Questions and Responses: Counterpoint Inquiries to the Joint Commission (presented and answered, as per Joint Commission request, in writing). March 31, 2023.

Do the Joint Commission standards include consideration of emotional safety, and what kind of balance should thus be considered between physical and emotional safety in a treatment environment that identifies a "therapeutic milieu" as a key component of treatment? Do review standards or reviewers look at the degree of therapeutic impact on a unit of a requirement to eliminate a particular ligature risk?
The Joint Commission has standards that require accredited organizations to provide a safe environment for suicidal patients. These requirements vary based on level of care. The Joint Commission requires organizations to treat individuals receiving care in a dignified and respectful manner. The Joint Commission does not define a "therapeutic environment," as this is up to each organization based on their setting and services provided. The Joint Commission does not recommend or require specific products.

Is the perception of changes and more stringent standards accurate? Has the corrected data on deaths been taken into account is assessing the degree of physical safety requirements necessary? (This obviously also cross-relates to the first question, in terms of the decreasing rate of return from such requirements in relationship to the increasing impact on the environment of care.)
Psychiatric hospitalization is intended to provide patients a safe, protected environment designed to heal and stabilize during periods of crisis when they are most vulnerable. The suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting is considered a sentinel event. In the study conducted by The Joint Commission looking at the incidence and method of suicide in hospitals in the United States, analysis of inpatient suicide methods suggested that hanging accounts for the vast majority of inpatient suicides, and that 90% of these occur in private spaces (e.g., bedrooms, bathrooms, closets, showers). Given these realities, hospital prevention efforts are appropriately focused on mitigating risks associated with hanging. Additional suicide prevention efforts may be best directed toward reducing the risk of suicide immediately following discharge. These results were taken into consideration when NPSG.15.01.01 was revised in 2019. Since the revision, the requirements have not changed.

Has the Joint Commission ever formally evaluated these types of impacts on the therapeutic environment created by physical safety restrictions? In what way is the JC educated about or knowledgeable about (what is the basis for expertise regarding) emotional impacts of more sterile environments and restrictions on patient autonomy? Has there been patient input on how these changes impact patient recovery?
Accredited organizations have options when it comes to developing environments that are both safe and conducive to healing. Organizations are responsible for developing policies and procedures to promote individual autonomy and maintain a safe environment.

Has the Joint Commission ever reviewed data regarding: Changes in rates of suicide in the immediate post-discharge time frame (one of the periods of highest risk of suicide) that might correlate with more sanitized inpatient physical environments? Impacts on willingness to return for further

hospitalization by those in need of such care based on suicidality, resulting in higher rates of suicide, based upon negative experiences of the environment in the prior hospitalization?
The Joint Commission is not aware of any data or studies that explore specific characteristics of the inpatient hospital environment and an association with post-discharge suicide rates or psychiatric readmission rates.

If there is no such data or related studies, are there any studies known to be underway? Are there any considerations by the Joint Commission to conduct, to propose to be conducted, or to encourage others to conduct any such studies?
The Joint Commission has an internal panel that is consistently reviewing current research, trends, and recommended best practices related to suicide risk reduction in healthcare.

A couple of specific examples in Vermont hospitals required by JC reviewers, which in some cases may appear minor but create emotional impacts referenced above, especially in their cumulative impact, include… ***(list of examples provided.)***
The Joint Commission is unable to comment on a summary of individual findings during accreditation surveys. There are many organizational specific factors reviewed during a survey that can lead to a requirement for improvement (RFI).