Prepublication Requirements

New Suicide Prevention NPSG for Critical Access Hospitals

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 CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM
Effective July 1, 2020

National Patient Safety Goals (NPSG) Chapter

NPSG.15.01.01

Reduce the risk for suicide.

Note: EPs 2–7 apply to patients in psychiatric distinct part units in critical access hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care in critical access hospitals. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.

Element(s) of Performance for NPSG.15.01.01

1. For psychiatric distinct part units in critical access hospitals: The critical access hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the critical access 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 nonpsychiatric units in critical access 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 critical access hospital.

Note: Nonpsychiatric units in critical access hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, 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).

Key: □ indicates that documentation is required; □ indicates an identified risk area;
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. Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.

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.

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