



# Providing Safe Care for the High Suicidal Patient

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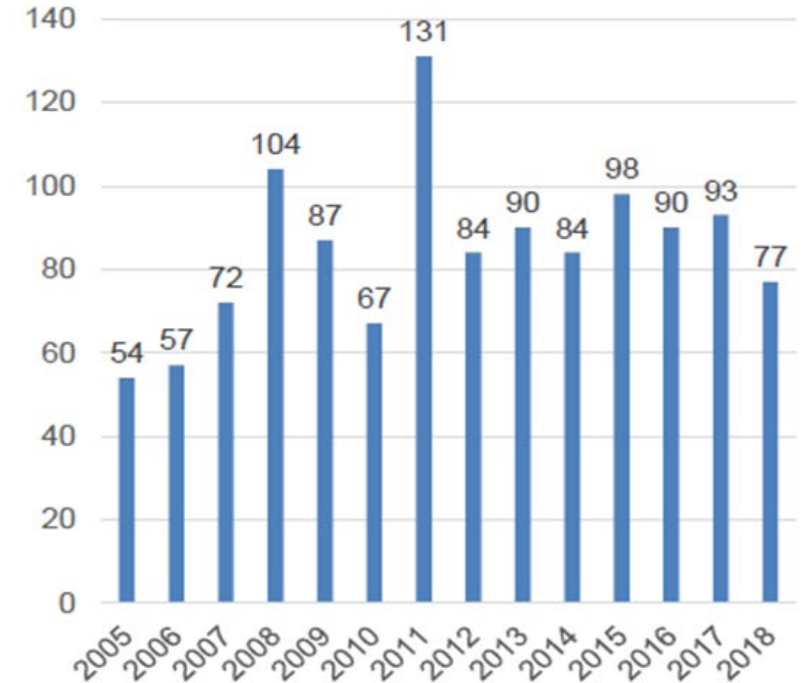


# Statistics

## \* Suicide Story PSNET

### Patient Suicide

Suicide is the 10<sup>th</sup> leading cause of death in the United States and continues to be consistently among the most frequently reviewed Sentinel Events reviewed by The Joint Commission.



*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.*



# Regulatory Guidelines

## \* **The Joint Commission: NPSG 15.01.01**

- The hospital identifies safety risks inherent to patient population.
- Suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event.
- Identification of individuals at risk for suicide while under the care of or following discharge from a healthcare organization is an important step in protecting these at-risk individuals.

## \* **CMS § 482.13** Condition of participation: [Patient](#)'s rights

- A [hospital](#) must protect and promote each [patient](#)'s rights.

<https://www.cms.gov/Regulations-and-Guidance>



# Assessment Tool

## \* PHQ-2: The Patient Health Questionnaire-2 (PHQ-2)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
.....				
2. Feeling down, depressed or hopeless	0	1	2	3

\* If the patient scores greater than a “3” - complete the PHQ-9



# Environmental Safety

Protection of the patient's environment once determined high risk for suicidal ideation is imperative.

## What Can You Do?

- Complete the "Environmental Safety Checklist" every shift
- Remove risks from the room
- Place patient in a Tie-Free Gown
- Secure belongings in a locked closet or with Security
- Ensure any extra equipment that is brought into the room is removed (ex: Respiratory therapy supplies, lab supplies, food)

### Suicide Precaution Environmental Safety Checklist

For patient/staff safety, the following precautions will be taken:

Room Set Up:

- Nursing Responsibilities:
  - Room should be equipped with only patient bed (No table, nightstand, chairs, etc.)
  - Remove from room:
    - All writing utensils from white board, All magnets from magnetic board
    - Hangers from closet/storage space, closet should be empty and locked
    - Unnecessary medical equipment (Venodynes, IV Pumps & tubing)
    - No metal cans or glass bottles permitted
    - All tubing from the room unless it is required for medical treatment (i.e. oxygen)
  - Belongings are given to nursing and secured
  - Patients must completely disrobe, and wear tie-free gown provided by the hospital
  - Bedside nurse or charge nurse provides hand-off report to patient sitter prior to him/her assuming responsibility of patient
  - Place garbage can between sitter and door
  - Other identified risks removed. Please list: \_\_\_\_\_
- Facilities Responsibilities:
  - Assist in removal of any large unnecessary equipment from room.
- EVS Responsibilities:
  - Exchange current needle box with a new needle box (must also be changed-out when 1/3 full)
  - Remove bags from garbage can
- Sitter Responsibilities:
  - Sitters must always be in Constant and Visual Observation (CVO) of the patient to ensure the safety of the patient. Use caution if patient is/becomes combative.
  - To ensure sitter's safety, sitter should sit on door side of patient's bed. Do not sit next to the bed.
  - Patient will not be left un-observed in the bathroom for any reason. Bathroom door must remain open while maintaining CVO.
  - No books, personal phones, and electronic devices (patient and sitter)
  - Sitters will be responsible to monitor (and account for) the metal spoon provided with meals.
  - No metal cans or glass bottles permitted
  - Documentation of the Suicide Sitter Form q 15 minutes including visitor observation.
  - **\*\*All visitor interactions with the patient will be observed by the sitter\*\***

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sitter Signature: \_\_\_\_\_ CM Signature: \_\_\_\_\_

Once complete, please return to your unit director. This is not part of the patient's permanent record.



# Sitter Responsibilities

- ✦ Once a patient is determined to be at risk:
  - **1:1 Constant Visual Observation (CVO)** should occur
  - Documentation of the CVO is documented q15 minutes by the assigned sitter
  - Complete Environmental Safety Checklist every shift
  - Note the “Sitter Responsibilities” on the Environmental Safety Checklist
- Sitter Responsibilities:
  - Sitters must always be in Constant and Visual Observation (CVO) of the patient to ensure the safety of the patient. Use caution if patient is/becomes combative.
  - To ensure sitter’s safety, sitter should sit on door side of patient’s bed. Do not sit next to the bed.
  - Patient will not be left un-observed in the bathroom for any reason. Bathroom door must remain open while maintaining CVO.
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  - **\*\*All visitor interactions with the patient will be observed by the sitter\*\***



# Columbia Protocol Risk Stratification Tool / Elopement- Inpatient- Mon Health Medical Center ONLY

## 1. C- SSRS Risk Stratification Protocol- Inpatient

High Suicide Risk (16-25) Suicidal ideation with intent of intent WITH PLAN in past month or Suicidal behavior within past 3 months	Initiate Suicide precautions "Suicide Watch Order" Psychiatric Consult Physician alert (attending) in Electronic Health Record (EHR) Discharge follow up with PCP MHMC Crisis Card provided to patient Re-assess risk at every shift
Moderate Suicide Risk (6-15) Suicidal ideation with method, WITHOUT PLAN, intent or behavior in past month or Suicidal behavior more than 3 months ago or Multiple risk factors and few protective factors	Initiate Suicide precautions "Suicide Watch Order" Psychiatric Consult Physician alert (attending) in Electronic Health Record Discharge follow up with PCP MHMC Crisis Card provided to patient Re-assess risk at every shift
Low Suicide Risk (< or = to 5) Wish to die or suicidal ideation WITHOUT method, intent, plan, or behavior or Modifiable risk factors and strong protective factors or No reported history of suicidal ideation or behavior	Reassess every shift to identify worsening behavior Provide MHMC Crisis Card prior to discharge Follow up with Psych as outpatient

If the patient becomes violent, attempts to elope, or elopes; contact law enforcement immediately.

If patient is considered high or medium risk and refuses interventions as stated above, notify **Administrator on Call** and **local Law Enforcement**.



# Frequent Screener Tool – Ad Hoc MHMC only

ZZZTEST, PHARMACYONE    Age: 41yrs    Sex: F    DOB: 01/25/1980    MRN: 488399    FIN: 60470502

Scheduled/Unscheduled    PRN/Continuous    Patient Information

2 Hours    4 Hours    12 Hours

**Cardiac Monitor** 04/15/21 16:42:00 EDT, Routine

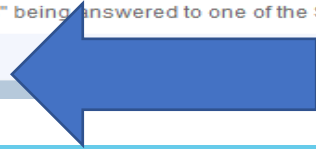
**Dysphagia Screening - Nursing** Dysphagia Screen - Nursing 04/15/21 16:42:00 EDT, Routine, Bedside nursing swallow/aspiration screen

**Patient/Family Education** 06/04/21 9:37:34 EDT, Routine, < Anticoagulation management teaching>

**Suicide Watch** 06/07/21 11:02:02 EDT, Routine  
Comment: Ordered automatically for "Yes" being answered to one of the Suicide Risk Screening questions.

**CSSRS Frequent Screener (Inpt.)**

Unscheduled



CSSRS Frequent Screener Inpatient - ZZZTEST, PHARMACYONE

\*Performed on: 06/07/2021 1102 EDT

### Columbia Suicide Severity Rating Scale - Frequent Screener

Have you wished you were dead or wished you could go to sleep and not wake up? (ref)	Since last asked, have you actually had any thoughts of killing yourself? (ref)	Since last asked, have you been thinking about how you might kill yourself? (ref)
<input checked="" type="radio"/> Lifetime, yes <input type="radio"/> Lifetime, no	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
For frequent assessment, Question 1 can be skipped		
Since last asked, have you had these thoughts and had some intention of acting on them? (ref)	Since last asked, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? (ref)	Since last asked, have you ever done anything, started to do anything, or prepared to do anything to end your life? (ref)
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**\*\* MHMC Only**  
Once a patient is determined at risk and placed on suicide watch, the patient should be reassessed every shift to determine level of risk. If patient is determine to be at a lower risk: contact provider for reassessment prior to lowering precautions.





# Nursing Responsibilities

- Complete a PHQ questionnaire and follow policy: “Depression and Suicidal Risk Assessment”
- If patient determined to be high risk: **Implement 1:1 immediately**
- Provide a report of risk and care plan to the assigned sitter
- Update the Provider, Security and House Supervisor if the patient behavior is suspicious or escalating
- Complete a re-assessment using the “Frequent Screener Ad Hoc Form” every shift once the patient is determined at risk (Mon Health Medical Center and Stonewall Jackson Memorial Hospital)
- Complete the “Handoff” at the end of every shift
- Ensure the “Crisis Card” is provided to the patient or family prior to discharge
- Assess patient behavior during family/friends visitation



# Nursing Shift Handoff

Place patient label here

Mon Health NPSG 15.01.01 CMS 482.13 Suicide Patient Handoff

Form stays on the front of the patient's chart and should be reviewed every shift during RN handoff.

After placing initials on record, please sign the bottom of the form.

- Suicide Protocol 1:1 initiated
  - o Date: \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

The following must be audited every shift while the patient is on suicide watch:

- Review record to ensure: Sitter Observation documentation completed EVERY 15 MINUTES

Date	Time	Initials	Date	Time	Initials

- Environmental Safety Checklist completed Once a Shift or at sitter handoff

Date	Time	Initials	Date	Time	Initials

The following must be completed prior to discharge of a patient:

- Discharge education "Screened for Depression" added to depart
  - o Date: \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_
- Suicide Crisis card given to patient
  - o Date: \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_
- Documentation completed that suicide card was given to patient
  - o Date: \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

Date	Time	Printed Name	Signature	Initials

Once form is completed, return to the unit director. This is not part of the medical record.

Form created 8/24/2020 MH Risk Management

This handoff is to close any gaps on adherence to the Depression and Suicidal Risk Assessment policy every shift.  
To be completed by Sitters and Registered Nurses.



# For Questions or Concerns

\* Contact your Manager or the Risk Management Department

## **Risk Management Department**

Jamie Smitley, System Director

- 304-598-1388
- 304-216-8964 (cell)

Ashley Blair, Risk Manager – Clinical Safety

- 304-598-1633

Maxine Cantis, Risk Manager – Insurance and Safety

- 304-285-5174