

Suicide Risk Assessment  
Agenda for 4/11/12

*update*

1. Policy and Procedure: In Policy Manager! Needs to go to Quality and Safety Committee - on 4/13 - Can Ginnie or Donna give an update to the Committee? Needs to go to Evidence Practice (former clinical Practice Council) - Diana will go on 4/19. To Education Council - Donna will go 4/26. Discussed again attachments to the policy. Remove Flow Sheet?? Mary still to re-update PNP.
2. Crisis #: Able to be added to T-System?
3. Depression Screening Tools: Social Work to discuss and create Social Work Competency.
4. Education: NAB presentation, Intranet presentation. Other education and "Kiera's" due date of education by the end of April.
5. Suicide Risk Reference Sheet: Status, plan, process.
6. 1-1 close observation checklist: Any updates?
7. Flow Sheet: To use or not to use?
8. Audits: Audit Tool complete. Mary put audit tool on Shared drive in "Suicide Risk Assessment" folder. Status of HIM reports - Chief complaint vs. discharge diagnosis. Monthly audits of at least 10 charts or 10% for ED, 100% of inpatients. Practice Sites and Urgent Care?
9. DIG - Paperwork completed. To AQC
10. Next meeting -

*Approved  
Attachment*

*Education -  
mostly msg. educ,  
✓ Sub Plan Review  
re best way to get out  
to other attendees*

## Suicide Risk DIG Meeting

Present: Rachel Wise, Diana Ellison, Donna Fulmer, Mary Savastano  
9/27/12

1. Policy and Procedure: Reviewed with input. Mary to make changes. Diana to follow up with Bronwyn to request approval by EBPC ASAP. Changes made. Going through Policy Manager processes. Bronwyn aware.
2. Checklist: Change that it will be given to the "Nursing Director of the Unit". Mary to change. Done.
3. Flowsheet: Decision to keep and rename to "Suicide Watch Flowsheet". Mary to Change. Done.
4. NAB: Reviewed slides. Rachel to change info to 1 slide with suggested information. Done and ready for team review.
5. TED: Same as NAB. Rachel to modify. Done and ready for team review.
6. Quick Reference: No changes. Will be laminated and distributed. Rachel, will you check re: lamination?
7. Practice Sites: Keep process and Suicide Risk Assessment Form. If a patient is identified as potentially suicidal, 1-1 may be initiate until the ambulance arrives, per policy. Mary follow up with Sites. Mary Spoke with Dr. Maguire. Changes to the Suicide Risk Assessment for the Practice Sites which were sent and approved by team and Dr. Maguire.
8. Crisis #: Diana will check with Ginnie to determine whether this can be added in T-System. It is added but unsure if it is used.
9. Education:
  - Policy to be read by - Nursing, CM/SW, Rehab, Respiratory, Nutrition, Spiritual Care (who will education volunteers), Environmental Services, MD's, Practices, Urgent Care. Donna will collaborate with DI and Lab Directors to discern if they need to read policy. Done - Per Donna, DI and Lab would like their associates to be included in departments to review this.
  - RN education via Nursing Spectrum - Diana to provide dates this was completed. Per Diana, Lat-Life Suicide Nursing Spectrum education was done in September.
  - Skills Day - Do we want to create poster so it is ready for the next Skills Day?
  - Quick Reference List to Departments

Sarah  
Diane  
Jo  
Barb  
Email re  
Suicide  
Checklist 1-1  
~~Flow sheet~~  
Flow sheet.

## Monthly Audit Charts with DSM IV Diagnosis Codes (Suicide Risk)

Unit: \_\_\_\_\_ Month/Year: \_\_\_\_\_ QI Auditor: \_\_\_\_\_

Major Aspect of Care: Safety  
 Monitor: **Suicide Risk Screening**  
**Audit charts with DSM IV diagnosis codes**  
 Standard: According to TJC, suicide is an inpatient or residential setting is the most commonly noted sentinel event. Assessment is critical in identifying those patients at risk of suicide so that appropriate care and education can be provided.  
 Goal: 100%  
 Data Collectors: Nursing and Social Work Associates  
 Data Source: Chart Audit  
 Method: Minimum of 10% charts of patients with defined DSM IV diagnosis codes will be reviewed

Audit	Yes	No	N/A	Comments
<b>Screen completed</b> <small>(documentation by provider, nsg., social work)</small>				
<b>Appropriate Precautions in Place if Patient @ risk</b> <small>(nsg. documentation)</small>				
<b>Crisis # Provided</b> <small>(document. by social work, CPEP, nsg.)</small>				

Person responsible for documentation: \_\_\_\_\_

Date audit completed: \_\_\_\_\_

Date screen done: \_\_\_\_\_