Vital Stats

» In 2012 40,600 suicides occurred in the U.S. (111 each day). More than 20% were between the ages of 45-59 years of age.

» Men suicide rate in 2012 20.3 and women at the rate of 5.4

» Someone dies every 12.9 minutes in the United States by suicide

» Suicide is the 10th leading cause of death overall, and the third leading cause of death among youth 10-24

  ~ **All ages**: More deaths than prostate cancer, hypertension, liver disease, leukemia, asthma and HIV

  ~ **Adolescents**: More deaths than cancer, heart disease, heart attack, stroke, and the flu *combined*

» In 2004 the Joint Commission reviewed 40 suicides, in 2008 the number was 102. In 2011, the number was 131.

» There were more than 165,000 hospital admissions for self-injurious behaviors and 666,000 visits to hospital emergency rooms in 2008 (CDC)
Suicide Events
Reviewed by The Joint Commission
(Of any individual receiving care, treatment or services in a staffed around-the-clock care setting or within 72 hours of discharge)

Sentinel Event Alert #7: "Inpatient Suicides: Recommendations for Prevention" November 1998

Sentinel Event Alert #46: "A Follow-Up Report on Preventing Suicide" November 2010

Definition revised to include suicide within 72 hours of discharge: March 2005

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Root Cause Information for Suicide Events Reviewed by The Joint Commission

(Suicide of any individual receiving care, treatment or services in a staffed around-the-clock care setting or within 72 hours of discharge)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 through 2Q 2014 (N=814)</td>
<td>The majority of events have multiple root causes</td>
</tr>
<tr>
<td>Assessment</td>
<td>645</td>
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<tr>
<td>Communication</td>
<td>466</td>
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<td>Human Factors</td>
<td>434</td>
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<tr>
<td>Leadership</td>
<td>405</td>
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<td>Physical Environment</td>
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<td>Information Management</td>
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<td>Continuum of Care</td>
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<tr>
<td>Care Planning</td>
<td>144</td>
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<tr>
<td>Medication Use</td>
<td>24</td>
</tr>
<tr>
<td>Special Interventions</td>
<td>22</td>
</tr>
</tbody>
</table>

The reporting of root cause events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.
Case Study of Inpatient Suicides

Case study of 65 inpatient suicides:
» 34 Psychiatric hospital
» 27 General hospital
  • 14 Psychiatric unit
  • 12 Med/Surg unit
  • 1 Emergency room
~ 4 Residential facility
» 75% hanging
» 20% jumping from roof or window
Joint Commission Root Cause Analysis

» Environment of care
» Patient assessment methods
» Incomplete reassessment and incomplete examination of patient (failure to identify contraband)
» Staff-related factors; orientation, training competency, staffing level
» Incomplete or infrequent observation
» Inadequate communication and/or documentation
» Care planning
Joint Commission Standards

» Joint Commission 15a - The organization identifies patients at risk for suicide.

» To whom does the standard apply?
  - Acute **psychiatric facilities**
  - Medical facilities with **embedded psychiatric units**
  - Emergency Departments treating patients with a **chief complaint of psychiatric crisis** and/or suicide ideation or attempt
  - BHC settings

» Joint Commission Sentinel Alert #46, 2010: Focus on medical/surgical units and the ED
NPSG 15a – Elements of Performance

1. The suicide risk assessment includes identification of specific factors and features that may increase or decrease the risk for suicide.

2. The healthcare organization addresses the patients’ immediate safety needs and the most appropriate setting for treatment.

3. The healthcare organization provides information in regard to crisis situations to individuals and their families.
Who to assess

» All patients in psychiatric facilities
» All patients in general hospital with a primary diagnosis or complaint of emotional or behavioral disorder
» Patients in facilities surveyed under BHC standards (not critical access facilities)
» Any patient with suicidal ideation or behaviors.
» Any patient attempting suicide
What to assess

» Ideation, intent, plan, access, lethality
» Psychiatric illness, current status
» Physical illness, current functioning
» Hopelessness
» Substance abuse
» Current Stressors and history
» Demographic risks

Risk increases significantly when multiple risk factors are present
When to Assess

» Initial point of access
» Change in level of care
» Change in condition, mental or emotional status
» Prior to discharge
How to Assess

» Ask directly about suicidal ideation, intent, plan, means availability, and history (personal & family).

» Get information from…
  ~ Patient
  ~ Family
  ~ Friends
  ~ Medical history
  ~ Referring treatment provider

» No assessment is failsafe
Columbia-Suicide Severity Rating Scale (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

» Developed by leading experts/evidence-based

» Feasible, low- burden (typical admin time 5 minutes)

» Assesses both behavior and ideation,

» Appropriately assesses and tracks suicidal events

» Uniquely address the need for a summary measure of suicidality
C-SSRS Algorithm for Suicide Assessment: Codes

**Suicidal**

1. Completed Suicide
2. Suicide Attempt
3. Preparatory Actions Towards Imminent Suicidal Behavior
4. Suicidal Ideation

**Intermediate**

5. Self-injurious Behavior Intent Unknown
6. Not Enough Information: Death
9. Not Enough Information: Non-Death

**Non-suicidal**

7. Self-Injurious Behavior Without Suicidal Intent
8. Other (Accident; Psychiatric; Medical)
Psychosocial risk and protective factors

» Protective Factors
  ~ Support
  ~ Hope
  ~ Access to care
  ~ Coping skills
  ~ Belief System

» Risk Factors
  ~ Current stressors
  ~ Lack of support system
  ~ No access to care
  ~ Resistance to treatment
  ~ Poor coping skills
  ~ Trauma history
  ~ Substance use
  ~ Mental illness
  ~ Physical illness/pain
Observation, monitoring, and level of care

» Any patient KNOWN or SUSPECTED to be suicidal (or homicidal) will have constant observation and supervision until it has been determined the patient is no longer a threat to self or others.

» Policy M-47 – Patients Suspected or Determined to be a Danger Self, Others, or Gravely Disabled.

» Mosby’s Nursing Skills – Suicide Precautions or P-6 Clinical Guideline: Care of the Pediatric Suicidal Patient
Suicide Precautions: Hospital Interventions

» Order psychiatric consult
» 1:1 staffing
» Monitor visitors and visitor property
» Restrict to unit
Suicide Precautions: Belongings

» Secure **personal property** (specify)
» Belts, shoelaces, cords
» Sharps, glass
» Pencils, pens, etc.
» Chemicals, medications
» Personal products
» Bandages, casts, dressings, etc.
Suicide Precautions: Environmental

» Initial and ongoing contraband checks
» Doors to remain open
» Monitor while using bathroom
» Monitor all sharps and chemicals
» Plastic utensils, no knives on tray
» Monitor linens
» Periodic room checks for contraband
» Consider room close to nurse’s station
» EOC precautions
Suicide Precautions: Medication

» Monitor medications, offer PRN
» Medications in liquid, chewable, dissolving form
» Monitor compliance
» Discharge medications
  ~ Lethality
  ~ Family monitoring
  ~ Blister packs
Documentation and Monitoring

» Suicide Risk Screens and Assessment Forms:
  ~ Columbia Suicide Severity Risk Scale
  ~ Suicide Risk Screen
  ~ 4 Questions for ED

» Q 15 minute checks

» Progress notes & timeframes

» Assessment/Reassessment
Suicide Precautions: Discharge Planning

» Evaluate suicide risk prior to discharge
» Review patient safety plan at the time of discharge (with patient and family)
» Use of safety contracts
» Secure weapons, medications
» Follow up care
» Patient/responsible party will be given crisis referral information in addition to the Discharge Plan
New Suicide Screening

» Based on Current Suicide Screening a new Screening Row “Have you, or are you now, having any thoughts of harming yourself” added the Admission Assessment for all areas excluding BMC

» Best Practice Alert (BPA) created to fire if user selects “Yes” from Suicide Screening.

» BPA will fire once for Nursing, Physicians, NP’s, and Residents

» BPA will have Psychosocial Care Plan, Safety Precautions, Consult to Psychiatry and Pediatric Psychiatry Consult orders pre-selected

» Users will be able to unselect in the inappropriate Psychiatry Consult Order

» If user selects “Accept”

  » The Psychosocial Care Plan will be added to the Care Plan
    » The user will be taken to the Order Entry with the Safety Precautions, Consult to Psychiatry and Pediatric Psychiatry Consult orders ready for user signature. If the user doesn’t remove the inappropriate Psychiatry Consult Order at the BPA they can remove it from the Orders Entry activity

  » For the Safety Precautions order The Type of Precaution is defaulted with “Suicide Precaution”

» For the Consult to Psychiatry and Pediatric Psychiatry Consult orders the Reason for Consult is defaulted with “Potential Suicide Patient”. These can be changed by the user
New Admission Suicide Screening for inpatient areas excluding the BMC
If user selects “Yes” from the Suicide Screening, a Best Practice Alert (BPA) will be generated with the Psychosocial Care Plan, Safety Precautions, Consult to Psychiatry and Pediatric Psychiatry Consult orders pre-selected. The user will be able to uncheck either Consult to Psychiatry or Pediatric Psychiatry Consult to remove the one that is not appropriate. Once the user selects “Accept” the Care Plan will be automatically added and it will take the user to the order entry activity with the Safety Precautions, Consult to Psychiatry, and/or Pediatric Psychiatry Consult orders queued up with the reason for precautions equal to “Suicide” and reason for the consults equal to “Potential Suicide Patient”.
Orders from the BPA alert queued up and ready for user to sign. If the user didn’t remove the incorrect consult order from the BPA, they can remove the order from here by selecting “Remove”. The Reason for Consult and Type of Precaution have already been filled out but, users have the option to modify any of the order details before signing the order.
Staff Competencies

Demonstrate the following skills critical in assessing suicidal thoughts and actions:

- Can identify **risk and protective factors** for suicidal behavior
- Can assess areas of **intent, plan, means**, social support
- Can assess **youth and senior specific** areas of concern
- Knowledgeable of **disposition within the hospital** to provide the appropriate level of care
- Knowledgeable of **documenting requirements**
- Knowledgeable of **ethical and legal issue** of suicide
- Demonstrates **awareness** of environmental hazards and safety precautions
- Demonstrates skill in providing for the immediate **safety needs** of the suicidal patient
Policies / Regulatory Requirements

» M-47 Patients Suspected or Determined to be a Danger to Self or Others
» Joint Commission
» National Patient Safety Goals
Resources

» American Association of Suicidology website, www.suicidology.org
» The Texas Medical Algorithm Project (www.medal.org)
» Columbia Suicide Severity Risk Scale http://www.cssrs.columbia.edu/
» Pediatrics: Detecting Suicide Risk in a Pediatric ED http://neoreviews.aappublications.org/content/pediatrics/107/5/1133.full#sec-8
Thank You!