

SAFETY ALERT

“Sharing Lessons Learned”



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SAUDI PATIENT SAFETY CENTER

Preventing Suicidal Risk among Patients with Mental Illness



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This alert is for action by all healthcare facilities

This is a critical and complex National Patient Safety Alert. Implementation should be coordinated by an executive lead (or equivalent role in organizations without executive boards) and supported by clinical leaders.

Description

Mental health evaluation and suicide risk assessment are fundamental elements of patient care. Mastering these components can highlight undiagnosed mental illness, which can prevent or reduce suicide and non-suicidal self-injury. Moreover, inappropriate healthcare facility design and inadequately trained medical staff and security personnel negatively impact patients' safety.¹

All suicide, attempted suicide, or self-harm events that result in severe, temporary harm, permanent harm, or death while being cared for in a healthcare setting (including the emergency department) or within 72 hours of discharge, are considered reportable sentinel events by the Saudi Patient Safety Center (SPSC).²

Events

- Throughout 2020, twelve (12) suicide, attempted suicide, or self-harm events were reported to the Saudi Patient Safety Center (SPSC), representing around five (5%) percent of the overall reported events.
- Four of these reported events occurred in a mental healthcare setting, while the remaining events occurred in the following departments: emergency department (ED), medical non-surgical wards, and isolation wards.

Contributing Factors

The most common root cause and contributing factors associated with these events were the following:

- Failure to follow established policy/procedure.
- Low staff to patient ratio,
- Inadequate supervision,
- Inadequate security supervision, and
- Unsafe or inappropriate area design.

Recommendations

The following recommendations are based on the current best practices provided by professional healthcare associations such as Ontario Hospital Association (OHA) in partnership with the Canadian Patient Safety Institute (CPSI),³ The Joint Commission (TJC),⁴ to reduce preventable suicidal harm:

Create an updated, evidence-based organizational policy and procedure that includes:

- Standardized screening and risk assessment tool.
- How to deal with and monitor patients "at-risk" of suicide.

Environmental Risk Assessment

- Healthcare environments for patients at risk of suicide must be safe and free of hazards that could be used to attempt or facilitate suicide or self-harm.
- Suggested tools used for environmental risk assessment, include the following⁴:
 - The ASHE Patient Safety and Ligature Identification Checklist.
 - The Mental Health Environment of Care Checklist (MHEOCC).

Patient Screening

- Using a validated screening tool to screen the following patients for suicidal ideation (*The Joint Commission recommends screening for suicidal ideation starting at age 12 and above*)²:
 - Patients in psychiatric hospitals or being evaluated or treated for behavioral health conditions as their primary reason for care.
 - Patients who express suicidal ideation during care.
- Suggested validated screening tools include but are not limited to⁴:
 - Ask Suicide-Screening Questions (ASQ) Toolkit by National Institute of Mental Health.
 - Columbia-Suicide Severity Rating Scale (C-SSRS) Triage version.

Risk Assessment tool

- Use an evidence-based process to conduct a suicide risk assessment of patients who have screened positive for suicidal ideation.⁴
- Suggested risk assessment Tool
 - Columbia-Suicide Severity Rating Scale (C-SSRS).
 - Modified SAD PERSONS Scale.

Staff training and education

- Training and competency assessment for all healthcare providers on assessing the suicidal risk and monitoring at-risk patients.

Safety Planning upon Patient Discharge

- At-risk patients in the hospital or the emergency department shall be discharged with a specific safety plan on how to stay safe once they return to the community.³