National Patient Safety Goal – Suicide Prevention

Lisa DiBlasi Moorehead, EdD, MSN, RN, CENP
Associate Nurse Executive
The Joint Commission
Idiblasimoorehead@jointcommission.org
Join the conversation on The Joint Commission’s Facebook, Twitter and LinkedIn pages

August 1, 2019
Suicide Prevention – NPSG 15

Objectives

1. Identify suicide risks as reflected in Joint Commission sentinel event data
2. Review Joint Commission survey findings specific to suicide risk including ligatures
3. Discuss NPSG 15 requirements - effective July 1, 2019
4. Develop a plan for evaluating organization risk according to NPSG 15 requirements
Mission and Vision of The Joint Commission

VISION AND MISSION OF THE JOINT COMMISSION

Vision
All people always experience the safest, highest quality, best-value health care across all settings.

Mission
To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
Levers Addressing Issues

• **Accreditation Activities**
  • Standards and Survey Processes
  • R3 Reports
  • Booster Paks
  • SIG/FAQs
  • Continuous Customer Engagement

• **Risk Reduction**
  • Sentinel Event Alerts
  • Sentinel Event Review Process
  • Complaint Analysis
  • Topic specific portals

• **Education and Publication**
  • Published Books and Journals
  • Seminars/Webinars/Conferences

• **Communication**
  • Joint Commission Online
  • Website postings and news releases
  • Quick Safety/Advisories

• **Center for Transforming Healthcare**
  • Targeted Solutions Tools
  • Center projects

• **Performance Measurement**
  • Pioneers in Quality Portal
  • Quality Check

• **Government Advocacy**
  • Washington, DC office

• **Collaboration with Agencies and Professional Organizations**
  • Advisory Groups and Expert Panels
A Suicide Sentinel Event is defined as: Suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital’s emergency department (ED).
Suicide Prevention – NPSG 15

Sentinel Events – January-June, 2019

Figure 2. Five Most Frequently Reported Sentinel Events—January 1–June 30, 2019
Inpatient Suicides

• Estimates are that between 48 and 65 inpatient deaths occur in United States hospitals each year*
  • 74% occur while receiving inpatient psychiatric care
  • 3.2 per 100,000 psychiatric inpatient admissions
  • 0.03 per 100,000 non psychiatric inpatient admissions
  • 72% by hanging


https://www.jointcommissionjournal.com/article/S1553-7250(18)30253-8/fulltext
## Sentinel Events – Root Causes

<table>
<thead>
<tr>
<th>SE - Top 10 contributing factors</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Factors</td>
<td>950</td>
<td>885</td>
<td>650</td>
<td>2485</td>
</tr>
<tr>
<td>Leadership</td>
<td>806</td>
<td>741</td>
<td>580</td>
<td>2127</td>
</tr>
<tr>
<td>Communication</td>
<td>645</td>
<td>658</td>
<td>575</td>
<td>1878</td>
</tr>
<tr>
<td>Assessment</td>
<td>431</td>
<td>379</td>
<td>240</td>
<td>1050</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>144</td>
<td>176</td>
<td>127</td>
<td>447</td>
</tr>
<tr>
<td>Health information technology-related</td>
<td>56</td>
<td>72</td>
<td>60</td>
<td>188</td>
</tr>
<tr>
<td>Information Management</td>
<td>58</td>
<td>52</td>
<td>44</td>
<td>154</td>
</tr>
<tr>
<td>No Root Cause Identified</td>
<td>37</td>
<td>48</td>
<td>42</td>
<td>127</td>
</tr>
<tr>
<td>Medication Use</td>
<td>54</td>
<td>44</td>
<td>28</td>
<td>126</td>
</tr>
<tr>
<td>Care Planning</td>
<td>46</td>
<td>24</td>
<td>35</td>
<td>105</td>
</tr>
<tr>
<td>Total</td>
<td>3227</td>
<td>3079</td>
<td>2381</td>
<td>8687</td>
</tr>
</tbody>
</table>
Suicide Prevention – NPSG 15

Survey Findings – January 2018 to June, 2019

Number of EP-Level RFIs and SAFER Placement

Proportion of SAFER Placement

Total For Time Period and Program

Statistics for Selected Standards

SAFER Matrix Distribution of EP-Level RFIs

© 2018 The Joint Commission. All Rights Reserved.
Suicide Prevention – NPSG 15

NPSG 15 Requirements

• NPSG 15.01.01.01 – Identify patients at risk for suicide
  • EP 2 (N=202) – Address the patient’s immediate safety needs and most appropriate setting for treatment.
  • Example Finding: Video surveillance was used to provide continuous monitoring of patients at high risk for suicide. Staffing consisted of a registered nurse and a security officer for four at risk patients. At the time of the observation, the registered nurse was on the telephone receiving information for a new admission. The security officer was viewing an adjacent computer not related to video surveillance. The registered nurse then left the monitoring area leaving the security officer alone without a second person to monitor the remaining patients if intervention required.
NPSG 15 Requirements

• NPSG 15.01.01.01 – Identify patients at risk for suicide
  • EP 2 (N=202) – Address the patient’s immediate safety needs and most appropriate setting for treatment.
  • Example Finding: Patients at high risk for suicide were not placed on 1:1 observation. All patients are monitored via every 15-minute observation regardless of level of suicide risk.
NPSG 15 Requirements

• NPSG 15.01.01.01 – Identify patients at risk for suicide
  • EP 2 (N=202) – Address the patient’s immediate safety needs and most appropriate setting for treatment.
  • Example Finding: A patient was identified as low risk for suicide according to the initial risk screen occurring in the emergency department. Upon arrival on the nursing unit, the nurse placed the patient in medium risk precautions. However, the physician documented the patient was at high risk for suicide without implementation of high risk precautions.
NPSG 15 Requirements

• NPSG 15.01.01.01 – Identify patients at risk for suicide
  • EP 1 (N=170) – Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
  • Example Finding: A patient was admitted through the emergency department (ED) to the inpatient psychiatric unit and designated a high risk for suicide. However, there was no documented suicide risk assessment or 1:1 observation while in the ED as required by hospital policy.
Suicide Prevention – NPSG 15

NPSG 15 Requirements

• NPSG 15.01.01.01 – Identify patients at risk for suicide
  • EP 1 (N=170) – Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
  • Example Finding: The organization reported that it had not conducted an environmental risk assessment within the emergency department to identify specific risks that may increase or decrease the risk for suicide. There were environmental risks (ligature) present in the room of a patient reported to be at high suicide risk. However, an assessment was not documented and there was no risk mitigation plan for environmental factors in the room. The patient assessment tool did not include a delineation of risk levels or specifications in care; all patients received every 15 minute monitoring.
NPSG 15 Requirements

• EC.02.06.01 – The hospital establishes and maintains a safe, functional environment.
  
  • EP 1 - Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.
  
  • Example Finding - The following ligature points were identified in each patient’s bathroom on the inpatient behavioral health unit: bathroom door three-hinge closure systems, exposed toilet plumbing, sink faucets, and under sink plumbing
NPSG 15 Requirements

• NPSG 15.01.01.01 – Identify patients at risk for suicide.

  • EP 3 (N=11) – 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.

  • Example Finding: In 2 of 10 patient records reviewed, it was noted that patients who had been assessed and treated for suicide risk were not given specific suicide prevention contact information at the time of discharge. Neither the patient discharge instruction sheet, nurses discharge notes, or the physician discharge summary addressed this requirement.
Suicide Prevention – NPSG 15

NPSG 15 Requirements – Effective July 1, 2019

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Published for Joint Commission-accredited organizations and interested health care professionals, R³ Report provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, R³ Report goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. R³ Report may be reproduced if credited to The Joint Commission. Sign up for email delivery.

National Patient Safety Goal for suicide prevention

Effective July 1, 2019, seven new and revised elements of performance (EPs) will be applicable to all Joint Commission-accredited hospitals and behavioral health care organizations. These new requirements are at National Patient Safety Goal (NPSG) 15.01.01 and 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 there has been no improvement in suicide rates in the U.S., and since suicide is the 10th leading cause of death in the country, The Joint Commission re-evaluated the NPSG in light of current practices relative to suicide prevention.

https://www.jointcommission.org/r3_report_issue_18_national_patient_safety_goal_for_suicide_prevention/
NPSG 15 Requirements – Effective July 1, 2019

• NPSG 15.01.01.01 – Reduce the risk of suicide
  • EP 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).
Suicide Prevention – NPSG 15

NPSG 15 Requirements – Effective July 1, 2019

• NPSG 15.01.01.01 – Reduce the risk of suicide
  • EP 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.
  • EP 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.
  • EP 4 - Document patients’ overall level of risk for suicide and the plan to mitigate the risk for suicide.
NPSG 15 Requirements – Effective July 1, 2019

- NPSG 15.01.01.01 – Reduce the risk of suicide
  - EP 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
Suicide Prevention – NPSG 15

NPSG 15 Requirements – Effective July 1, 2019

• NPSG 15.01.01.01 – Reduce the risk of suicide
  • EP 6 - Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.
  • EP 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.
Suicide Prevention – NPSG 15

Develop a Plan

The Suicide Prevention Portal is a resource for organizations seeking to be in compliance with NPSG 15.01.01 (changes effective July 1, 2019) and the Suicide Risk Recommendations from the Suicide Risk Reduction Expert Panel:

Compliance with NPSG 15.01.01
- EP 1: Environmental Risk Assessment
- EP 2: Validated/Evidence Based Screening Tools
- EP 3 & 4: Validated/Evidence Based Suicide Risk Assessment Tools
- EP 6: Safety Planning Upon Discharge

Compliance with Suicide Recommendations
- May 2019 Perspectives
- January 2019 FAQ Perspectives
- July 2018 FAQ Perspectives
- March 2018 Perspectives
- January 2018 Perspectives
- November 2017 Perspectives

Resources
- General Suicide Reduction Tools
- Resource Compendium
Suicide Prevention – NPSG 15

Develop a Plan

Case Example #3 – Part 1
Suicidal patient slips through the cracks

A patient was brought to the emergency department (ED) via ambulance after being found unresponsive at home from an alcohol and drug overdose. The patient was given Narcan by the EMS prior to arrival and was able to participate during triage.

Upon the patient’s arrival to the ED, a nurse performed a suicide screening using questions adapted for the organization’s electronic medical record (EMR). Though the patient shared that he had recently lost his job and was having relationship issues, he assured the nurse that the overdose was an attempt to relax and sleep, and he denied suicidal ideation. The suicide screening was determined to be negative. While the patient’s social stressors were documented in the nursing notes, they were not directly communicated to the ED physician.

The suicide screen was developed by the organization and was not evidence-based.

The ED physician assessed the patient, noting a decrease in verbal communication.

https://www.jointcommission.org/assets/1/6/Case_Example_3.pdf
Suicide Prevention – NPSG 15

Questions

Join the conversation on The Joint Commission’s Facebook, Twitter and LinkedIn pages