

Joint Commission Online

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Quality and safety

Study establishes first data-driven estimate of number of suicides in U.S. hospitals



Every year in the U.S., patients in general and psychiatric hospitals commit suicide. A new study in [The Joint Commission Journal on Quality and Patient Safety](#) provides the first data-driven estimate of the number of suicides in U.S. hospitals.

The study — “Incidence and Method of Suicide in Hospitals in the United States,” by Scott C. Williams, PsyD, director, Department

of Research, The Joint Commission, and co-authors — analyzed national data sets to establish an evidence-based estimate of hospital inpatient suicides and the methods used. The data sets used included:

- Centers for Disease Control and Prevention’s (CDC) National Violent Death Reporting System (NVDRS) — Restricted Access Data for 2014-2015
- The Joint Commission’s Sentinel Event database from 2010-2017

The findings showed that approximately:

- 49 to 65 hospital inpatient suicides occur each year in the U.S.
- Of those, 75 to 80 percent were among psychiatric inpatients.
- Estimated suicide rates were:
 - 3.2 per 100,000 psychiatric inpatient admissions.
 - 0.03 per 100,000 non-psychiatric inpatients.
- Hanging accounted for more than 70 percent of suicides in both databases.
- Approximately half of suicides occurred in the bathroom; one-third were in the bedroom; and the remainder were in the closet (4 percent), shower (4 percent) or other locations (8 percent).
- The most commonly used fixture point was a door, door handle or door hinge (53.8 percent).

“Hospitalization is intended to provide patients a safe, protected environment designed to heal and stabilize them during periods of crisis, and suicides that occur within a hospital are considered to be sentinel events,” Williams wrote. “At The Joint Commission, we are enhancing our approach to collecting suicide data by adding categorical items to the Sentinel Event database. Specifically, we want to obtain more coded detail about the privacy of the setting in which the suicide event occurred, any indication of assessed risk and observation status at the time of the event, as well as additional information on ligature and ligature fixture points when the method of suicide was hanging.”

The study’s findings support the recommendations from [The Joint Commission’s Suicide Expert Panel](#) — a panel assembled by The Joint Commission that includes representatives from provider organizations, experts in suicide prevention and design of behavioral health care facilities, Joint Commission surveyors and staff, and other key stakeholders — that hospital settings associated with psychiatric treatment should be made “ligature-resistant” environments to decrease the risk of suicide by hanging.

[Read](#) the study. The Joint Commission encourages sharing of the study, especially during National Suicide Prevention Week, Sept. 9-15.

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FDA recommends use of enteral devices with connectors that meet ISO 80369-1 or -3

In an effort to reduce patient injuries because of misconnections of enteral devices with connectors, the U.S. Food and Drug Administration (FDA) has released guidance for hospitals and clinicians. The FDA is recommending use of enteral devices with connectors that meet the International Organization for Standardization (ISO) 80369-1 or ISO 80369-3 standard, or those that are otherwise designed to reduce the risk of misconnections.

Since 2011, the FDA reports it has received notification of two deaths, 24 serious injuries and 32 device malfunctions related to enteral misconnections. These misconnections can occur when one type of medical device is mistakenly attached to another type of medical device that performs a different function.

The new FDA guidance includes recommendations for manufacturers and for health care professionals. It provides The Joint Commission's *Sentinel Event Alert*, Issue 53, "[Managing risk during transition to new ISO tubing connector standards](#)," as a resource.

[View](#) the recommendations and learn more about [medical device connectors](#).

Enter now: Submissions accepted for Eisenberg Awards

Submissions for the 2018 John M. Eisenberg Patient Safety and Quality Awards are now being accepted online through Oct. 29. The Eisenberg Awards — organized by The Joint Commission and the National Quality Forum — recognize the best examples of efforts to improve patient safety and quality of care, and honor groundbreaking initiatives that are consistent with the aims of the [National Quality Strategy](#): Better care, healthy people and communities, and smarter spending.

The awards are presented in three categories:

- **Individual Achievement** – Individuals who have demonstrated exceptional leadership and scholarship in patient safety and health care quality through a substantive lifetime body of work.
- **National Level Innovation in Patient Safety and Quality** – The focus of a project or initiative that extends beyond local areas to being implemented on a national level.
- **Local Level Innovation in Patient Safety and Quality** – A project or initiative focuses on effecting impact at the local community, organization or regional level (e.g., statewide).

Past award winners have implemented highly effective programs to advance patient safety and quality of care, including initiatives to:

- Improve care coordination and substantially reduce hospital readmission rates.
- Achieve significant decreases in hospital-acquired infections.
- Create robust cultures and systems of safety.

Awardees will be notified and announced in January 2019, and honored at NQF's Annual Conference in Washington, D.C., on March 24-26, 2019.

Launched in 2002, the awards honor the late John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality. An impassioned advocate for health care quality improvement, Dr. Eisenberg was a founding member of NQF's board of directors.

[View](#) the online submission website.



Performance measurement

Proven Practices webinar replay: EHR Refinement and System EHR Transition

Did it slip your mind? Did a meeting run long? Did you have computer problems?

Whatever the reason, if you missed out on the latest Pioneers in Quality 2018 eCQM Proven Practices webinar on EHR Refinement & System EHR Transition, check out a replay of the webinar on The Joint Commission's website.

The Proven Practices Collection webinar series recognizes four hospitals/health care systems that were selected as 2018 Pioneers in Quality™ Expert Contributors and shares their practices and insights in submitting electronic clinical quality measures (eCQMs).

The first webinar highlighted MedStar St. Mary's Hospital of Leonardtown, Maryland, and BJC HealthCare of St. Louis, Missouri. These organizations were selected because of the overall strength of their eCQM processes and practices, as well as the applicability and replicability for other organizations to improve their implementation of eCQMs and their use of eCQM data to increase quality of patient care.

The webinar replay includes presentation slides from both organizations, as well as other resources such as a Take 5 podcast and a Pioneers in Quality™ video.

[View](#) the webinar replay.

Resources

Joint Commission, CDC release free infection control resources

New, free infection control resources for podiatry, as well as orthopedic and pain management care settings have been released by The Joint Commission and the Centers for Disease Control and Prevention (CDC).

As health care delivery transitions from acute inpatient settings to outpatient settings, there is a growing need to address outbreak and patient notification events related to lapses in infection control in outpatient settings. The free, online resources are part of Adaptation and Dissemination for Outpatient Infection Prevention (ADOPT) Guidance — a three-year initiative that began in 2015 to adapt, enhance and disseminate CDC guidance related to infection prevention and control (IPC) in outpatient settings. ADOPT Guidance aims to drive practice improvements and protect patients and staff across diverse outpatient settings and services.

The two guides — also available as pocket guides — are:

- “Guide to Infection Prevention for Outpatient Podiatry Settings” (available now)
- “Guide to Infection Prevention in Orthopedic and Pain Management Office Settings” (coming soon)

A PDF-fillable checklist for other outpatient settings, adapted from the CDC's “Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care,” is an additional resource.

The guides feature key recommendations, such as IPC program and infrastructure information, and cover education and training, safe injection practices, medical device reprocessing, environmental cleaning and more.

“Providing care in an environment that minimizes or eliminates risks of health care-associated infections is critical,” said David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, The Joint Commission. “We encourage ambulatory health care organizations to use the recommendations and activities in the guides for IPC training and education, as well as to heighten awareness of the need for IPC in the outpatient setting.”

“The evidence-based recommendations in these guides have been built upon existing CDC guidance and tailored to address the unique challenges in podiatric, orthopedic, and pain management outpatient settings,” said Ryan

Fagan, MD, MPH&TM, Division of Healthcare Quality Promotion, CDC. “These tools provide a foundation for infection prevention and control that can be used to develop facility-specific plans or ensure that existing plans include the core elements needed to provide safe care.”

The guides were developed with input from several [project partners](#), including 12 professional associations and 11 health care systems. Also, in-depth interviews and on-site visits were conducted with podiatry, orthopedic and pain management outpatient facilities to gather setting-specific scenarios, challenges and examples for inclusion in the guides.

[Access](#) the ADOPT Guidance resources.

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement – [Enhancing Focus on Suicide Prevention](#):** As National Suicide Prevention Awareness Month approaches, it’s time reflect on the work The Joint Commission has done over the last year to help organizations eliminate environmental risks and thereby reduce the opportunity for patients to harm themselves, writes Emily Wells, CSW, MSW, project director, Surveyor Management and Development.
- **High Reliability Healthcare – [Sustaining Your Project's Improvements](#):** Sustainability of improvements, or the continuous activity of a process/project at or above the achieved improvement level for a minimum of two years, is an invaluable element of all high reliability healthcare organizations. Nevertheless, sustainability probably occurs in less than half of these endeavors, writes William T. Choctaw, MD, JD, CSSBB, physician advisor, the Joint Commission Center for Transforming Healthcare.
- **Dateline @ TJC – [New Edition of Life Safety Code Book Published](#):** Joint Commission Resources’ recently published edition of *The Joint Commission/NFPA Life Safety Book for Health Care Organizations, 2nd edition*, discusses the newly adopted 2012 Life Safety Code and the subsequently revised Life Safety standards from The Joint Commission, writes Kenneth A. Monroe, PE, MBA, CHC, PMP, The Joint Commission.

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

