Suicide & Ligature Risk

Samaritan Health Services

Introduction

Purpose of Training

Samaritan Health Services has created the following training to meet the regulatory requirements for patient safety related to suicide precautions.

Assignment of the training has been requested/approved by the VPs of Patient Care Services.

Course Requirements

To complete this training, you must score 100% on the quiz at the end of the module.

CONTINUE

Questions/Concerns

For questions and concerns related to:

- reason for assignment, course content, or quiz questions/answers, contact Cynthia Dye at cdye@samhealth.org.
- technical issues, including courses not progressing or grading correctly, contact eLearning at elearning@samhealth.org.

Accessibility and Well-Being

Samaritan Health Services is committed to providing inclusive and accessible learning and supporting our employees.

If you have specific needs or questions related to:

- Accessibility, please contact the HR Business Partners to discuss the potential for reasonable accommodation in accordance with the disability accommodation process. The HR Business Partners can be reached at HRBusinessPartners@samhealth.org.
- Emotional and Mental Health resources, please visit the Well-Being SharePoint site.

CONTINUE

Outcomes

By the end of this module, the learner will be able to:

- Identify the methods of suicide screening used at SHS facilities (ASQ & C-SSRS) and the implications of a “positive” screening.
- Determine which screening tool is to be used based upon a patient’s age.
- Identify the safety measures related to “suicide precautions”.
- Prepare a room for a patient on suicide precautions using the “Room Readiness Checklist”.
- Identify sources of potential ligature risk in a hospital environment.
- Define 1:1 monitoring and identify associated responsibilities.

CONTINUE

Ligature Risk

Suicide Rates in the US

- In 2020 close to 46,000 people lost their lives to suicide.

- Suicide is the 12th leading cause of death overall in the US.
- The rate of suicide in Oregon is 13.9-17.1 per 100,000.
- Suicide is the second leading cause of death for people ages 10-14 and 25-34.
- There were nearly twice as many suicides (45,979) as there were homicides (24,576) in 2020.

Commitment to Patient Safety

Patients have the right to receive care in a safe setting.

Center for Medicare & Medicaid Services (CMS) requires hospitals to consider three main elements to ensure patient safety related to ligature risks:

PATIENT ASSESSMENT	STAFFING/MONITORING	ENVIRONMENTAL RISK
Hospitals must implement a screening tool appropriate to patient population, care setting, and staff competency to determine risk of harm		

to self or others.

PATIENT ASSESSMENT | STAFFING/MONITORING | ENVIRONMENTAL RISK

Hospitals should provide appropriate education and training regarding identifying risk within the environment and mitigation strategies to any individual providing clinical care.

PATIENT ASSESSMENT | STAFFING/MONITORING | ENVIRONMENTAL RISK

Hospitals should implement patient environmental risk strategies appropriate to the location of care.

What is a Ligature Risk?

A ligature risk is ***a point or item used to cause strangulation harm.***

Ligature and Safety Risks

- Ligature: shower rails, door handles, shower curtains, water fountains, paper towel dispensers, oxygen tubing, toilet seats, light fixtures, etc.
- Unattended items that contain hazardous items (mops, brooms, cleaning agents, etc.)
- Sharp objects, medications, plastic bags, non-tamper proof screws, etc.
- Easily moved or able to be thrown furniture
- Windows that can be broken or opened
- Inadequate staff to provide observation
- Unsafe items brought by visitors

Ligature Resistant Environments

The focus is on creating ligature “resistant” environments as no environment can be made completely resistant “proof”.

<u>For at-risk patients:</u>

- Ligature risks in the physical environment compromise their safety.
- Ligature risks in the patient’s physical environment compromise their right to receive care in a safe setting.

Why Focus on Ligature Risks and Environmental Safety?

75% of suicide completions by psychiatric inpatients are accomplished by silent methods such as hanging or strangulation.

CONTINUE

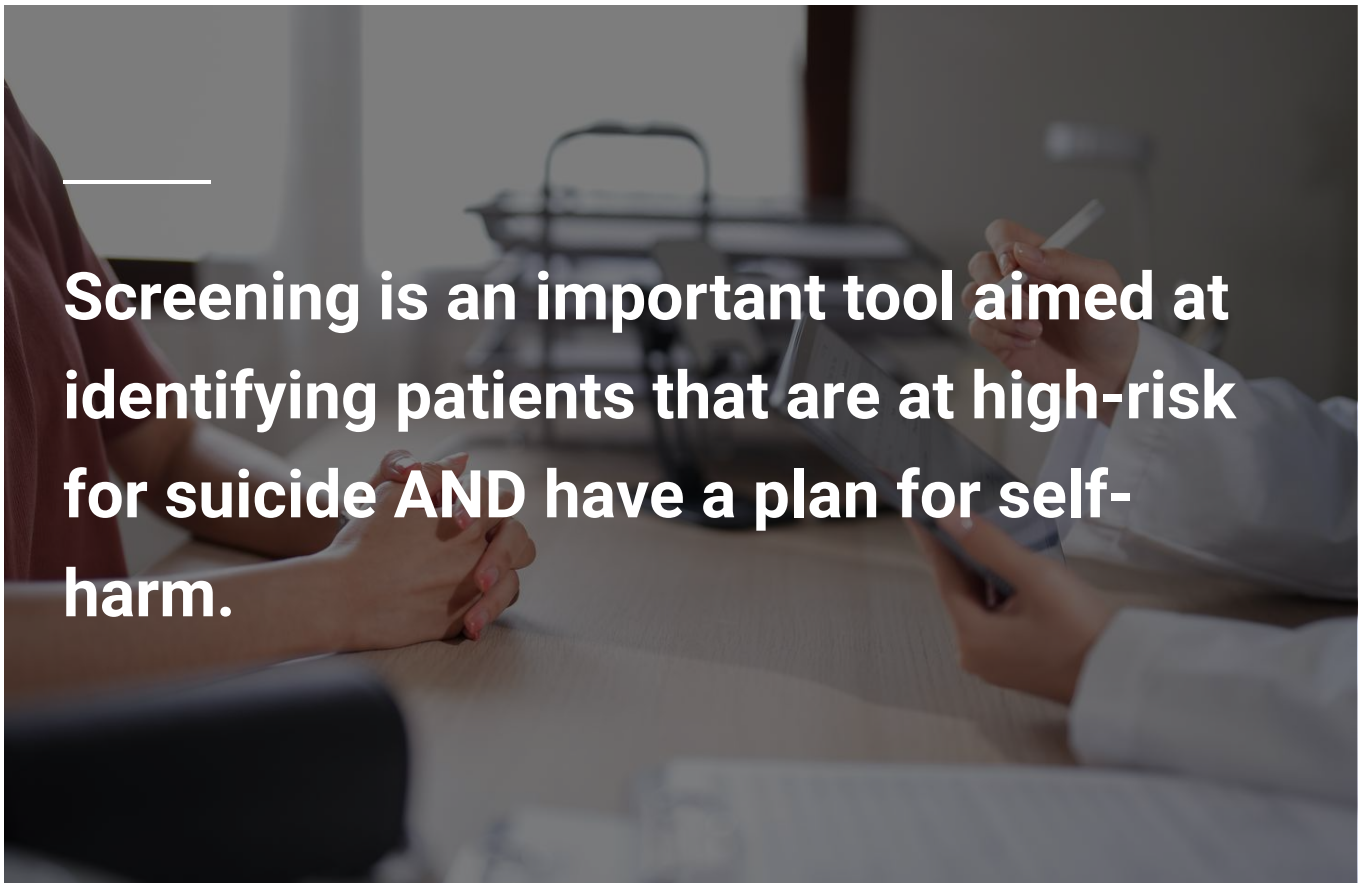
Lesson 4 of 7

Suicide Risk and Screening

Who is Most at Risk for Suicide?

Nobody is immune to the risk of suicide, but those with higher risk than others are...

- Military veterans
- Men over age 45
- Mental or emotional disorders, particularly depression and bipolar disorder
- Previous suicide attempt or self inflicted injury
- History of trauma or loss
- Serious illness
- Alcohol and drug use and abuse
- Discharge from inpatient psychiatric care
- Access to lethal means coupled with suicidal thoughts



Patient Suicide Screening

- During the screening, efforts must be made to help the patient feel safe and involved in their care plan.
- Review each patient's personal and family medical history for suicide risk factors
- Patient behavior and level of engagement in care planning should be noted
- Document patients' statements on intent, plan, means, as well as recent and historical attempts of suicide

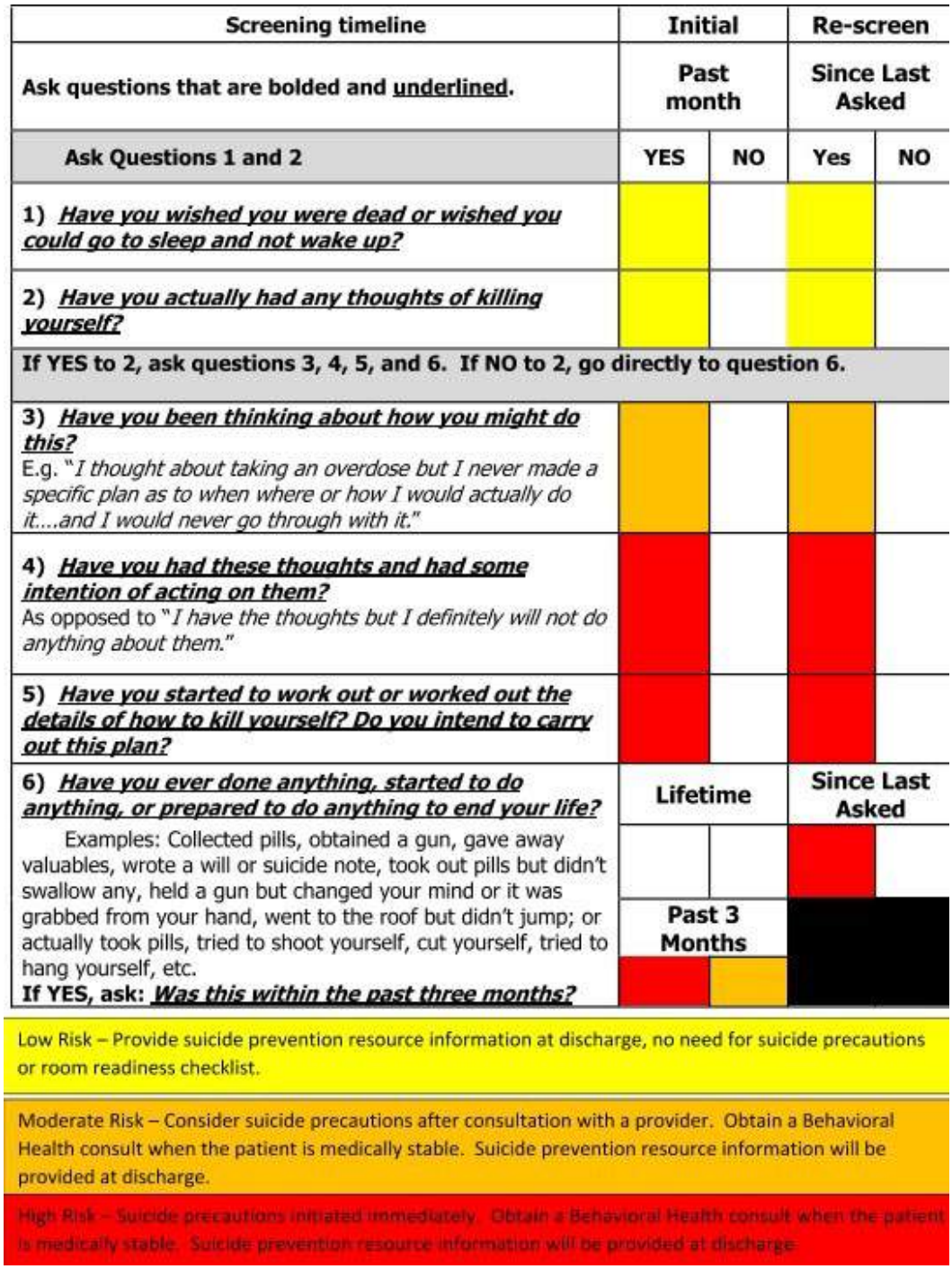
Suicide Screening Tools

At Samaritan, one of two assessment tools will be utilized depending on the patient's age:

C-SSRS:	**Columbia-Suicide Severity Rating Scale**, supports suicide risk assessment through a series of simple, plain-language questions to help establish a person's immediate risk of suicide. This is used for patients aged 18 or older.
ASQ:	**Ask Suicide-Screening Questions** (ASQ) is a brief, validated set of screening questions to help identify youth at risk for suicide. This is used for patients aged 10 thru 17.

Complete the content above before moving on.

Columbia Suicide Severity Rating Scale (C-SSRS)

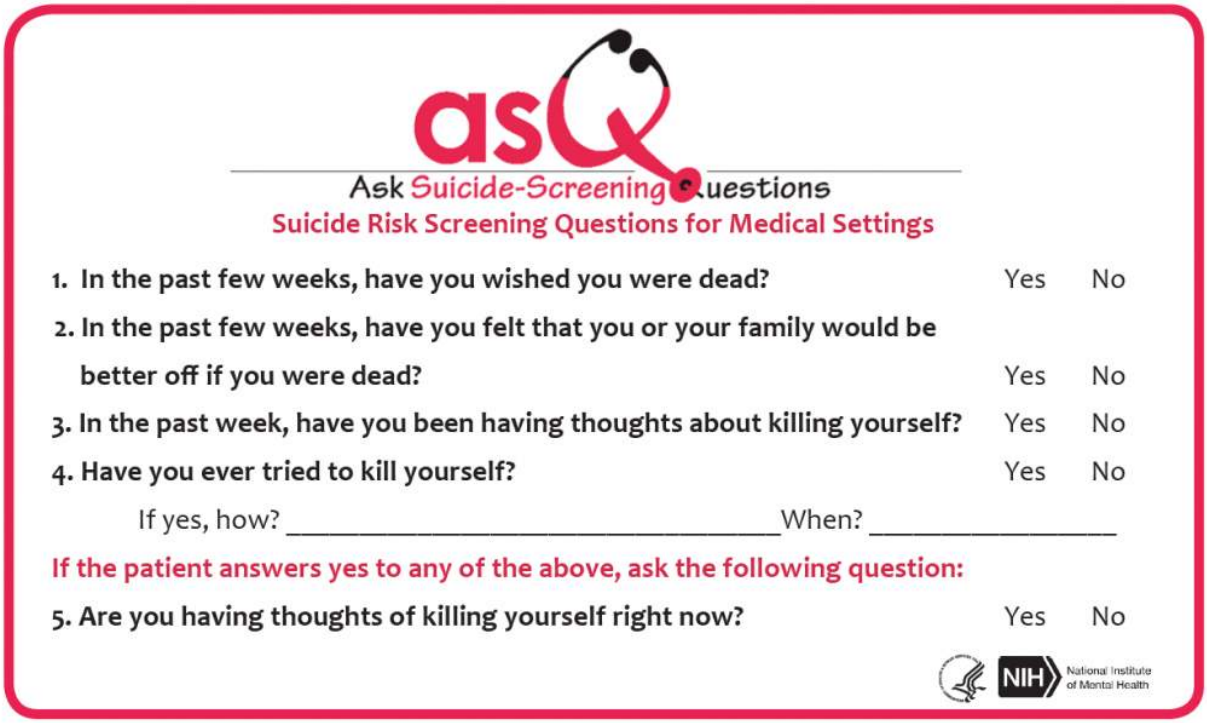


- Columbia University, along with the University of Pennsylvania, the University of Pittsburgh, and with support from the National Institute of Mental Health (NIMH), developed the C-SSRS in 2007 to identify potential suicide risk in people age 18 and up.
- In 2011, the Centers for Disease Control and Prevention adopted the protocol's definitions for suicidal behavior and recommended the use of the

Columbia Protocol for data collection.

- In 2012, the Food and Drug Administration declared the Columbia Protocol the standard for measuring suicidal ideation and behavior in clinical trials.
- Today, the Columbia Protocol is used in clinical trials, public settings, and everyday situations, such as in schools, faith communities, hospitals, and the military, to identify adults who needs help.

ASQ Screening Tool



asQ

Ask Suicide-Screening Questions

Suicide Risk Screening Questions for Medical Settings

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now? Yes No

NIH National Institute of Mental Health

ASQ Pediatric Screening

- The National Institute of Mental Health led a multi-site study to develop a tool to screen for suicide risk in young people.
- Validated for use in three pediatric emergency rooms in the US.
- Isometrically sound tool that is free for use in clinical settings.
- Screening takes less than two minutes and identifies those in need of intervention.

CONTINUE

Assessment Documentation

- Document suicide assessments (Electronic Health Record (EHR)) in the appropriate area of the patient's electronic medical record.
- Risk screening for patients placed on suicide precautions are completed at admission and at least once per shift thereafter as necessary.
- If patient is unable to be screened, an assessment is to be completed upon a change in condition that allows for it.
- Patients at moderate risk must have the physician notification documented.

- Refer to SHS policy ***Suicide Screening and Precautions Procedure - GSRMC, SLCH, SNLH, SPCH*** for documentation requirements.

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Risk and Assessment

Patients will be assessed using the screening tool by the RN as part of ED triage and on admission as an inpatient and at least once per shift if on suicide precautions.

Based on the suicide risk of the adult patient, the interventions will be as follows:

Low Risk _

Provide suicide prevention resource information at discharge, no need for suicide precautions or room readiness list.

Moderate Risk _

Consider suicide precautions after consultation with a provider. Consider obtaining a Behavioral Health consult when the patient is medically stable. Suicide prevention resource information will be provided at discharge.

High Risk with Precautions _

Suicide precautions will be initiated immediately. Obtain a Behavioral Health consult when the patient is medically stable. Suicide prevention resource information will be provided at discharge.

CONTINUE

Based on the suicide risk of the pediatric patient, the interventions will be as follows:

Pediatric Patients age 10-17 who answered YES to Question #5 _

If a pediatric patient age 10-17 answers Yes to Question #5 on the ASQ Screening tool:

a. Suicide Precautions will be initiated immediately per physician order;
b. Obtain a Behavioral Health consult when patient medically stable;

c. Provide suicide prevention resource information at discharge.

Pediatric Patients age 10-17 who answered NO to Question #5

If Pediatric patient answers No to Question #5 on the ASQ Screening tool:

a. Consider suicide precautions after consultation with provider;
b. Consider obtaining a Behavioral Health consult when the patient is medically stable;
c. Provide suicide prevention resource information at discharge.

CONTINUE

Suicide Precautions

- Suicide monitoring precautions can be initiated by the nurse
- If initiated, prepare the patient for what they will experience while on suicide precautions.
- Implement 1:1 monitoring with continuous observation.
- Ask the patient to change into paper scrubs

    - Assess for and remove elastic from waistband to mitigate ligature risk.
- Check patients mouth for foreign objects.
- Any concerning piercings should be removed.

- Communicate precautions as needed to other healthcare team members, imaging, lab, etc.
    - If the patient needs to go to another department the 1:1 trained staff will accompany the patient.

- Upon reentry to the patient room, after leaving the department, the room should be reassessed for safety.
- Prepare room by using the “SHS Suicide Precautions Room Readiness Checklist”.
- Request a safe tray from nutritional service (disposable cups/plates, safe utensils).

CONTINUE

Room Readiness Checklist

Samaritan Health Services

Suicide Precautions Room Readiness Checklist

Place Patient Label Here

☐ Good Samaritan Regional Medical Center ☐ Samaritan Lebanon Community Hospital ☐ Samaritan Pacific Communities Hospital
☐ Samaritan Albany General Hospital ☐ Samaritan North Lincoln Hospital

- **This list is NOT comprehensive. Nursing MUST use their best judgment when determining room readiness.**
- Patients assessed to be a suicide risk and are admitted to the non-Behavioral Health Inpatient setting or to the ED often require equipment to monitor and treat their medical conditions, so it is impossible to make their environment truly ligature-resistant.
- All objects that pose a risk for self-harm that **can** be removed without adversely affecting the ability to deliver medical care should be removed.
- If the item is required for safe patient care, it is permissible while in use.

Remove any of the following NON-ESSENTIAL items (Consider removing anything from patient room that doesn't require tools or engineering):

☐ BP cuff, tubing, cords (including monitor and exam equipment cords)
☐ IV pole
☐ Extra blankets/sheets
☐ Power cords
☐ Kick buckets, trash cans, linen carts & plastic bags
☐ Cleaners & disinfectants
☐ Rolls of coban, gauze, tape, etc.
☐ Silverware
☐ Any nurse server or procedure cart
☐ Sharps container and container strap (Velcro strap)

Remove patient belongings. Remember to consider the following as potential self-harm items:

☐ Pocket knives
☐ Nail files/clippers
☐ Perfume, cologne, makeup
☐ Medications brought from home
☐ Belts, hosiery, neckties
☐ Shoelaces
☐ Drawstrings from pants/sweatshirt
☐ No electronic devices (including cell phone from patient and/or visitor)

Items that are generally not expected to be removed due to the essential need for the care of the hospitalized patient:

☐ Tubing in use (oxygen, IV, etc.)
☐ IV pole/pump in use
☐ Plastic utensils with meals
☐ Plastic bags in use (liner to waste receptacle)

List any additional items removed from the room:

_____
_____
_____
_____
_____
_____

Return completed form to Department Manager. After Manager reviews, forward to site Quality Director.

Signature: _____ Date: _____ Time: _____ Patient Room #: _____

Click on image to zoom

- Completed in the EHR prior to rooming patient if possible. Checklist will not be a part of the permanent record.
- Not a comprehensive list
    - Nursing staff must use clinical judgment when determining room readiness.
- Patient belongings should be secured away from the patient or sent home with family.
- Consider removing all non-essential room items that don't require tools or facilities staff to accomplish.

> **This document is NOT part of the patient's permanent medical record.**

CONTINUE

1:1 Monitoring

1:1 monitoring is...

In person, continuous visual observation within a distance that allows for immediate intervention if self-harm is attempted.

- 1:1 continuous visual observation includes while the patient sleeps, toilets, and bathes.
- Bathroom/toileting may be provided via bedside commode, bedpan or use of a bathroom.
- Bathroom use requires continuous visual observation to ensure safety of the patient.

Monitoring Considerations

Note that having one sitter watch 2 patients in the same room is a 2:1 and not a 1:1.

- Video monitoring may be used when it is unsafe for a staff member to be physically located in the patient's room. The video feed MUST have audio capabilities, the video monitoring should be 1:1, and immediate intervention by a qualified staff member should be able to be executed when requested.
- Visitors may be allowed as determined by staff.
    - Items being brought by visitors need to be approved prior to room entry.

    - Patient room is to be reassessed for safety after visitors leave.

Suicide Precaution Documentation

RN to verify documentation of:

- 1:1 continuous monitoring every shift.
- Psychosocial and physical assessment **at least** every shift and as patient status changes require.
    - RN to complete.
- Documentation of continuous observation and patient status in the electronic health record (EHR) related to safety/comfort/needs **every 15 minutes**.
    - May be completed by RN/CNA/ED Tech or trained designee.
    - Non-Clinical staff trained w/o access to EHR to use SHS Patient Sitter Log.
- Daily cares offered or provided, hygiene, etc.
    - May be completed by RN/CNA/ED Tech.

Discontinuation of Suicide Precautions

- A physicians order is required to discontinue suicide precautions.
- Patient belongings are only to be given to suicidal patients when an actual plan is in place and the patient is ready for discharge.
- Staff should remain with the patient during the discharge process.
    - This includes staff and/or security staff walking the patient out of the building.

CONTINUE

Community Suicide Support

The “National Suicide Prevention Lifeline” is now the “Suicide and Crisis Lifeline”.

Both options will connect those in crisis to someone who can help.

The crisis text line is also available at 741741 or via live chat @ www.crisistextline.org.

Additional Resources

Local Veteran Crisis Resources:

https://www.veteranscrisisline.net/gethelp/resourcelocator.aspx

PTSD: National Center for PTSD:

http://www.ptsd.va.gov/public/problems/ptsd-suicide.asp

Suicide Prevention Resource Center:

http://www.sprc.org/about-suicide

NIMH Suicide Prevention: Information for friends and families:

https://www.nimh.nih.gov/health/topics/suicide-prevention

CONTINUE

Quiz

To pass the training, you must answer ALL quiz questions correctly. You will be able to retake the quiz if you don't pass.

Question

01/05

Why is it important to continually assess ligature risks in the hospital setting?

- There is no need to focus on ligature risks as long as the patient is being monitored 1:1
- The room readiness checklist assures we can make a room ligature proof so it only needs to be done once
- Hanging and/or strangulation is a very uncommon form of suicide and the noise it makes will alert staff
- No room can be guaranteed to be completely ligature proof. The majority of completions in the psychiatric setting are done using silent methods such as strangulation.

Question

02/05

In a commitment to patient safety, which of the following would be the most important factors in a patients care?

- Identification of environmental risks, blocking visitors, on time medication delivery
- Identification of at risk patients, ensuring patients receive care in a safe environment, and identification of environmental risks
- Early entry of diet order, ensuring patients receive care in a safe environment, identification of environmental risks
- Identification of at risk patients, initiation of discharge teaching, and ensuring patients receive care in a safe environment

Question

03/05

The ASQ Screening Tool is utilized at Samaritan to screen adults for risk of suicide?

- ◯ True
- ◯ False

Question

04/05

When suicide precautions are initiated what must be done?

- Leave the room as is just in case equipment is needed in a hurry, and initiate monitoring precautions
- Strip room bare, all items are potential ligature risks
- Place the patient on 1:1 monitoring precautions and prepare the room using the room readiness checklist as a guide
- Prepare the room using the room readiness checklist and allow significant other or guardian to bring in personal items as needed

Question

05/05

Staff can monitor multiple suicide precaution patients as long as they are all in the same room?

- ◯ True
- ◯ False

References

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RESTART

References

Centers for Medicare & Medicaid Services. (July 17, 2023). *Memorandum summary: Ligature risk and assessments in hospitals.* Retrieved from: https://www.cms.gov/files/document/qso-23-19-hospitals.pdf

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