

Zero Suicide & Joint Commission

A Crosswalk of Requirements

The Joint Commission first issued its [R3 Report: Requirement, Rationale, Reference](#) on the Patient Safety Goal 15.0101 on Suicide Prevention in 2018. Organizations accredited by The Joint Commission can use the Zero Suicide framework to help them meet the requirements for suicide prevention.

This resource includes the specific requirement of The Joint Commission, the applicable elements of Zero Suicide, and a list of resources that can provide more information or tools to help organizations.

Joint Commission Requirements of the National Patient Safety Goal for Suicide Prevention	Zero Suicide	Available Zero Suicide Resources
<p>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).</p>	<p>✓ The voices of those with lived experience, particularly those who have the experience of inpatient psychiatric treatment, should be included when developing policies, procedures, and workflows.</p> <p>This could be accomplished through an advisory group that includes people who have lived</p>	<ul style="list-style-type: none"> ▪ Lead section of the Zero Suicide Toolkit (particularly the Lived Experience tab). ▪ TJC Special Report: Suicide Prevention in Health Care Settings

	experience of inpatient treatment for suicide.	
<p>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.</p> <p><i>Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.</i></p> <p>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.</p> <p><i>Note: Elements of performance 2 and 3 can be satisfied using a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation.</i></p>	<ul style="list-style-type: none"> ✓ All individuals are screened for suicide at every encounter using a standardized, evidence-based tool and procedure. ✓ A full assessment of suicide risk is completed with a positive screen to gather information about past suicidal thoughts and behaviors and other related risk factors. An assessment includes information from multiple sources, if possible. 	<ul style="list-style-type: none"> ▪ Identify section of the Zero Suicide website. ▪ Screening and Assessment for Suicide in Health Care (webinar) ▪ Suicide and Serious Mental Illness: An Overview of Considerations, Assessment, and Safety Planning ▪ SAFE-T with C-SSRS Lifetime and Recent
<p>Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.</p>	<ul style="list-style-type: none"> ✓ Results of screening and assessment should be documented in an individual's record according to organization policy and procedure. 	<ul style="list-style-type: none"> ▪ Legal and Liability Issues in Suicide Care (webinar) ▪ Suicide Risk Assessment: Reducing Liability and Improving Outcomes (webinar) ▪ UHS Inpatient Suicide Care Management Plan Template

	<ul style="list-style-type: none"> ✓ Addition of individual on suicide care pathway should be documented in the chart and indicated within the EHR (e.g., chart number turns red, banner within chart) 	
<p>Follow written policies and procedures addressing the care of patients identified as at risk for suicide.</p> <p>At a minimum, these should include the following:</p> <ul style="list-style-type: none"> • Training and competence assessment of staff who care for patients at risk for suicide. 	<ul style="list-style-type: none"> ✓ Assess workforce perception of skill and competence. ✓ Develop training plan to strengthen where deficits are identified. ✓ All employees, clinical and non-clinical, receive suicide prevention training appropriate to their role. ✓ Staff are trained on interventions, treatments, policies, and workflows including for individuals on the care pathway. 	<ul style="list-style-type: none"> ▪ Zero Suicide Workforce Survey ▪ Addendum to Workforce Survey related to providing culturally appropriate safer care in Tribal and IHS-Led Systems ▪ Assessing workforce readiness to provide comprehensive suicide care (webinar) ▪ Suicide Care Training Options
<p>Guidelines for reassessment</p>	<ul style="list-style-type: none"> ✓ Individuals are rescreened (and reassessed if the screen is positive) at every encounter (or at appropriate intervals). ✓ Individuals on care pathway are screened and assessed, safety plan is reviewed and updated, and means safety is discussed 	<ul style="list-style-type: none"> ▪ Train section of the Zero Suicide Toolkit ▪ Engage section of the Zero Suicide Toolkit

	at every encounter (or appropriate intervals).	
Monitoring patients who are at high risk for suicide.	<ul style="list-style-type: none"> ✓ Individuals at high risk of suicide are on a care pathway that includes screening, assessment, safety planning, means safety counseling, follow up for missed appointments, and suicide specific evidence-based treatments. 	<ul style="list-style-type: none"> ▪ UHS Inpatient Suicide Care Management Plan Template ▪ Safety Planning for Youth Suicide Prevention ▪ Safety Planning Guide: A Quick Guide for Clinicians ▪ Counseling on Access to Lethal Means (free online 2 hour course) ▪ Safety Planning and Means Reduction in Large Health Care Organizations (webinar)
<p>Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.</p> <p><i>Note: TJC changed its definition of a sentinel event from 72 hours to 7 days. More information can be found here.</i></p>	<ul style="list-style-type: none"> ✓ Individuals are fully transitioned into the next care provider. ✓ Initiating organization maintains responsibility for the individual until the transition in care is complete (i.e., prescription refills, questions about side effects). ✓ Care transitions can include rapid referral, enhanced follow up, caring contacts, and warm hand-offs. ✓ Can contract with a crisis service provider to provide care transition services. 	<ul style="list-style-type: none"> ▪ Transition section of the Zero Suicide toolkit ▪ Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care ▪ Care Transitions Podcast Series ▪ Safe Care Transitions for Suicide Prevention

<p>Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and act as needed to improve compliance.</p>	<ul style="list-style-type: none"> ✓ Use continuous quality improvement with a Just Culture lens to improve the policies, practices, procedures, workflows, interventions, and treatments provided to individuals in their care. ✓ Fidelity is measured, reviewed, and communicated to staff members. ✓ Errors are reviewed from a systems perspective instead of individual blame. ✓ Postvention policies and activities support staff after a suicide death. 	<ul style="list-style-type: none"> ▪ Zero Suicide Data Dashboard ▪ Zero Suicide: Exploring Data and Evaluation (podcast) ▪ Data-Driven Quality Improvement in Zero Suicide ▪ The Joint Commission's Framework for Conducting a Root Cause Analysis and Action Plan ▪ After a Suicide: The Zero Suicide Approach to Postvention in Health and Behavioral Healthcare Settings (webinar)
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