

# Prepublication Requirements

• Issued November 26, 2018 •



## Revisions to the National Patient Safety Goal on Reducing the Risk for Suicide

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

**Please note:** Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

### APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

**Effective July 1, 2019**

#### NPSG.15.01.01

~~Identify patients at risk for suicide.~~

~~Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.~~

**Reduce the risk for suicide.**

**Note: EPs 2–7 apply only to patients in psychiatric hospitals and patients being evaluated or treated for behavioral health conditions as their primary reason for care in general hospitals.**

#### Element(s) of Performance for NPSG.15.01.01

- ~~1. Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.~~



Key:  indicates that documentation is required;  indicates an identified risk area

1. For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).



For non-psychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.

Note: Non-psychiatric units in general hospitals are not expected to be ligature-resistant environments. Nevertheless, these facilities should assess clinical areas to identify objects that could be used for self-harm and should be routinely removed when possible from the area around a patient who has been identified as high-risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).

2. ~~Address the patient's immediate safety needs and most appropriate setting for treatment.~~



2. Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool.



3. ~~When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.~~



3. Use an evidence-based process to conduct a suicide assessment of patients who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.



Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation.

4. Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.



5. Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following:



- Training and competence assessment of staff who care for patients at risk for suicide
- Guidelines for reassessment
- Monitoring patients who are at high risk for suicide

6. Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.



7. Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance.

