

## ALIGNMENT

# The Joint Commission Comprehensive Accreditation Manual for Hospitals

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Alignment to Crisis Prevention Institute, Inc.  
(CPI) training programs

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## Alignment to Crisis Prevention Institute, Inc. (CPI) training programs

For more than 40 years, CPI has supported hospitals and health facilities that strive to provide the safest environment for staff, patients, and visitors. Not only will CPI training programs meet the expectations outlined in the Joint Commission Comprehensive Accreditation Manual for Hospitals, CPI's train-the-trainer programs and its family of advanced programs also offers a comprehensive array of curriculums that can meet all the needs an organization has for supporting a violence free workplace with an emphasis on crisis intervention and de-escalation techniques to better assist staff with achieving this goal.

Additionally, by participating in CPI training programs, staff will gain the skills and confidence necessary to handle crises with minimal anxiety and maximum security. The training will help staff intervene more safely when behavior becomes dangerous and most importantly it won't damage the professional bond that healthcare staff have worked so hard to establish with their patients.

The following chart is designed to assist you in identifying some of the ways in which CPI's training programs can help hospitals and other medical facilities comply with the Joint Commission standards. It may also assist you in identifying areas that may require a review and/or revision in your facility's policies and procedures.

Environment of Care	Correlation with CPI Training Programs
<p>Standard EC.01.01.01</p> <ul style="list-style-type: none"> <li>The hospital plans activities to minimize risks in the environment of care.</li> </ul> <p>Rationale for EC.01.01.01</p> <ul style="list-style-type: none"> <li>The best way to manage these risks is through a systematic approach that involves the proactive evaluation of the harm that could occur. By identifying one or more individuals to coordinate and manage risk assessment and reduction activities - and to intervene when conditions immediately threaten life and health - organizations can be more confident that they have minimized the potential for harm.</li> </ul> <p>Standard EC.02.01.01</p> <ul style="list-style-type: none"> <li>The hospital manages safety and security risks. <ul style="list-style-type: none"> <li>Examples of security risks include workplace violence.</li> </ul> </li> </ul> <p>Elements of Performance for EC.02.01.01</p> <ul style="list-style-type: none"> <li>The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.</li> <li>The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.</li> <li>The hospital conducts an annual work-site analysis related to its workplace violence program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. <ul style="list-style-type: none"> <li>Note: A work-site analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence events, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.</li> </ul> </li> </ul>	<p>CPI training programs offer risk assessment criteria to be used by staff during any perceived threat as a means of assessing a potentially dangerous situation and how to appropriately respond to the situation to ensure the greatest level of safety for everyone involved. This assessment is focused on evaluating the severity and likelihood of specific behaviors and assessing the appropriate response to a situation to ensure the greatest level of safety for all involved.</p> <p>CPI training programs focus on prevention by recognizing the early warning signs of potential crisis situations and equipping staff with nonverbal and verbal de-escalation skills. The program teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence.</p> <p>CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. CPI's Policy Development Series can be instrumental in helping your organization develop and review your organization's policies and procedures. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed.</p> <p>CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. CPI's Policy Development Series can be instrumental in helping your organization develop and review your organization's policies and procedures. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed. CPI's implementation team can assist with identifying the appropriate staff to manage this process and ensure it aligns with the Joint Commission standards.</p>

Environment of Care	Correlation with CPI Training Programs
<p>Standard EC.04.01.01</p> <ul style="list-style-type: none"> <li>• The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following: <ul style="list-style-type: none"> <li>o Injuries to patients or others within the hospital's facilities;</li> <li>o Occupational illnesses and staff injuries;</li> <li>o Incidents of damage to its property or the property of others;</li> <li>o Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.</li> <li>o Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions as well as to the designated leader of the workplace violence reduction effort. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.</li> <li>o Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.</li> </ul> </li>   <li>• Based on its process(es), the hospital reports and investigates the following: <ul style="list-style-type: none"> <li>o Security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.</li> </ul> </li> </ul>	<p>CPI's programs, resources, and services can be instrumental in ensuring the timely implementation of training, policies, and procedures to meet strict deadlines or requirements.</p> <p>CPI recommends that you document each incident of violence as part of the post-incident process. Staff should evaluate each incident through the lens of the <i>Nonviolent Crisis Intervention</i>®, 2<sup>nd</sup> Edition Training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.</p> <p>The NCI™ 2<sup>nd</sup> Edition Training program provides a model for assessing and gathering incident data to aid staff in performing the important evaluation process.</p>

## Human Resources

## Correlation with CPI Training Programs

Elements of Performance for HR.01.05.03

- As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:
  - o What constitutes workplace violence;
  - o Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement;
  - o Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents;
  - o The reporting process for workplace violence incidents.

CPI's approach to organizational assessment—discover, diagnose, design, and deliver—is a proven method for creating and implementing effective, impactful, and most importantly, sustainable workplace violence prevention training programs. Using proprietary tools, CPI can also complete a risk assessment for all staff, ensuring they are trained at the appropriate level based on their role and responsibilities.

The NCI™ 2<sup>nd</sup> Edition Training program uses both verbal and physical interventions. We train that the least restrictive form of intervention should always be considered and utilized first, prior to the use of any physical restraint. Within this training, we also introduce a risk assessment matrix which helps staff to consider what level of intervention to utilize based on the level of risk. The Decision-Making Matrix<sup>SM</sup> and Physical Skills Review both assist staff decision-making in the use of physical restraints. The physical restraints include lower-, medium-, and higher-level holding skills to safely manage risk behavior. Our Advanced Physical Skills course also includes the use of Emergency Floor Holding which is designated as higher-level holding. Beyond physical restraints, CPI does not teach or speak to any other form of restraint (such as mechanical or chemical).

CPI's train-the-trainer model ensures that the training and the related materials are easily customizable to meet the needs of the staff engaged in the training and provides practice, roleplaying real-life scenarios, and problem-solving activities to ensure that staff remain engaged in learning. In addition, our eLearning offerings are designed to be highly interactive and engaging, and incorporate numerous learning strategies effective with adult learners. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering, makes it easy to roll out training to all.

**Leadership****Correlation with CPI Training Programs**

Elements of Performance for Standard LD.03.01.01

- The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
  - o Policies and procedures to prevent and respond to workplace violence;
  - o A process to report incidents in order to analyze events and trends;
  - o A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary;
  - o Reporting of workplace violence incidents to the governing body.

As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the NCI™ 2<sup>nd</sup> Edition Training program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.

The NCI™ 2<sup>nd</sup> Edition Training program is easily customized, making it simple for staff to incorporate organizational policy into each discussion area within the curriculum. It also aids in helping create individually personalized responses for case-specific situations.

CPI's implementation team can assist with identifying the appropriate staff to manage this process and ensure it aligns with the Joint Commission standards.

**Provision of Care, Treatment, and Services****Correlation with CPI Training Programs**

## Standard PC.01.02.13

- The hospital assesses the need of patients who receive treatment for emotional and behavioral disorders.

## Standard PC.03.05.01

- The hospital uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.

## Elements of Performance for PC.03.05.01

- The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.
- The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.
- The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.
- The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.
- The hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.

## Standard PC.03.05.03

- The hospital uses restraint or seclusion safely.

## Elements of Performance for PC.03.05.03

- The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.
- The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care.

## Standard PC.03.05.05

- The hospital initiates restraint or seclusion based on an individual order.

## Elements of Performance for PC.03.05.05

- A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.
- The hospital does not use standing orders or PRN (also know as "as needed") orders for restraint or seclusion.

## Standard PC.03.05.07

- The hospital monitors patients who are restrained or secluded.

## Elements of Performance for PC.03.05.07

- Physicians, other license practitioners, or staff who have been trained in accordance with 42 CFR 482.13(f) to monitor the condition of patients in restraint or seclusion.

The CPI program teaches staff about the signs of aggression, how to respond to them, and how to read a situation for indicators of violence.

The NCI™ 2<sup>nd</sup> Edition Training Program uses both verbal and physical interventions. We train that the least restrictive form of intervention should always be considered and utilized first, prior to the use of any physical restraint. Within this training, we also introduce a risk assessment matrix which helps staff to consider what level of intervention to utilize based on the level of risk. The Decision-Making Matrix<sup>SM</sup> and Physical Skills Review both assist staff decision-making in the use of physical restraints. The physical restraints include lower-, medium-, and higher-level holding skills to safely manage risk behavior. Our Advanced Physical Skills course also includes the use of Emergency Floor Holding which is designated as higher-level holding. Beyond physical restraints, CPI does not teach or speak to any other form of restraint (such as mechanical or chemical).

As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the NCI™ 2<sup>nd</sup> Edition training program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.

CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. CPI's Policy Development Series can be instrumental in helping your organization develop and review your organization's policies and procedures. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed.

CPI teaches that all interventions should be continuously monitored face-to-face to assess the level of imminent risk and signs of distress that may occur when using restraint and/or seclusion.

In the NCI™ 2<sup>nd</sup> Edition Certified Instructor Manual, CPI provides a chart for the continual assessment of signs of distress. The chart reviews things an observer might hear or see and draws a correlation to which system of the body could be in distress as a result of the intervention.

**Provision of Care, Treatment, and Services****Correlation with CPI Training Programs**

## Standard PC.03.05.09

- The hospital has written policies and procedures that guide the use of restraint or seclusion.

## Elements of Performance for PC.03.05.09

- The hospital's policies and procedures regarding restraint or seclusion include the following:
  - The hospital manages safety and security risks.
    - o Physician and other licensed practitioner training requirements.
    - o Staff training requirements.
    - o The determination of who has authority to order restraint and seclusion.
    - o The determination of who has the authority to discontinue the use of restraint or seclusion.
    - o The determination of who can initiate the use of restraint or seclusion.
    - o The circumstances under which restraint or seclusion is discontinued.
    - o The requirement that restraint or seclusion is discontinued as soon as is safely possible.
    - o A determination of who can assess and monitor patients in restraint or seclusion.
    - o Time frames for assessing and monitoring patients in restraint or seclusion.
    - o A definition of restraint.
    - o A definition of seclusion.
- Physicians and other licensed practitioners authorized to order restraint or seclusion (through hospital policy in accordance with law and regulation) have a working knowledge of the hospital policy regarding the use of restraint and seclusion.

## Standard PC.03.05.15

- The hospital documents the use of restraint or seclusion.

## Elements of Performance for PC.03.05.15

- Documentation of restraint and seclusion in the medical record includes the following:
  - o Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior.
  - o A description of the patient's behavior and the intervention used.
  - o Any alternatives or other less restrictive interventions attempted.
  - o The patient's condition or symptom(s) that warranted the use of the restraint or seclusion.
  - o The patient's response to the intervention(s) used, including the rationale for the continued use of the intervention.
  - o The intervals for monitoring.
  - o The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion.

CPI's program teaches that any emergency intervention should be used as a last resort, when the individual is an immediate danger to self or others, and when less restrictive interventions have been tried and have failed or are deemed inappropriate.

Interventions taught by CPI have been designed to minimize the risk of injury to patients and staff. As such, interventions are meant to be free of pain and do not include the use of pressure points or joint locks. While no intervention is completely free of risk from risk of injury to patients or staff, all of CPI's interventions have been independently assessed for risk of psycho-social, soft tissue, joint, structural, neurological, cardio-vascular and respiratory injury to both patients and staff.

It is the core belief of CPI that every effort should be made to prevent the need for physical restraint. We teach that physical restraint should only be used as a very last resort when all nonphysical options have been exhausted. For last-resort circumstances, we teach safer, nonharmful restraint techniques that are the most adaptable in the industry.

CPI training teaches staff to consider the potential psychological, physiological and social-emotional effects that physical restraint or physical violence can have on an individual. In the training program, staff learn ways to minimize or eliminate these effects whenever possible throughout their prevention, intervention and post-intervention efforts.

CPI recommends that each incident of restraint be documented as part of the post-incident process. Staff should evaluate each incident through the lens of the NCI™ 2<sup>nd</sup> Edition Training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.

The *Nonviolent Crisis Intervention*®, 2<sup>nd</sup> Edition Training program provides a model for assessing and gathering incident data to aid staff in performing the important evaluation process. In addition, CPI offers a comprehensive means of documenting and recording staff training and provides verifiable certification records for each staff trained in CPI courses.

**Provision of Care, Treatment, and Services****Correlation with CPI Training Programs**

## Standard PC.03.05.17

- The hospital trains staff to safely implement the use of restraint or seclusion.

## Elements of Performance for PC.03.05.17

- The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:
  - o At orientation.
  - o Before participating in the use of restraint and seclusion.
  - o On a periodic basis thereafter.
- Based on the population served, staff education, training, and demonstrated knowledge focus on the following:
  - o Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion.
  - o The use of nonphysical intervention skills.
  - o Methods for choosing the least restrictive interventions based on an assessment of the patient's medical or behavioral status or condition.
  - o Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).
  - o Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
  - o Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion.

CPI's train-the-trainer model ensures that the training and the related materials are easily customizable to meet the needs of the staff engaged in the training and provides practice, roleplaying real-life scenarios, and problem-solving activities to ensure that staff remain engaged in learning. In addition, our eLearning offerings are designed to be highly interactive and engaging, and incorporate numerous learning strategies effective with adult learners. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering, makes it easy to roll out training to a large number of staff.

The NCI™ 2<sup>nd</sup> Edition Training program is designed to be interactive and allows continual opportunity for questions and answers. Whether delivered in-person or via our blended delivery option, our train-the-trainer approach ensures that knowledgeable staff are always available to assist your organization with questions or concerns they may have. In addition, CPI leads the training industry with online learning options. From in-person classroom style training to our Blended Delivery model and Prevention First™ Online Training, you have numerous options to choose from. Many CPI programs are also integrated with topics that are deeply relevant to the health care field, such as Trauma-Informed Care.

Restraint and seclusion should be utilized only by staff who have current training in the organization's approved interventions. CPI recommends that all staff receive a formal refresher training program every six to 12 months.

**Rights and Responsibilities of the Individual****Correlation with CPI Training Programs**

## Standard RI.01.06.03

- The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

## Elements of Performance of Standard RI.01.06.03

- The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.
- The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital.

CPI training programs are built on the fundamental principles of *Care, Welfare, Safety and Security*<sup>SM</sup> for patients and staff alike. Abuse of any kind including the infliction of emotional trauma, humiliation and other verbal abuse is not consistent with the tenets of our programs.

The material contained in this alignment is provided for informational purposes only and is not intended to constitute legal advice. Legal counsel should be consulted regarding the specific application of this information to your organization. For more information on this rule, please contact the Department of Health and Human Services Centers for Medicare & Medicaid Services at 410.786.6899. For more information on the CPI NCI™ 2<sup>nd</sup> Edition Training program, please contact CPI at **800.558.8976**.

Please note, as evidence of our national recognition, that CPI's NCI™ Instructor Certification Program was used as a model when the Centers for Medicare & Medicaid Services calculated the cost estimate with regard to the implementation of a train-the-trainer program in your setting. For further information on this regulation or to request additional information about the *Nonviolent Crisis Intervention*®, 2<sup>nd</sup> Edition Instructor Certification Program, call **800.558.8976** or visit **[crisisprevention.com](http://crisisprevention.com)**.