

# Contents

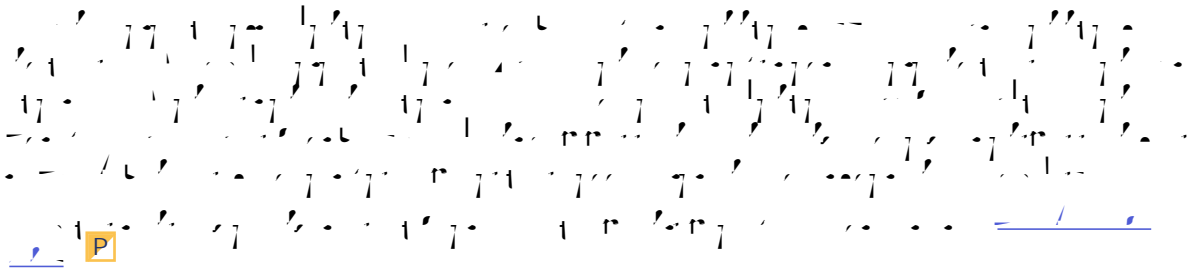
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Approved







**NEXT**



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- Not applicable to the following services:
  - Community-based services, including but not limited to:
    - Community health fairs
    - Outreach services
    - Walk-in clinics

## Understanding the Standard Applicability

The following table provides a brief overview of the applicability of the Standard to various service types. For a more detailed overview of the Standard's applicability, see the Standard's applicability matrix in the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC).

### Behavioral Health Care Program

- For Behavioral Health Care Programs, the Standard applies to all services, including but not limited to:
  - Individual, group, and family therapy
  - Case management
  - Crisis intervention
  - Assessment and diagnostic services
  - Medication management
  - Supportive and psychoeducational services
  - Community referrals and advocacy
  - Assessment and diagnostic services
  - Medication management
  - Supportive and psychoeducational services
  - Community referrals and advocacy
- For Community-based Services, the Standard applies to all services, including but not limited to:
  - Community health fairs
  - Outreach services
  - Walk-in clinics
- For Crisis Intervention Services, the Standard applies to all services, including but not limited to:
  - Crisis hotlines
  - Crisis centers
  - Crisis residential services
  - Crisis residential services

### Home Care Services

- For Home Care Services, the Standard applies to all services, including but not limited to:
  - Home-based therapy
  - Home-based case management
  - Home-based crisis intervention
  - Home-based assessment and diagnostic services
  - Home-based medication management
  - Home-based supportive and psychoeducational services
  - Home-based community referrals and advocacy
- For Community-based Services, the Standard applies to all services, including but not limited to:
  - Community health fairs
  - Outreach services
  - Walk-in clinics
- For Crisis Intervention Services, the Standard applies to all services, including but not limited to:
  - Crisis hotlines
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*Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC).*

Comprehensive Accreditation Manuals for Home Care (CAMHC) Comprehensive  
Accreditation Manual for Nursing Care Centers (CAMNCC)

CAMBHC CAMHC  
CAMNCC

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# The 4 Es of a Reporting Culture




**1. Establish trust**

- Leaders communicate their commitment to building a just reporting culture through a variety of means.
- Government agencies are required to communicate with the public regarding their activities.




**2. Encourage reporting**

- The best organizations understand that reporting is essential to safety, quality, and financial success.
- The organization's management plan is being taken to address or fix safety problems they have identified.
- The organization creates policies and procedures that should be followed. Standards should recognize that a daily, innocuous event is actually an unsafe event or unsafe condition.



**3. Eliminate fear of punishment**

- Those who report are not punished or disciplined for doing so. NOT everyone has the same fear of punishment.
- These reports are not used to discipline or punish individuals.
- Senior leaders, unit leaders, and others in the organization should be held to the same standards.

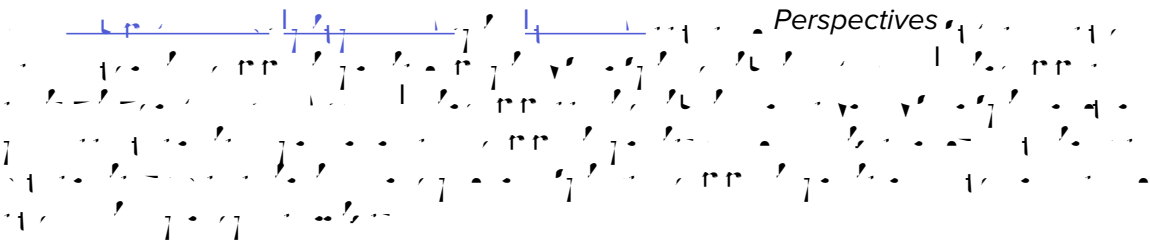


**4. Examine errors, close calls, and hazardous conditions**

- Data is used to identify error-prone situations that are frequently reported and their potential severity.
- Data also is used to identify error-prone situations that are rarely reported.
- Learnings are used to determine what to do differently, rather than their internal review processes and blame system.

See Sentinel Event Alert Issue 60, "Developing a reporting culture: Learning from culture and blame and the need for more information," including examples of establishing trust, adopting a just culture to encourage reporting, learning from close call reporting, leadership engagement and accountability, as well as links to some videos that show leadership communicating commitment to just reporting and regime changes!

# Additional FAQs: Suicide Risk Reduction Recommendations



Perspectives

For questions related to the FAQs or the suicide risk recommendations, please contact the Standards and Interpretation Group (SIG) via the [Standards Online Submission Form](#).

**QUESTION:** Are dropped ceilings allowed in corridors and common areas on an inpatient psychiatric unit?

**ANSWER:** Yes, dropped ceilings are allowed in corridors and common areas where staff are regularly present as allowable by the facility's safety risk assessment. These areas do not need to be in constant view of staff but should be a part of the standard safety rounds conducted by staff (for example, 15-minute patient safety checks, shift-to-shift environmental rounds, and so on).


Dropped ceilings in areas that are not fully visible to staff (for example, a right-angle curve of a corridor) should be noted on the risk assessment and have some additional steps taken to make it more difficult for a patient to attempt to access the space above the dropped ceiling (such as gluing or clipping tiles), which would allow staff to hear or see the patient's suicide attempt and prevent the attempt from occurring.

**QUESTION:** Has The Joint Commission identified any specific items that should not be allowed to be brought on an inpatient psychiatric unit?

**ANSWER:** No, The Joint Commission does not determine the items to be prohibited from an inpatient psychiatric unit. Items that are prohibited to be brought into organizations, due to the risk of harm to self or others, should be determined by the organization. Compliance with such safety measures is based upon organizational policies/procedures, individual care plans, and applicable state rules or regulations.

**QUESTION:** Does The Joint Commission recommend specific ligature-resistant products?

**ANSWER:** No, The Joint Commission does not recommend products. Organizations are required to do the following:

- Comply with the Recommendations for Suicide Prevention in Healthcare Settings (the previously listed articles)
- Conduct a risk assessment of the environment
- Determine which products to appropriately install (based on manufacturers' instructions)
- Ensure that the products are functioning properly to maintain ligature resistance 

# Consistent Interpretation

## Joint Commission Surveyors' Observations Related to Equipment Maintenance

**Consistent Interpretation**

Surveyors observed that the equipment maintenance records were not updated in a timely manner. The records should be updated immediately upon completion of the maintenance activity. The surveyors noted that the records were not updated for several pieces of equipment, which could result in unsafe equipment being used. The surveyors recommended that the facility implement a system to ensure that the records are updated in a timely manner.

**Consistent Interpretation**

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**Note:** Interpretations are subject to change to allow for unique and/or unforeseen circumstances. ▽

**Standard EC.02.04.03:** The hospital's medical equipment maintenance program includes scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory that has a 100% completion rate. AEM frequency is determined by the hospital's AEM program.

**EP 3:** The hospital's medical equipment maintenance program includes scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory that has a 100% completion rate. AEM frequency is determined by the hospital's AEM program.

**Note:** Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.

<b>Compliance Rate</b>	
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<b>Surveyor Observations</b>	<b>Guidance/Interpretation</b>
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## Teamwork and Communication

### 719 Developing Standardized “Receiver-Driven” Handoffs Between Referring Providers and the Emergency Department: Results of a Multidisciplinary Needs Assessment

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*Perspectives*

Perspectives on the future of health care delivery and the role of the Joint Commission in the future of health care.

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