

National Association for Behavioral Healthcare



Access. Care. Recovery.

3 April 2024

Stacey Paul, MSN, RN, APN, PMHNP-BC
Project Director, Healthcare Standards Development
Department of Standards and Survey Methods
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Sent Electronically

Dear Ms. Paul:

The National Association for Behavioral Healthcare (NABH) appreciates the opportunity to comment on The Joint Commission's proposal to modify standards on the use of physical holds for children and youth, which currently are included in the restraint, seclusion, and physical holding standards within the Behavioral Health Care and Human Services Program.

NABH members provide the full continuum of behavioral healthcare services, including treating children, adolescents, adults, and older adults with mental health and substance use disorders (SUD) in inpatient behavioral healthcare hospitals and units, residential treatment facilities, partial hospitalization and intensive outpatient programs (IOP), medication-assisted treatment centers, specialty outpatient behavioral healthcare programs, and recovery support services in 49 states and Washington, D.C.

It appears that this proposed change would apply to NABH-member group homes, foster care, non-hospital residential treatment programs, and perhaps others. We note that many of these organizations are accredited by the Council on Accreditation.

This proposal would combine the current physical holding standards for children and youth with existing standards for restraints and seclusions for all individuals served. The Joint Commission's stated intent for this proposal is that physical holds are a type of restraint. In addition, the proposal states that the current organizational framework for this policy is causing confusion in the field.

Before The Joint Commission advances in considering whether and how to update these standards, we first request a response to the questions below. Such insights will help NABH and other stakeholders provide more meaningful feedback on this proposal, following such clarifications. Without further



background on the proposal, it is difficult to evaluate the need for the proposed change.

A Policy Rationale is Needed

In its proposal, The Joint Commission did not provide an adequate policy, patient safety, or other rationale for this change. Rather, its reference to “confusion in the field” – the possible rationale – was not explained, and as such, stakeholders are left with no understanding of the actual confusion. **Consequently, NABH and our members are left wondering why this proposal is needed.** Moreover, absent a justification for the proposal, we cannot evaluate whether another remedy, such as training, policy clarifications, or additional resources also should be considered. **Therefore, we urge The Joint Commission to first provide details and evidence on the scenarios and patients affected by this issue, including how this particular approach would fix the problem.**

In addition, if The Joint Commission is proposing this change with the goal of advancing best practices on physical holds in order to advance quality of care and/or patient and staff safety, which we would support, we ask for information on the origin and outcomes data that demonstrate the efficacy of the proposed best practice relative to improved patient care, as well as patient and staff safety.

An Impact Estimate is Needed

On a practical note, the merging of these standards likely would require additional resources for affected providers. For example, higher staffing standards would apply, such as the need for 24/7 availability of a physician or nurse practitioner to now order restraints. In addition, achieving compliance with this higher standard could be affected by practitioner shortages and higher compensation demands in the employee marketplace. **Therefore, we request an estimate of additional personnel and other provider costs that would result from the proposed change, including any extra accreditation costs.**

Possible Connection to Workplace Violence

Regarding workplace violence, a priority concern of the NABH, we ask The Joint Commission to specify whether this variable is the sole or one of several drivers of this proposal. If so, please share any related background and data to explain the scope of the current problem relative to workplace violence and the extent to which the proposed remedy is projected to reduce these incidents.

Given the potential ramifications of this change, we request a meeting with key staff of The Joint Commission to discuss this issue prior to finalization of this proposal. Such a meeting would provide an opportunity for partnership on this issue.

**National
Association
for Behavioral
Healthcare**



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Thank you for your time and attention to our concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shawn Coughlin'. The signature is fluid and cursive, with the first name 'Shawn' and last name 'Coughlin' clearly distinguishable.

Shawn Coughlin
President and CEO