

Zero Suicide Approach Elements & Joint Commission Element Crosswalk	
Zero Suicide Elements	Joint Commission's Standards and Elements of Performance
Lead	EC.02.06.01
Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles	The hospital establishes and maintains a safe, functional environment
	LD.01.03.01 (A)
	Governance is ultimately accountable for the safety and quality of care, treatment and services
	LD.01.03.01, EP 2 (A)
	Governance provides for organization management and planning.
	LD.01.03.01, EP 3 (A)
	Governance approves the organization's written scope of services
	LD.03.03.01 (A)
	Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.
	LD.04.04.05 (A)
The hospital has an organization-wide, integrated patient safety program	
Train	PC.01.01.01, EP 24
Develop a competent, confident and caring workforce	If a patient is boarded while awaiting care for emotional illness and/or the effects of alcoholism or substance abuse, the hospital does the following: (1) Provides for a location for the patient that is safe, monitored, and clear of items that the patient could use to harm himself or herself or others; (2) Provides orientation and training to any clinical and nonclinical staff caring for such patients in effective and safe care, treatment, and services (for example, medication protocols, de-escalation techniques)
	HR.01.05.03 (B)
	Staff participate in ongoing education and training.
	HR.01.05.03, EP 1 (B)
	Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented
	HR.01.05.03, EP 4 (B)
	Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented
	HR.01.05.03, EP 5 (B)
	Staff competence is initially assessed and documented as part of orientation.
Identify	NPSG.15.01.01, EP 1
Systematically identify and assess suicide risk among people receiving care	Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide
	CTS.02.01.01
	The organization has a screening procedure for the early detection or risk of imminent harm to self or others
	PC.01.02.01
	The hospital assesses and reassesses its patients
	PC.01.02.13
The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders	
Engage	NPSG.15.01.01, EP 2
Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Includes collaborative safety planning and restriction of lethal means	Address the patient's immediate safety needs and most appropriate setting for treatment
	RI.01.02.01 (B)
	The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services
	LD.04.02.03, EP 5 (B)
	Care, treatment and services are provided based on patient needs, regardless of compensation or financial risk-sharing with those who work in the hospital, including staff and licensed independent practitioners
	PC.01.03.01, EP 1 (B)
	The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing
	PC.02.02.01 (B)
	The hospital coordinates the patient's care, treatment and services based on the patient's needs
	PC.02.02.01, EP 17 (B)
The hospital coordinates care, treatment and services within a time frame that meets the patient's needs	
Treat	NGSP.15.01.01, EP 1
Use effective, evidenced-based treatments that directly target suicidal thoughts and behaviors	Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide
	LD.04.04.03, EP 4 (B)
	The hospital's design of a new or modified services or processes incorporates: Evidence-based information in the decision making process.
Transition	NGSP.15.01.01, EP 3
Provide continuous contact and support, especially after acute care	When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family
	PC.04.01.01
	The practice has a process that addresses the patient's need for continuing care, treatment, or services after discharge or transfer.
Improve	PI.01.01.01
Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.	The organization collects data to monitor its performance
	LD.01.03.01, EP 6 (A)
	Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.
	LD.03.05.01 (A)
	Leaders implement changes in existing processes to improve the performance of the organization
	LD.03.05.01, EP 1 (A)
	Structures for managing change and performance improvements exist that foster the safety of patients and residents and the quality of care, treatment, and services
	LD.03.05.01, EP 3 (A)
	The organization has a systematic approach to change and performance improvement.
	LD.04.04.01 (A)
	Leaders establish priorities for performance improvement.
	LD.04.04.01, EP 1 (A)
	Leaders set priorities for performance improvement activities and patient and resident health outcomes
	LD.03.02.01 (A)
	The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
	LD.03.02.01, EP 1 (B)
	Leaders set expectations for using data and information to improve the safety and quality of care, treatment and services
	LD.03.02.01, EP 5 (B)
	The organization uses data and information in decision making that supports the safety and quality of care, treatment, and services.
	LD.03.02.01, EP 7 (B)
	Leaders evaluate how effectively data and information are used throughout the organization.
	PI.02.01.01 (A)
	The organization compiles and analyzes data
	PI.02.01.01, EP 8 (A)
	The organization uses the results of data analysis to identify improvement opportunities
PI.03.01.01 (A)	
The organization improves performance	
PI.03.01.01, EP 2 (A)	
The organization takes action on improvement priorities	
PI.04.01.01 (B)	
The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.	

Acronyms and Additional Resources	
CTS	Care, Treatment and Services
EP	Element of Performance
HR	Human Resources
LD	Leadership
NPSG	National Patient Safety Goals
PC	Provision of Care, Treatment and Services
PI	Performance Improvement
RI	Rights and Responsibilities of the Individual
<i>(A) JC & Centers for Medicare & Medicaid's Quality Assurance and Performance Improvement Crosswalk</i>	A crosswalk between the Joint Commission's Standards and the CMC's QAPI
<i>(B) JC's 2009 Requirements Related to the Provision of Culturally Competent Patient-Centered Care for Hospitals</i>	A document that outlines some of the Joint Commission's Standards and Elements of Care
<i>Additional elements found outside of Sentinel Event Alert #56 are indicated by italics and referenced by either (A) or (B)</i>	

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