



Ambulatory Management

Joint Commission Preparation Webinar Series
High Risk Patients: July 28, 2020





Zoom Best Practices



- Join the meeting via Zoom first
 - Use of computer audio is highly encouraged
 - If using the phone to connect audio, prompt the meeting to call you
 - Use your webcam (if possible)
- Please remain muted unless invited to speak
- Please send in questions via the Chat
- **This session will be recorded and the recording distributed**

- Patients at Risk for Suicide- *National Patient Safety Goal 15*
Yordanos Girmai BSN, RN, MBA
- Falls Risk: *The hospital assesses and manages the patient's risk for falls- PC.01.02.08*
Donna McCabe, RN
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Clinical Operations | Ambulatory Management

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Purpose & Learning Objectives



- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.
- At the conclusion of today's activity participants will be able to:
 - Relate the steps to reduce the risk of self-harm/suicide in the ambulatory setting
 - Describe the management of an acutely suicidal patient
 - Discuss Joint Commission requirements for falls screening
 - Identify 2 ways to reduce the risk of falls for patients in your practice.
 - Access Falls Screening in EPIC
 - Describe where to look in EPIC for flags/indicators that a patient has been identified as being at risk for falls

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.



2020
National Patient Safety Goal 15
Patients at Risk for Suicide
The Joint Commission

Yordanos Girmai BSN, RN, MBA

MGH Clinical Compliance

Patients At Risk For Suicide

Goal 15:

The hospital identifies safety risks inherent in its patient population.

Patients At Risk For Suicide

- **NPSG.15.01.01: Identify patients at risk for suicide.**

Elements of Performance for NPSG.15.01.01

1. The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).
Note: Noninpatient behavioral health care settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).
2. Screen all individuals served for suicidal ideation using a validated screening tool.
3. Use an evidence-based process to conduct a suicide assessment of individuals served 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.
Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens individuals served for suicidal ideation and assesses the severity of suicidal ideation.
4. Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide.
5. Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. At a minimum, these should include the following:
 - Training and competence assessment of staff who care for individuals served at risk for suicide
 - Guidelines for reassessment
 - Monitoring individuals served who are at high risk for suicide
6. Follow written policies and procedures for counseling and follow-up care at discharge for individuals served identified as at risk for suicide.
7. Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of individuals served at risk for suicide and take action as needed to improve compliance.

NPSG 15 Patients At Risk For Suicide

- EP 1:
- Environmental risk assessments identify features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) - should be conducted in outpatient areas where patients' are seen for a behavioral diagnosis. (Ex. CPC, Charlestown Health Center BH clinic, Home Base, West End Clinic)
- For outpatient areas where patients are being seen for something other than a behavior health reason, a mitigation strategy should be in place for a patient at high risk for suicide while under our care during their outpatient visit.

NPSG 15 Patients At Risk For Suicide

EP 2 & 3:

Outpatient Behavioral Health Clinics – suicide assessment conducted on all patients using a validated screening tool

Outpatient Non-Behavioral Health Clinics – An endorsement of suicidal ideation/self-harm should be considered a positive screen. Provider should be notified to conduct a suicide assessment.

NPSG 15 Patients At Risk For Suicide

EP 4:

If the provider/staff indicate that the patient is at [imminent risk for suicide](#), call Police and Security or 911 for escort to the closest hospital or emergency department. On the MGH campus, Police and Security should be called at 617-726-2121 to escort any patient considered to be at high risk of suicide requiring suicide precautions to the Emergency Department.



NPSG 15 Patients At Risk For Suicide

- Emergency Management of Actively Suicidal Patient on Phone
 - When a caller identifies as actively suicidal, licensed staff will remain on the line with the caller until an appropriate emergency response is activated.



NPSG 15 Patients At Risk for Suicide

EP 5:

Follow written [policies and procedures](#) addressing the care of patients identified as at risk for suicide.

- Do not leave patient alone. Keep patients who are in acute suicidal crisis in a safe health care environment under supervision, including toileting. If unable to create a safer environment, when able, identify a room or area that the patient will be held until they can be transferred to a hospital/higher level of care.
- Notify appropriate clinician to assess patient
- Call Security or 911 for escort to closest hospital or ED

NPSG 15: Patients At Risk For Suicide

Ambulatory Checklist for the Patient at Risk for Suicide and/or Self Harm

<https://hospitalpolicies.ellucid.com/documents/view/1382?product=policy>

ELEMENTS	
Initial Actions	Notes
Do not leave patient alone. Keep patients who are in acute suicidal crisis in a safe health care environment under supervision, including toileting.	
Notify appropriate clinician to assess patient	
Call Security or 911 for escort to closest hospital or ED	
Environmental Monitoring	Notes
<p>Maintain awareness of risks including anchor points for hanging and material that can be used for self-injury. Clinical Staff removes environmental hazards which may include but is not limited to:</p> <ul style="list-style-type: none"> • medical equipment (not attached to the wall)/supplies that may pose risk when not medically necessary • scissors • hospital gloves • calstat • plastic bags (including trash and patient belonging bags) • anything small enough to swallow, e.g. paper clips, pin tack • medications • pens and pencils • sharps box • electrical cords/telemetry wires when not medically necessary • If unable to create a safer environment, when able, identify a room or area that the patient will be held until they can be transferred to a hospital/higher level of care. 	
Emergency Management of Patient Attempting Harm	Notes
DO NOT PLACE SELF AT RISK. Wait for security/police to intervene with patient	
If patient is trying to leave, do not block patient but try to keep patient in sight. DO NOT PUT HANDS ON PATIENT	
Do not attempt to remove dangerous items from patient	
Remove other patients from area, if able	
If medical emergency, activate emergency response	
Emergency Management of Actively Suicidal Patient on Phone	
When a caller identifies as actively suicidal, licensed staff will remain on the line with the caller until an appropriate emergency response is activated.	

NPSG 15 Patients 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.



For more information...

- The National Patient Safety Goals and more information are available on The Joint Commission website at www.jointcommission.org
- Please visit Partners HealthCare System Policy Manager site to view Patients at Risk for Suicide: Care of <https://hospitalpolicies.ellucid.com/documents/view/1382?product=policy>



PC.01.02.08: The hospital assesses and manages the patient's risk for falls.

Screening and Intervention

Donna McCabe, RN

Angela Dalembert, RN

**Does my practice need
to screen for falls?**



Ambulatory:

Increased Severity of Illness & Physically Deconditioned



- Effort to increase access and reduce over-utilization of emergency departments
- Shorter length of stay for many surgical patients, e.g. same day surgery for hip replacements
- Early discharge follow-ups to reduce readmissions
- Increasing longevity— population of 85+ years of age projected to increase from 1% in 2000 to 4.3% in 2050
 - Cognitive impairment – disorientation in unfamiliar surroundings, attentional deficits, judgement
 - Mobility limitations: gait, strength, balance, endurance
- Chronic conditions
- Increasing weight in US



Joint Commission Requirement on Falls



Provision of Care, Treatment and Services:

PC.01.02.08 The hospital assesses and manages the patient's risk for falls.

1. The hospital assess the patient's risk for falls based on the patient population and setting.
2. The hospital implements interventions to reduce falls based on the patient's assessed risk.



Joint Commission Requirement on Falls



Environment of Care

EC.02.06.01

The hospital establishes and maintains a safe, functional environment

A large iceberg floating in the ocean. The tip of the iceberg is visible above the water surface, while the vast majority of the iceberg is submerged below the surface, illustrating the concept of hidden risks or low frequency but high impact events.

Ambulatory Falls

- Safety Reporting
- Low Frequency, High Risk
 - Rate is low per number of visits
 - Risk of injury with each fall
- Injuries to worker not uncommon when trying to prevent or cushion a patient from a fall



Fall classification system

- **Physiological (anticipated).** Most in-hospital falls belong to this category. These are falls that occur in patients who have risk factors for falls that can be identified in advance, such as altered mental status, abnormal gait, frequent toileting needs, or high-risk medications. Key actions to take for prevention include close supervision of the patient coupled with attempts to address the patient's risk factors.
- **Physiological (unanticipated).** These are falls that occur in a patient who is otherwise at low fall risk, because of an event whose timing could not be anticipated, such as a seizure, stroke, or syncopal episode. Appropriate post-fall care coupled with injury prevention measures in the case of recurrence.
- **Accidental.** These falls occur in otherwise low-risk patients due to an environmental hazard. Improving environmental safety will help reduce fall risk in these patients but is helpful for all patients.

- **Communication of fall risk**
- Encourage patients to bring mobility aids – cane, walker
- Offer a wheelchair or assist with ambulation, getting on and off scales, exam tables, etc.
- Reminding patients to ask for help if need to use bathroom
- **Ensure emergency cords are within reach in bathrooms, 6 inches from floor**
- **Provider fall risk assessment – balance, medications, home safety, vision, Vit D level, bone density, hypotension/dizziness, foot problems, etc.**
- Address issues and consider referral to PT/OT, home health, etc.
- Educational materials in EPIC



What is wrong with this picture?



Screening for Falls



- Only licensed clinical staff can assess risk for falls
- Any staff member can administer a screening



Falls screening



EPIC provides an adult **STRIDE Falls Screening** tool that can be used along with the problem list as part of your practice's fall prevention program. Although there is no validated Pediatric Falls Risk Assessment tool, pediatric practices may consider use of the problem list.



Stride Falls Screening (Storyboard)

Also found under Rooming or Additional Documentation activity tab



Screenings



Screening Responses

Depression Screening

Columbia SSRS

Falls Screening

Anxiety

Drug Screening

Tobacco/Audit C

Domestic Violence Screening

Social Determinants of Health

Medicare HRA

Completed Qnrs

Falls Screening - Falls Screening



Time taken: 1139

7/22/2020

Show: All Choices

Values By [+ Create Note](#)

STRIDE Falls Screening

Have you fallen and hurt yourself in the past year?

Yes No

Have you fallen 2 or more times in the past year?

Yes No

Are you afraid that you might fall because of balance or walking problems?

Yes No

Restore

Close

Cancel

Previous

Next



Add At Risk for Falls to Problem List Z91.81



Database Search - Corn,William D

risk for falls

Name	HCC	ICD-10 Code(s)	ICD-9 Code(s)
Risk for falls		Z91.81	V15.88
At high risk for falls		Z91.81	V15.88
At risk for falls		Z91.81	V15.88
Pediatric patient at risk for falls		Z91.81	V15.88
At high risk for falls after spinal surgery		Z91.81	V15.88
At high risk for falls in pediatric patient		Z91.81	V15.88
At high risk for falls per Schmid fall risk assessment scale		Z91.81	V15.88
At risk for falls due to medication		Z91.81	V15.88

8 loaded. No more to load.



Falls Banner in EPIC



The screenshot displays the EPIC Chart Review interface. At the top, there is a navigation bar with tabs for Encounters, Labs, Imaging, Procedures, Surgery, Anesthesia, Cardiology, Neurology, Meds, Notes, Letters, Media, and Referrals. Below this is a search bar and a toolbar with icons for SnapShot with Recent Visits, Active Orders, Index, Comp, and Blood. The main content area shows a yellow banner with the text '***Fall Risk***' on the left and 'Fall Risk' on the right. Below the banner, there are two tabs: 'Demographics' and 'Allergies'.

Adding Falls to the Problem list has additional benefits:

1. Banner is visible to clinicians
2. Fall risk column can be added to the multi-provider schedule and the DAR to view a positive (+) risk for falls.
3. Patient educational materials will be available in EPIC



Contact Hours



- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete all steps below:
- After participating in the Webinar, complete the evaluation* using this Link:
 - <https://www.surveygizmo.com/s3/5746249/JC-Prep-Webinar-4-High-Risk-Patients>

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.



Stay informed



- Ambulatory Communication:
 - MGH/MGPO Ambulatory Management News - weekly e-mails:



- [Ambulatory Blueprint](#)
 - [Ambulatory Joint Commission Preparation](#)
-
- What if I Have Questions?
 - We are here to help:
 - Ambulatory Management Clinical Operations Nurses [MGH Ambulatory Clinical Programs](#)
 - Management Project Managers/Liaisons: [MGH Ambulatory Management](#)



2020 Joint Commission Preparation Webinar Series



Date/Time		Topic
July 7 th	12:00-1:00pm	Joint Commission 101 ✓
July 14 th	12:00-1:00pm	Environment of Care, BioMed, Police & Security and Emergency Management ✓
July 23rd	12:00-1:00pm (Thursday)	Human Resources ✓
July 28 th	12:00-1:00pm	Safeguard High Risk Patients, Falls, Suicide
August 4th	12:00-1:00pm	Infection Control
August 11 th	12:00-1:00pm	Provider Oriented Overview of Key Standards
August 18 th	12:00-1:00pm	Lab and Point of Care Testing (POCT)
September 1 st	12:00-1:00pm	Pharmacy