Harris County Hospital District

Where People Come First.

Increasing the Compliance of Suicidal and Homicidal Ideation Assessment in the Emergency Center

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ABSTRACT

PURPOSE: The purpose of this project was to improve initial screening rates and to meet standards of practice for more detailed assessment of patients identified at risk for suicide or homicide.

DESIGN: A quality improvement project was conducted.

SETTING: The project was implemented at the Adult Emergency Center of a large county hospital system in the Southwest. The county hospital is a level one trauma center located in the Texas Medical Center of Houston Texas.

PARTICIPANTS: Documentation by registered nurses in medical records of all patients seen in emergency center triage was reviewed.

RESULTS: The compliance rate increased from 84% to 94% for the initial risk assessment at triage. In-depth assessments of suicide risk were performed by primary nurses at a 95% rate.

INTRODUCTION

National Patient Safety Goal 15 A:

- Focuses on identification of individuals at risk for suicide.
- Aims to increase use of a screening assessment tool to identify risks of suicide and/or homicide.

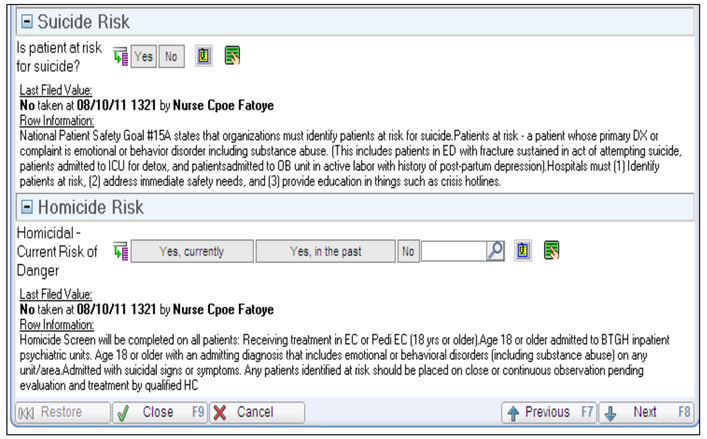
Regulatory standards require:

- Compliance rates of 90% or more for initial risk assessment.
- In-depth assessment of patients who screen positive for risks.

PURPOSE

The purpose of this project was to:

- Improve initial screening rates.
- Meet standards of practice for more detailed assessment of patients identified at risk for suicide or homicide.



Suicide Risk

Is patient at risk for suicide? Yes No

Last Filed Value:
No taken at **08/10/11 1321** by **Nurse Cpoe Fatoye**
Row Information:
National Patient Safety Goal #15A states that organizations must identify patients at risk for suicide.Patients at risk - a patient whose primary DX or complaint is emotional or behavior disorder including substance abuse. (This includes patients in ED with fracture sustained in act of attempting suicide, patients admitted to ICU for detox, and patientsadmitted to OB unit in active labor with history of post-partum depression).Hospitals must (1) Identify patients at risk, (2) address immediate safety needs, and (3) provide education in things such as crisis hotlines.

Homicide Risk

Homicidal - Current Risk of Danger: Yes, currently | Yes, in the past | No

Last Filed Value:
No taken at **08/10/11 1321** by **Nurse Cpoe Fatoye**
Row Information:
Homicide Screen will be completed on all patients: Receiving treatment in EC or Pedi EC (18 yrs or older).Age 18 or older admitted to BTGH inpatient psychiatric units. Age 18 or older with an admitting diagnosis that includes emotional or behavioral disorders (including substance abuse) on any unit/area.Admitted with suicidal signs or symptoms. Any patients identified at risk should be placed on close or continuous observation pending evaluation and treatment by qualified HC

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METHODS

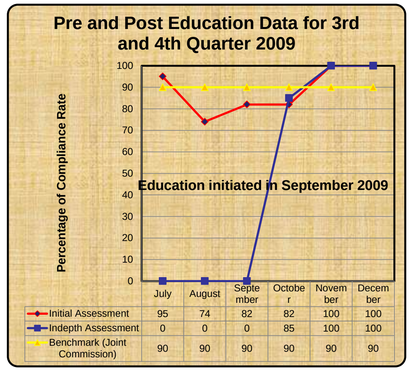
- Daily medical record reviews were performed on all charts of patients seen in EC triage.
- Data were gathered from the electronic medical record.
- Open record reviews were conducted for all patients who screened positive on initial assessment of suicidal and homicidal ideation to evaluate compliance with in-depth assessment of suicide risk.
- Coaching was provided for registered nurses who were non-compliant.

INTERVENTION

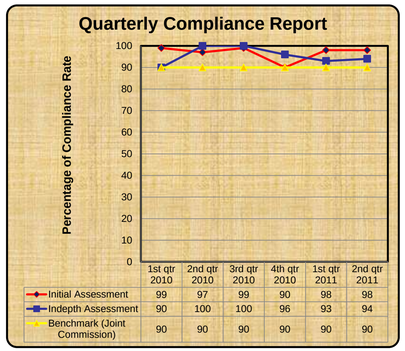
- Education was provided for the emergency center staff with emphasis on:
  - ✓ The National Patient Safety Goal standard 15A.
  - ✓ The hospital policy for Suicide Risk Assessment.
  - ✓ The instrument used for Assessment of Risk Factors.
- Continuous chart reviews were performed to evaluate nurses' compliance with the safety standard.
- Open medical records review provided opportunities for just-in-time education for registered nurses who were not meeting the practice standard.

RESULTS

Immediate Effect of the Initiative



Sustainability of the Initiative



SIGNIFICANCE

- Using the quality improvement process to evaluate compliance with regulatory standards supports:
  - ✓ Identification of educational needs.
  - ✓ Intervention with process barriers.
  - ✓ Implementation of appropriate measures to assure patient safety.

REFERENCES

ED Legal Letter (2007, July). Your ED could be liable if suicide assessment is poor. *ED Legal Letter, 18 (7)*, 81-4. Retrieved August 5, 2009, from http://web.ebscohost.com.

Joint Commission on Accreditation of Healthcare Organizations (2008, December 9). *Suicide risk reduction: NPSG 15.01.01.* Retrieved August 5, 2009, from www.jointcommission.org.