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Dear Ms. Marshall:

The American Psychiatric Nurses Association (APNA) applauds The Joint Commission for recognizing the importance of the identifications of hospitalized individuals with psychiatric diagnoses who are at risk for suicide through this National Patient Safety Goal. Because inpatient nurses are the largest workforce providing care for suicidal patients, we are providing the following recommendations for enhancing this patient safety goal.

First, APNA calls for the inclusion of competencies specifically for the nurse assessment and management of inpatient suicide risk. Nurse experts in suicide prevention have identified gaps in inpatient nurse education in this area and that widely accepted nursing practices do not meet suicide-specific standards of care or evidence-based criteria. Therefore, these experts developed nine essential competencies for psychiatric-mental health nurses on the assessment and management of suicide risk. These competencies provide a uniform base of knowledge for inpatient nurses and are now being used to train professionals across the country.

In addition to the use of evidence-based competencies, APNA strongly believes that suicide rates can be reduced through the use of competency-based training, as demonstrated by the following data: Of the nurses who have completed a training associated with the competencies noted above, 96% feel that they will demonstrate a greater awareness and implementation of suicide assessment, management, prevention and safety planning within nursing practice for persons at risk for suicide. Further, 97% of these nurses agree that they will now apply evidence-based tools in suicide assessments, communication, documentation and writing a safety plan to enhance their nursing knowledge and skills in caring for persons at risk for suicide.

Suicide screenings and assessments involve more than numbers on a scale or a box to check. In order to collect the most accurate information and ensure patient safety, there are many considerations which require foundational knowledge. With that in mind, these competencies:

- Provide for thorough understanding of the phenomenon of suicide.
- Position the nurse generalist to be more effective and efficient in the process of the screening/assessment which leads to more effective interventions.

- Promote the formation of the therapeutic relationship, which is a key element needed for an individual to disclose their level of suicidal intent.
- Address risk factors that are supported by research and help nurses distinguish between risks and warnings. This distinction in and of itself can be life-saving.
- Promote a shared model of understanding and clear communication across disciplines through the use of Centers for Disease Control-approved language and consistency with AMSR competencies for other disciplines.
- Were systematically developed and tested with a modified Delphi approach, drawing from current available evidence and expertise.

Beyond these competencies, APNA would like to stress that in any documentation seeking to promote patient safety through the prevention of suicide:

- Warning signs should be included in the identification of 'risk factors'
- Policies and procedures should include how risk is communicated as well as interventions to make the environment safe
- Screening is different than assessment, in that assessment requires training
- Suicide risk assessment training should be updated every 2 years to ensure up-to-date information.
- Staff should be trained in suicide risk assessments every 2 years (similar to a CPR model).

Since 2006, suicide rates in the US have been steadily rising. APNA believes that the lack of standardized competencies across health care disciplines has contributed to this. We therefore urge The Joint Commission to go beyond the status quo and make a true impact on suicide rates by advancing evidence-based competencies in the assessment and management of suicide risk. Thank you for the opportunity to comment on this National Patient Safety Goal and once again, APNA applauds The Joint Commission for its attention to this matter.

Be Safe,



Nicholas Croce Jr., MS
Executive Director