

BHC NEWS

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Patient safety

Suicide prevention recommendations for non-hospital behavioral health care settings

New recommendations to prevent suicide in non-hospital behavioral health care settings have resulted from the third of four expert panels assembled by The Joint Commission to provide guidance to customers and surveyors. The first two panels, held in June and August 2017, resulted in 13 recommendations specific to inpatient units in both psychiatric and general acute care hospitals, as well as emergency departments (see the Oct. 25, 2017 issue of [Joint Commission Online](#) for those recommendations).



The third expert panel, held in October 2017, resulted in three more recommendations on the prevention of suicide in other behavioral health care settings, such as residential treatment, partial hospitalization, intensive outpatient and outpatient treatment programs. They are:

- **No. 14.** These settings are not required to be ligature resistant. For the purpose of this recommendation, ligature resistant is defined as: without points where a cord, rope, bedsheet, or other fabric/material can be looped or tied to create a sustainable point of attachment that may result in self-harm or loss of life.
- **No. 15.** These organizations should conduct a risk assessment to identify elements in the environment that residents could use to harm themselves, visitors, and/or staff. Those items that have high potential to be used to harm oneself or others should be removed and placed in a secure location (for example, putting sharp cooking utensils in a locked drawer) when possible. Staff should be trained to be aware of the elements of the environment that may pose a serious risk to a resident who could develop serious suicidal ideation. Staff should be aware of how to keep a resident safe from these hazards until the resident is stabilized and/or able to be transferred to a higher level of care.
- **No. 16.** These organizations should have policies and procedures implemented to address how to manage a patient in these levels of care who may experience an increase in symptoms that could result in self-harm or suicidality.

The fourth expert panel was held in December 2017, focusing on suicide risk assessment and key components for safe monitoring of high-risk patients. Recommendations that are developed from that meeting will be added to the list and shared as they become available.

HHS Office for Civil Rights clarifies HIPAA rules regarding opioid events

Last year, the Health and Human Services' Office for Civil Rights (OCR) clarified how health care providers can share health information with a patient's family members during a crisis situation — including an opioid overdose — without violating the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

In a press release dated Oct. 27, 2017, OCR Director Roger Severino stated that “support from family members and friends is key to helping people struggling with opioid addiction, but their loved ones can't help if they aren't informed of the problem.”

This guidance was intended to give medical professionals increased confidence in their ability to cooperate with friends and family members to help save lives, Severino commented further.

According to the guidance, HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including:

- If the care provider determines that doing so is in the best interest of an incapacitated or unconscious patient and the information shared is directly related to the family or friend's involvement in the patient's health care or payment of care.
- If informing someone of the information can prevent or lessen a serious and imminent threat to a patient's health or safety.

The guidance also includes other aspects, such as:

- Certain limitations on sharing health information without patient permission.
- Changes during the course of treatment to a patient's decision-making capacity.
- Recognition of a patient's personal representative(s) according to state law.

[View](#) the guidance.

Accreditation

Effective July 1, 2018: Additional revised standards to LS chapter of BHC Accreditation program

The Joint Commission revised additional standards of the Life Safety (LS) chapter applicable to residential behavioral health care facilities as part of its Behavioral Health Care Accreditation program. The revised standards are LS.04.01.20 through LS.04.02.50, and they are effective July 1, 2018. The revisions to the “residential occupancy” requirements are designed to maintain alignment with the 2012 edition of the National Fire Protection Association's *NFPA 101: Life Safety Code*®.

The edits to these standards are not substantive, and primarily entail:

- Updating the NFPA chapter references used in the elements of performance (i.e., Chapters 32.2 and 33.2 address small units housing 16 people or less, and Chapters 32.3 and 33.3 address large units housing 17 people or more).
- Making greater discernment between requirements for existing and new buildings and small and large organizations.

[View](#) the prepublication standards.

SSIS chapter now available for BHC Accreditation program

The Safety Systems for Individuals Served (SSIS) chapter of the accreditation manual for the Behavioral Health Care Accreditation program is now available on The Joint Commission's website. The chapter is also in the program's *2018 Comprehensive Accreditation Manual*.

The SSIS chapter does not contain any new requirements; it describes how existing requirements can be applied to achieve improved safety. It is also intended to help all health care workers understand the relationship between Joint Commission accreditation and safety.

The SSIS chapter focuses on the following two guiding principles:

- Assisting behavioral health care organizations with advancing knowledge, skills, and competence of staff and individuals served by recommending methods that will improve quality and safety processes.
- Encouraging and recommending proactive quality and safety methods for the individuals served that will increase accountability, trust, and knowledge while reducing the impact of fear and blame.

[View](#) the chapter.

New accreditation reports to be more user-friendly

In response to customer feedback, The Joint Commission redesigned its accreditation reports to be more user-friendly. The new survey report format is now in effect for all surveys.

The report highlights the most relevant information about surveys, outcomes, and required follow-ups.

Additional requests included in the updated reports are:

- Removing unnecessary white space
- Removing repetitive text
- Prioritizing and grouping findings by severity
- Highlighting Centers for Medicare and Medicaid Services' (CMS) Condition-Level and Standard-Level Findings
- Offering report sorting and filtering

Organizations will be able to access a PDF of their accreditation reports on The Joint Commission Connect extranet. It is presented in landscape orientation and uses tables to succinctly deliver key information.

Additionally, the report is available in a Microsoft Excel format. To find out more about accessing the Excel format, read the Dec. 13, 2017, [Joint Commission Online](#). For questions, contact your organization's assigned account executive.

Resources

Reference tables available on extranet comparing CMS, current Joint Commission EM standards

The Joint Commission has developed a set of three reference tables for Behavioral Health Care-accredited organizations to view the Centers for Medicare and Medicaid Services' (CMS) Emergency Management (EM) requirements implemented Nov. 15, 2017, alongside current Joint Commission standards and elements of performance.

These reference tables apply only to:

- Community mental health centers
- Psychiatric residential treatment centers
- Intermediate care facilities for individuals with intellectual disabilities

These reference guides can be found on The Joint Commission Connect extranet upon logging in — under the "Important Updates" section. These documents were neither reviewed by nor endorsed by CMS, and they are provided only for informational purposes.

