, 22.7 million went to a health care provider, 959,000 were hospitalized and 79,400 died from influenza. Overall hospitalization rates for all age groups during the 2017-2018 flu season were the highest ever recorded in the national surveillance system, breaking the previously recorded hospitalizations during the 2014-2015 flu season.

The latest issue of *Quick Safety* focuses on this issue, delving into areas such as:

- Symptoms of flu versus the common cold.
- How to protect yourself and others from the flu.
- Safety actions to consider taking to minimize risk in your organization.

Read *Quick Safety*.

Learn more about [Joint Commission Resources’ offerings online or call 877-223-6866](#).