

Implementation of a Suicide Crisis Management Plan at an Urban Outpatient Psychiatric Facility

CLINICAL PROBLEM

- A lack of a suicide crisis management plan (SCMP) at the project site.
- Does having a SCMP improve the management of suicidal crisis and the competency of providers caring for adult psychiatric patients experiencing suicidal behavior within a four to five-week time frame?
- **Objectives:**
 1. Develop an evidence-based SCMP to meet the needs of the project site.
 2. Provide multidisciplinary staff education and training prior to implementing the SCMP.
 3. Evaluate staff competency and compliance with the SCMP over four weeks.
 4. Implement a section of the EHR to flag self-harming and moderate to high-risk suicidal patients.

INTRODUCTION

- Suicide is a major public health problem in the United States (US). It contributes to premature death, loss of productivity, and increased healthcare cost.¹
- Initiate a SCMP to offer the providers a process to follow when a patient is deemed to be in suicidal crisis. This impacts patient outcomes and also serves to legally protect the providers.
- Substance Abuse and Mental Health Services Administration (SAMHSA) defines a crisis as a time when “immediate psychiatric hospitalization is indicated.”²
- Education and training on suicide risk assessments and prevention is recommended for all individuals who are working with at-risk suicidal patients because it is thought to mitigate suicide risk and may lead to better patient outcomes.³

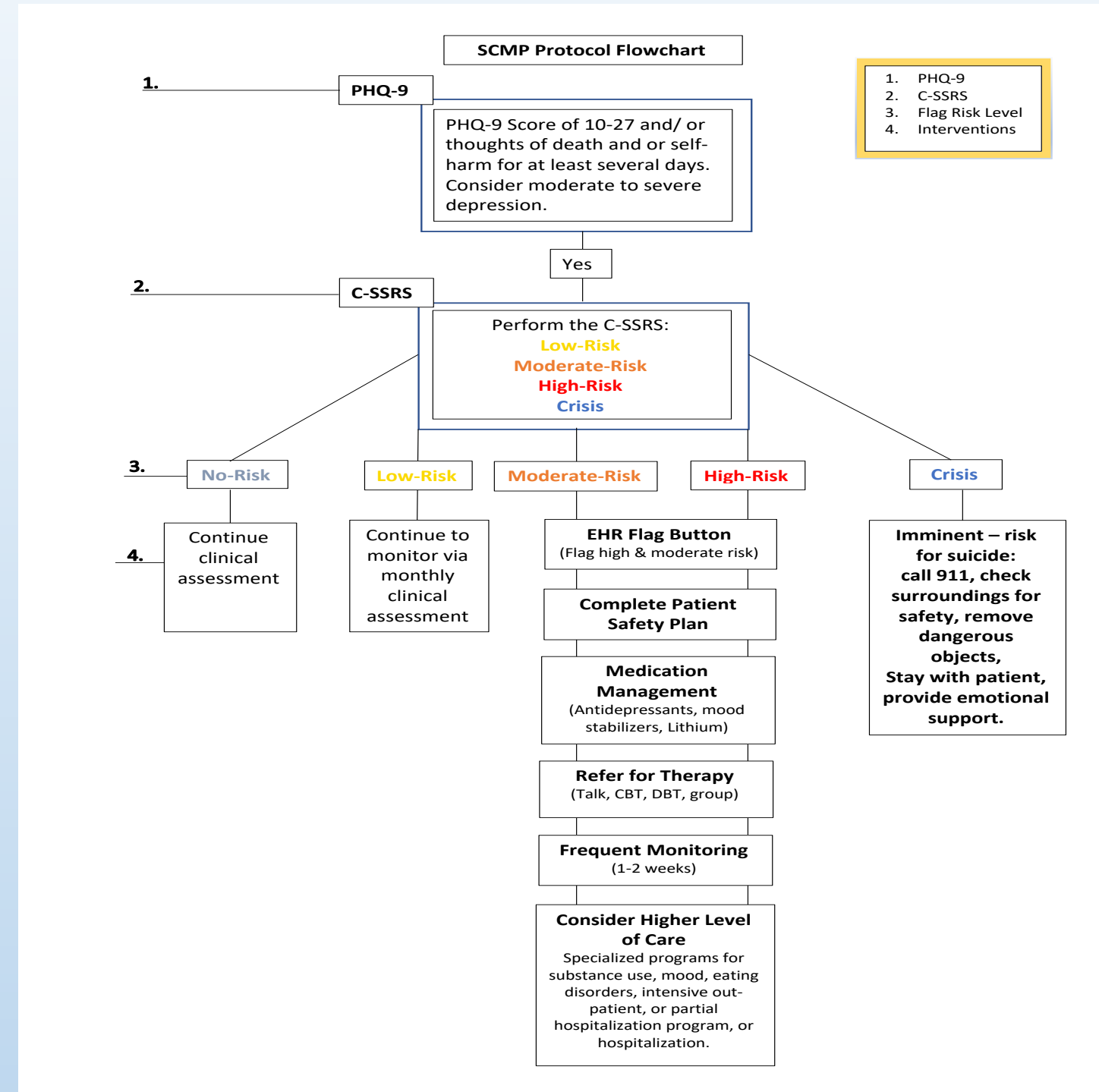
SIGNIFICANCE TO THE FIELD OF NURSING

- Improvement in the screening and identification of patients who are high risk for suicide attempts and completions.
- Nurses are often the first professionals to screen for and identify suicide and self-harming behaviors during assessment.
- Assessment occurs across multiple settings such as emergency departments (EDs) and out-patient offices (primary care, specialists).

LITERATURE REVIEW

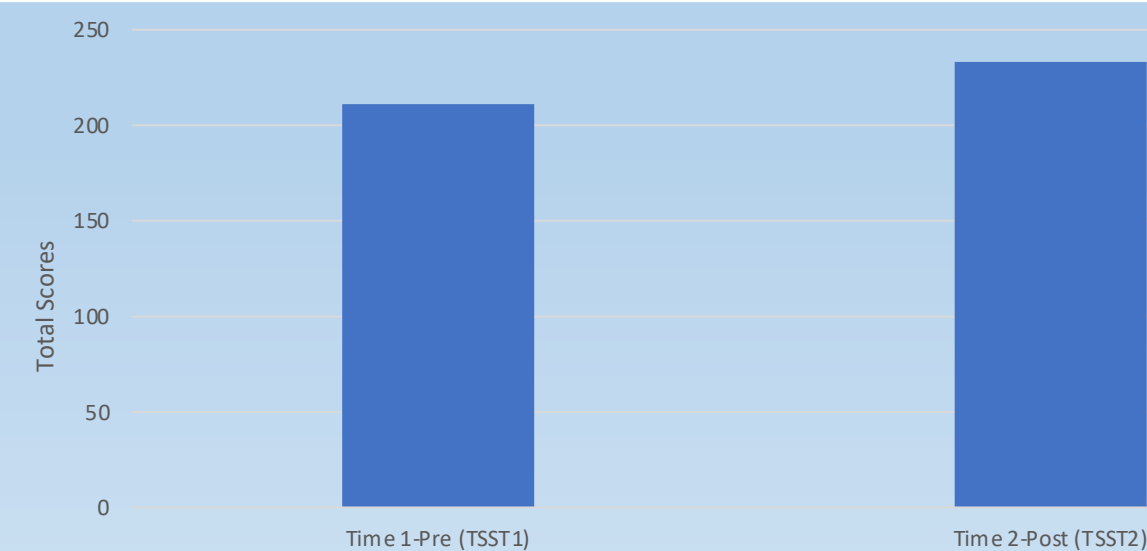
- Grant and Lusk (2015) suggested in their literature review that implementing a SCMP or a therapeutic risk management of the suicidal patient (TRMSP) is highly beneficial for the suicidal patient.⁴

SCMP PROTOCOL FLOWCHART



- The population of interest was one psychiatrist (MD), and three psychiatric-mental health nurse practitioners (PMHNP).
- A chart audit tool was developed and used to audit charts based on the provider flagged risk level and also based on high-risk patient diagnoses.

RESULTS



Provider Total Scores for the *Short Survey on Knowledge, Self-Confidence, and Attitudes Towards Suicidal Behavior*, Pre and Post Intervention.

Pre and Post Scores at Time One and Time Two

Total Weekly Compliance with the SCMP Over Four Weeks



- There was an improvement in coverage of the 95% confidence interval. Overall compliance increase from the first week from a chart compliance of 62.5 % with a 95% confidence interval (CI) with a lower limit of 0.46 and an upper limit of 0.77 to 77.5 % week four with a lower CI of 0.61 and an upper CI of 0.89.

CONCLUSION

- Implications for nursing includes improving patient safety as recommended by the IOM, nurse leaders should implement solutions to improve patient healthcare outcomes, increase safety and efficiency as well as reduce healthcare cost.
- The cost of suicide and suicide attempts can be measured in lost productivity and healthcare expenses of caring for someone who has critically injured themselves from a suicide attempt.
- Suicide is never fully preventable but risk can be mitigated and prevention measures can be implemented based on the most current guidelines and EBR. Increasing provider competence, collaborative measure and adding protocols can help improve the treatment of patients with suicidal behaviors with the goal of reducing crisis, decreasing suicidal attempts and lethality.

REFERENCES

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