



**Engaging Mental Health Clinicians to
Improve the Quality of Suicide Risk
Assessment and Monitoring**

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St. Michael's

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Background

- Suicide is the patient safety incident most likely to be associated with death
- Suicide risk assessment and monitoring can enhance patient safety and minimize the risk of death by suicide
- Suicide risk assessment and monitoring have been identified as Required Organizational Practices for mental health services by Accreditation Canada (2008)



Background

- Improving patient safety is a strategic priority at St. Michael's in downtown Toronto
- Efforts are made to engage clinicians to improve the quality of care provided to clients using a Quality Improvement Framework

Safety

Outcomes

Access

Patient experience

Efficiency

Equity



Background

- Improving the quality of suicide risk assessment and monitoring was identified as a Mental Health Program strategic priority in 2008
 - Psychiatric Emergency Services
 - Inpatient Mental Health Services
 - Community Mental Health Services



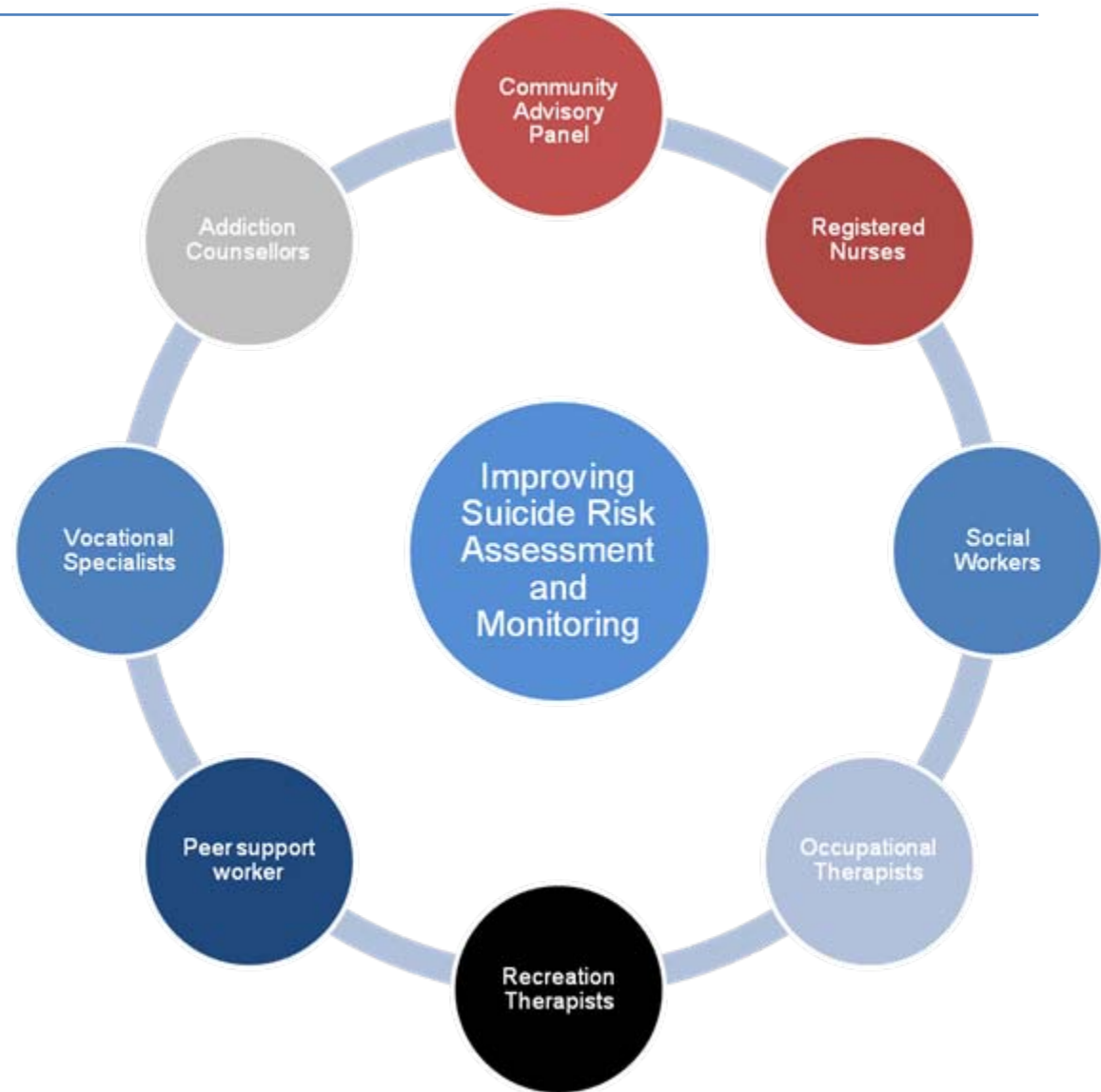
Aim

- To ensure all individuals seeking hospital or community-based mental health services receive equitable access to best practices in suicide risk screening, assessment, treatment and monitoring to mitigate harm and minimize risk of death by suicide



Strategy

- Mental health administrators partnered for improvement with interprofessional mental health clinicians



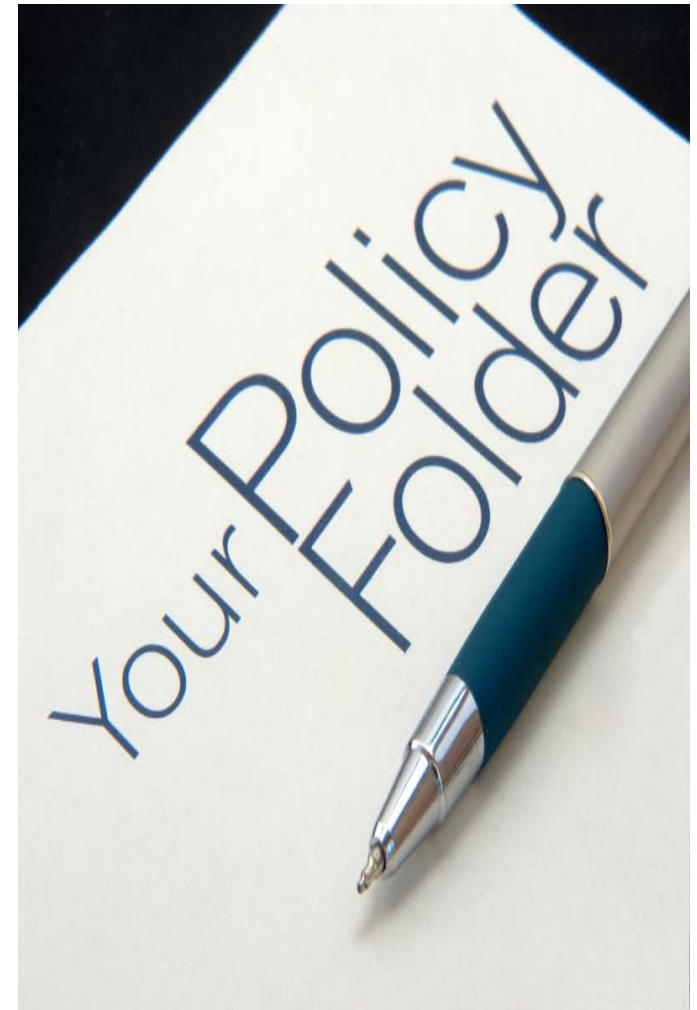
Method

- Literature review
- Current state analysis
 - Internal scan
 - External scan
- Desired future state analysis
 - Hospital based programs
 - Community-based programs
- Change Plan
 - Protocols for managing suicide risk
 - Baseline training
 - Practice aids
 - Audit and feedback
 - Ongoing continuing education



Suicide Risk Protocols

- Interprofessional mental health clinicians worked with administrators to develop protocols for managing suicide risk in 2009
 - Managing Suicide Risk in the Mental Health Service
 - Managing Suicide Risk in the Psychiatric Emergency Service
 - Managing Suicide Risk in the Inpatient Mental Health Program
 - Managing Suicide Risk in the Community Mental Health Programs
 - Managing Suicide Risk in the Medical Psychiatry Program



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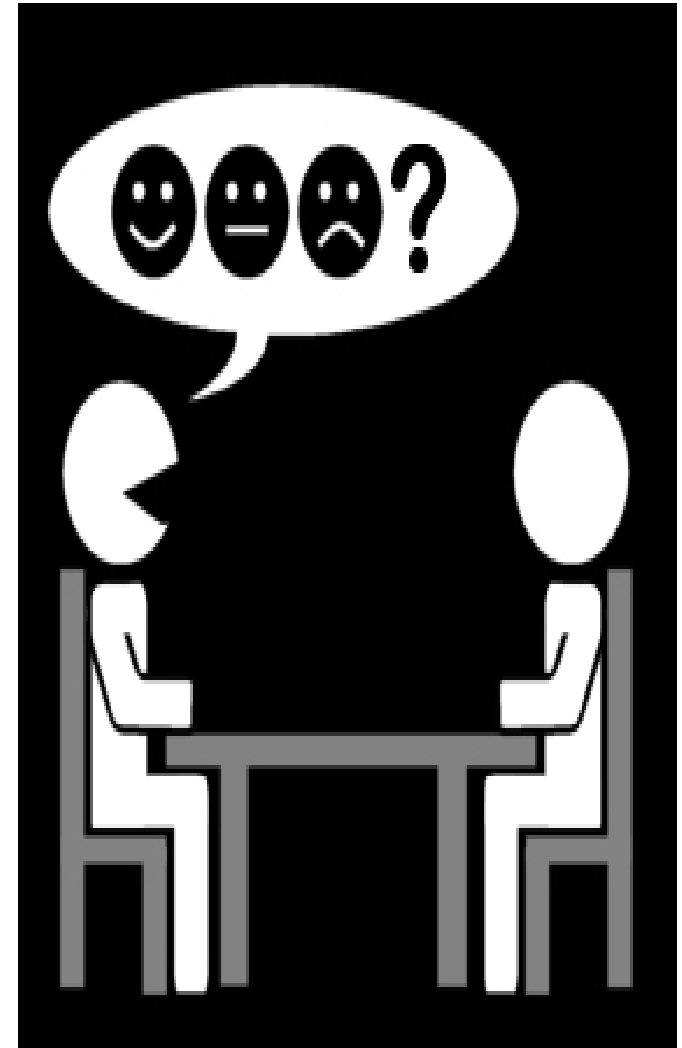
Baseline Training in Managing Suicide Risk

- Baseline training on suicide risk assessment and care was developed based on best practices
- Training was delivered to all interprofessional mental health clinicians in one hour small group sessions
- Practice aids were developed to support new practices



Screening for Suicide Risk

- Aim is to identify patients at risk of suicide
- Screening for suicide risk is part of all baseline or intake assessments
- Tool to help with screening
 - SAD PERSONS



Risk Factors for Suicide Mnemonic

Patterson, Dohn, Bird & Patterson (1983)

S

- Sex

A

- Age

D

- Depression

P

- Previous history

E

- Ethanol/substance abuse

R

- Rational thinking loss

S

- Support system loss

O

- Organized plan (means, lethality, access)

N

- No significant others

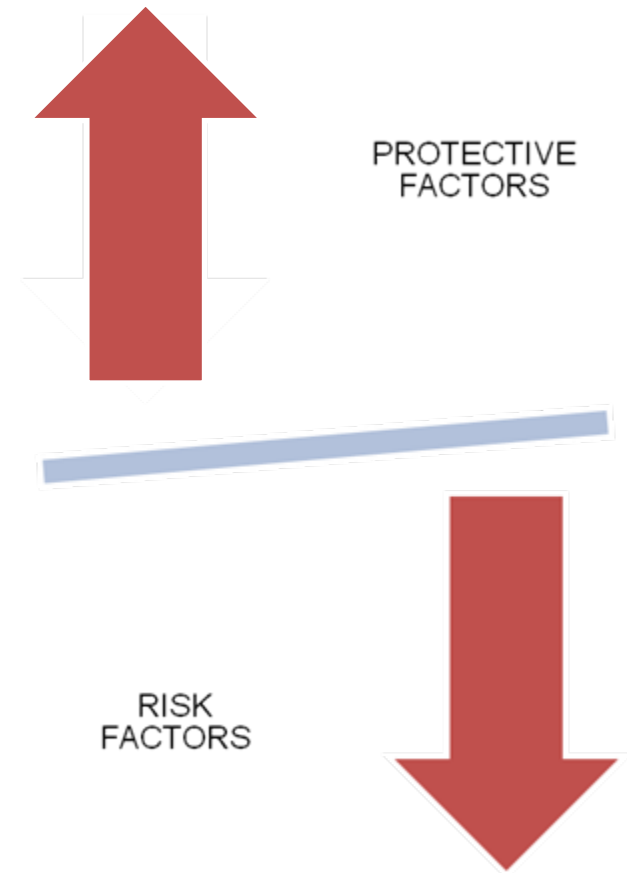
S

- Severe sickness



Suicide Risk Assessment

- Aim is to gather more detailed information on the patient's level of suicide risk
- Risk is fluid along a continuum rather than at stagnant points
- The determination of risk is for the individual at the time of the assessment
- Identify protective factors associated with a decreased risk for suicide
- Tool to help with assessment
 - IS PATH WARM



Warning Signs for Suicide Mnemonic

American Association of Suicidology (2000)

I

• Ideation/threatened or communicated

S

• Substance abuse/excessive or increased

P

• Purposelessness/no reasons for living

A

• Anxiety, agitation/ insomnia

T

• Trapped/ feeling no way out

H

• Hopelessness

W

• Withdrawal from friends, family, society

A

• Anger (uncontrolled)/rage/seeking revenge

R

• Recklessness/risky acts-unthinking

M

• Mood changes (dramatic)



Treatment and Monitoring for Suicide Risk

- All patients will have an individualized suicide risk assessment and monitoring plan
- This plan should regularly be reviewed, evaluated and modified by the interprofessional team according to the individual's level of risk & safety requirements



Documentation of Risk Assessment & Monitoring

- Suicide risk assessment and monitoring strategies are documented in the patient's health record
 - Kardex
 - Progress notes
 - Care plan/service plan
- Risk assessment, monitoring and treatment plan and follow up care are shared with the patient, family and support resources



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Measuring Improvement

- Chart audits and feedback were used to measure practice improvement
- Multiple forums were used for data feedback efforts
 - Local Quality of Care Committee
 - Management Advisory Committee
 - Nursing and Health Disciplines Meetings
 - Business Meetings
 - Clinical Team Meetings
 - Best Practice Days
 - Community Advisory Panel
- Attempted and completed suicides were tracked using the hospital's Event Tracker Tool



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Continuing Education on Managing Suicide Risk

- Is available to all interprofessional mental health clinicians
 - Best Practice Days
 - Arthur Somner Rotenberg Chair in Suicide Studies Rounds
 - Mental Health Grand Rounds
 - Nursing Grand Rounds
 - St. Michael's Mental Health Program Annual Conferences



Effect of Changes

- More awareness of importance of suicide risk assessment and monitoring
- Clearer expectations of the clinician's role around suicide risk assessment and monitoring
- Increased confidence and competence in suicide risk assessment
- Improved documentation of suicide risk assessment
- Better sharing of safety learning lessons



Challenges

- Staff engagement on an emotionally charged topic
- Competing corporate priorities
 - Falls, delirium and restraint
 - Medication reconciliation
 - Accreditation site visit



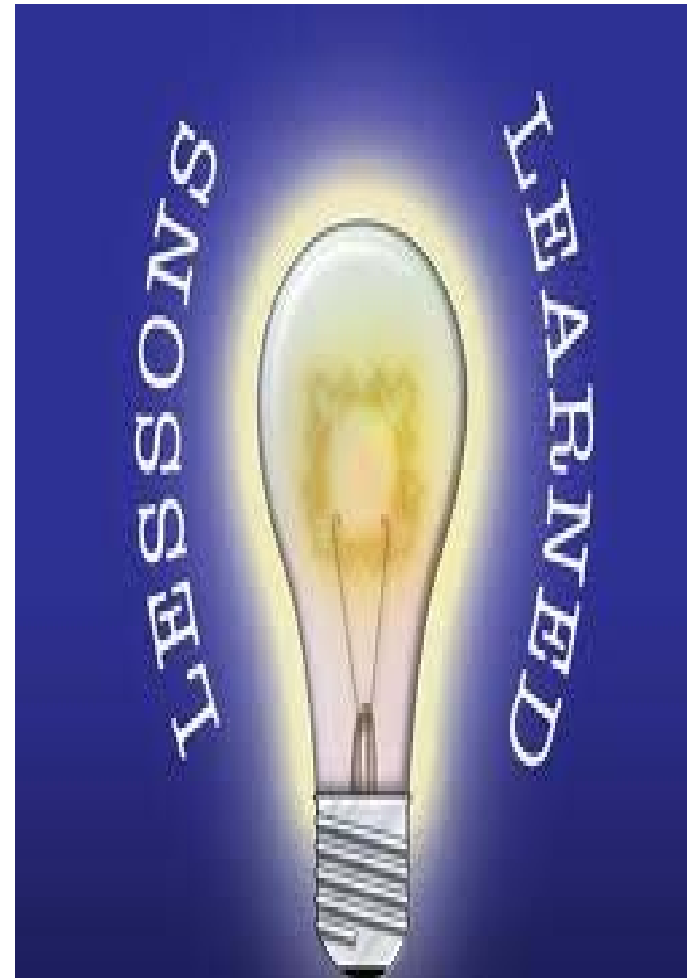
Rewards

- Interprofessional mental health clinicians are feeling more confident and competent in managing suicide risk
- Individuals seeking hospital or community-based mental health services are receiving more equitable access to best practices in suicide risk screening, assessment, treatment and monitoring



Lessons Learned

- Collaboration is required by administrators and clinicians at all levels to improve suicide risk assessment and monitoring
- Data feedback is fundamental to improving clinical practice



Message for Others

- Engaging mental health clinicians to improve the quality of suicide risk assessment and monitoring is important to enhance patient safety and minimize risk of death by suicide in mental health settings



Acknowledgement

- We would like to acknowledge the following registered nurses for their efforts in producing videos for this presentation
 - Naomi Cavali RN BScN
 - Esther Cho RN MN
 - Caitlin Keeble RN BScN
 - Julia Murphy RN BScN
 - Parya Nazari RN BScN



Critical Thinking Questions

- What efforts have you made in your organization to improve suicide risk assessment and monitoring?
- What challenges have you experienced in trying to incorporate best practices in suicide risk assessment and monitoring in your organization?



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