Harbor Performance Initiative

Issue Brief: Preparing for New Suicide Prevention Standards

February 2019

HPI Background

The Harbor Performance Initiative (HPI) was founded in 2011 by leading behavioral health organizations that have an explicit goal to deliver excellent outcomes and increased value in behavioral health care. Participants benchmark selected data measures, share strategies to improve those measures, and actively engage one another on a breadth of strategic and tactical issues.

The HPI Issue Briefs summarize key issues from its quarterly and ad hoc learning segments to help participating organizations improve the quality of their care and enhance their operational best practices in a rapidly changing healthcare and reimbursement environment.

Topic Context

Suicide rates in the U.S. have increased significantly from 1999 until the present, and suicide is now the 10th leading cause of death in the country. The Joint Commission has re-evaluated its National Patient Safety Goal (NPSG) for suicide presentation and aims to implement new practices relative to suicide prevention this year. Seven new and revised Joint Commission elements of performance (EPs) will be in place July 1, 2019.[1]

The new and revised Joint Commission elements of performance (EPs) to be in place July 1, 2019 include:

- Conducting an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and take necessary action to minimize the risk.
- Screening individuals being treated or evaluated for behavioral health conditions as their primary reason for care using a validated tool. "In a behavioral health organization, this would be all individuals served. (Note: The NPSG does not require universal screening in non-BHC settings.)"
- Organizations must develop a plan to mitigate suicide based on an individual's overall level of risk.
- Organizations must follow written policies and procedures for counseling and follow-up care for individuals identified as at risk for suicide.

Despite moving ahead with the new standards, The Joint Commission's own research[2] has found that of the 45,000 deaths annually attributed to suicide, it

is estimated that fewer than 65 of those occur in inpatient settings. That number is well below the previously cited figure of around 1,500 per year.

Challenges and Issues

Overall, HPI participants have reported that implementing some of the new standards can be very costly and disproportionate to the potential risks.

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"We made a number of changes to just about everything. And I think overregulated and under-required is just about correct."

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Members report that updating ligature standards alone cost psychiatric hospitals millions of dollars to achieve last year. There is a growing concern the new measures will increase additional tasks, repairs, trainings, and expenditures *without any off-setting increase in reimbursement rates from governmental or commercial sources.* Other issues voiced include:

- **Strains on resources.** Visits from The Joint Commission leave HPI hospitals with an expensive list of updates, which include interior remodeling and extensive staff re-training.
- **Creating an overly institutional feel.** Many of the changes made after tasked by CMS left provider settings colder and more institutional.

[1] See: The Joint Commission, R3 Report Issue 18, Nov. 27, 2018 https://www.jointcommission.org/assets/1/18/R3_18_Suicide_prevention_HAP_BHC_11_26_18_FINAL.pdf

[2] Incidence and Method of Suicide in Hospitals in the United States Williams, Scott C. et al. Joint Commission Journal on Quality and Patient Safety , Volume 44 , Issue 11 , 643 - 650

- **Implementing decisions made with questionable data.** Members voiced concerns that personnel recommending corrections have little or no behavioral health experience and that the changes they are tasked with are unhelpful to treating issue at hand.

Approaches

During the HPI learning segment, members – many of whom have already completed their Joint Commission surveys - shared knowledge and approaches to assist others in preparing for the new standards going into effect July 1, 2019.

Recommended approaches for preparation include:

- **Environmental risk assessment**– The Mental Health Environment of Care Checklist (MHEOCC)[3] developed for Veterans Affairs to review inpatient mental health units for environmental hazards. The VA brings a wholistic approach and a fresh set of eyes. Treat this as a working document, though assessment may be completed annually.
- **Screening for suicidal ideation** – Conduct comprehensive screening during admission and discharge; conduct additional screenings by nurses every shift. The Columbia tool is the most common approach used. One organization was able to train 400 staff on this tool within two weeks using a standardized curriculum and 10 trainers. Off-shift screening of patients can be problematic. The goal is face-to-face screening within 8 hours of admission.
- **Mitigating risk of suicide attempts** – Some incorporate results of screening into an algorithm which can determine patient safety precaution levels. Patients deemed a high enough risk may be placed under 1:1 care until physician determines differently. Utilize line of sight protocols and/or 8 minute checks.
- **Training and competence assessment of staff** – Develop or share standardized curriculum on suicide prevention (and assessment tools). Identify trainers and make training mandatory.
- **Counseling and follow up care at discharge** – The larger suicide prevention challenge is at the community level. Often there is no way to monitor former patients once they leave the hospital. Some HPI member organization have set up triage therapists for patients to ensure patients are able to be seen very soon after discharge. The organization conducts follow up phone calls through behavioral health services navigators. This process can also be useful for ensuring post-discharge connections are made to ensure other therapeutic measures are met.
- **Monitoring effectiveness of policies and procedures related to the above** – Audit records on an ongoing basis while avoiding excess paperwork as much as possible.

At a systems level, HPI participants recommended working with organizations such as the National Association for Behavioral Healthcare[4] to promote advocacy efforts in response to what "is in essence another un-funded mandate."

Summary

Preparing for and implementing new measures has been a real pain point for Behavioral Health hospitals, but with the approaches above, organizations may limit exposure and prepare for July 1st efficiently. If this is a topic of interest, request to have a discussion with some of the HPI members working on this issue.

About the Harbor Performance Initiative

The Harbor Performance Initiative (HPI) is comprised of some of the nation's leading stand-alone behavioral health hospitals with the common goal of improving quality and enhancing operational best practices in a rapidly changing healthcare and reimbursement environment. The initiative seeks to:

- Improve patient care and organizational performance by providing a venue where leading organizations can share data, operational insights and strategies.

To learn more about the HPI, please contact Scott Good at scottg@crescendocg.com.

[3] For a downloadable spreadsheet see: https://www.patientsafety.va.gov/professionals/onthejob/mentalhealth.asp

[4] https://www.nabh.org/