

A Multi-disciplinary Model of Staff Engagement towards Suicide Prevention in PYNEH

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Patient Suicide in HKEC

Oct 2007

- **Implementation of Sentinel Event (SE) Policy**

SE Category 6

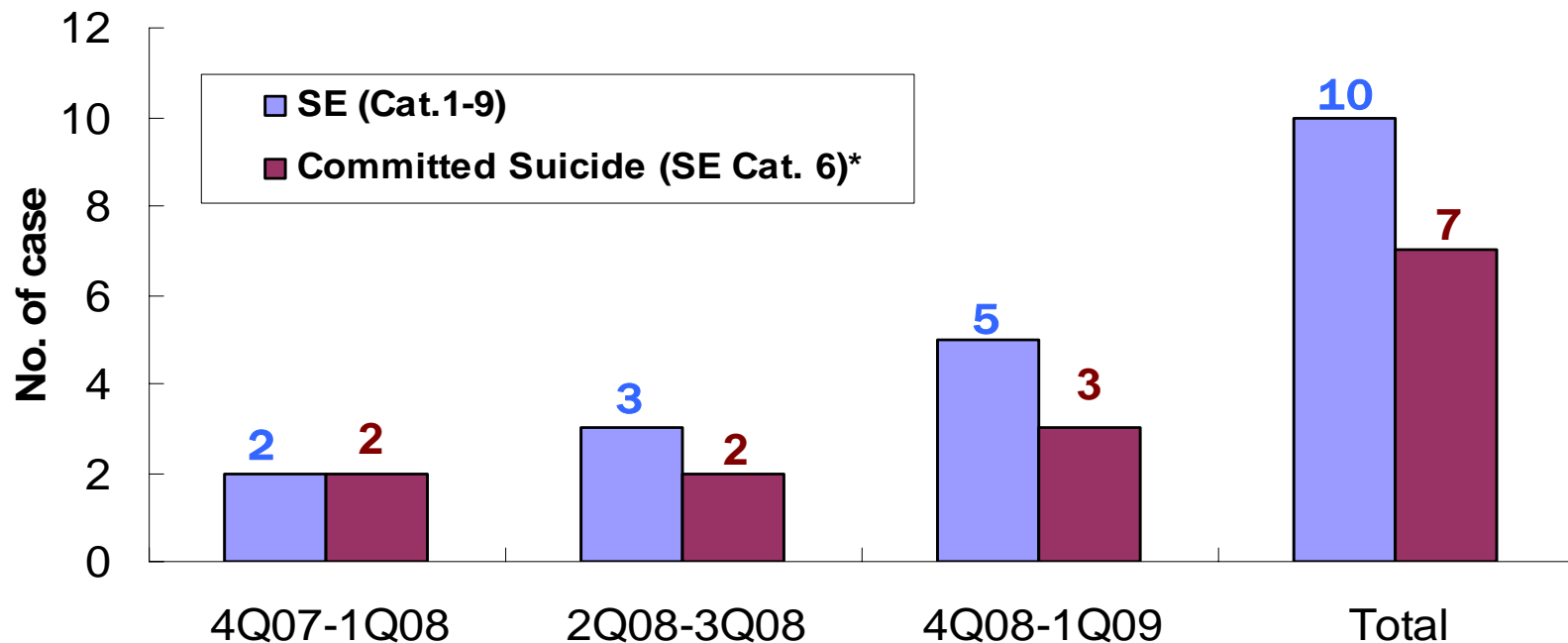
Death of an in-patient from suicide, including suicide committed during home leave

2007-2008

- **4 cases** of committed suicide



No. of Committed Suicide Incidents in HKEC 4Q07-1Q09 (Sentinel Event Cat 6)



Committed Suicide (SE Cat. 6)	4Q07 - 1Q08	2Q08-3Q08	4Q08-1Q09	Total
- IP (Psy) committed suicide in Psy ward	1	0	1	2
- IP (Psy) committed suicide during home leave	1	0	1	2
- IP (General) committed suicide in General ward	0	1	1	2
- IP (General) committed suicide during home leave	0	1	0	1

** Sentinel Event Cat 6. [Death of an in-patient from suicide (including suicide committed during home leave)]*

Suicide Prevention Project

An Initiative of HKEC Q&RM Office

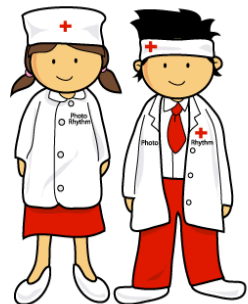
Objective

To reduce patient suicide in PYNEH through

(1) An **integrated model** of **early identification** of at-risk patients

&

(2) Implementation of **preventive strategies** and **environmental safety measures**



Key issues in implementation of Suicide Prevention Project

- 1. Staff Engagement**
- 2. System Design**
 - (a) Patient Safety/ Clinical Management
 - (b) Facility Safety
- 3. Pilot implementation (Phase I), evaluate feedback & design modifications**
- 4. Pilot implementation (Phase II)**
- 5. Sustained implementation**


1. Staff Engagement

- **Multi-disciplinary Suicide Prevention Working Group (SPWG)** established in Sept 2008 to study and manage risks towards suicide prevention
 - Comprises *Psychiatrists, frontline Doctors, Nurses* and *Allied Health Professionals*
- SPWG also engaged *Facilities Management Department* to review and enhance environmental safety



2. System Design

- Psychiatrist developed **3 Screening Questions** on suicidal attempt or suicidal thought for general ward nurses and doctors: Adopted after reaching consensus among members
- **Standard Operating Procedure (SOP) and Assessment Checklist with Observation Record** then developed to identify and monitor suicidal risks + document interventions
- System design continued till mid-2009

	Cluster Quality & Risk Management Office	Ref No.	HKEC-QRM-PC-PD-001-R0(E)
		Effective Date	1 September 2009
	Prevention of Patient Suicide in General Wards	Page	1 of 4
		Revision No.	0

1 BACKGROUND

- 1.1 **Suicide** is death that results from an act that a person commits believing that the act will cause their own death.
- 1.2 The cluster management acknowledged that patient suicide although is a rare occurrence but vulnerable in hospitals. Therefore, it is important that healthcare professional; especially those general ward settings could intervene early of "at risk" patients while in hospital and before discharge.
- 1.3 HAHO initiative to further strengthen the existing systems for minimizing the inpatient suicide incidence, the 'Task Force on Inpatient Suicide' standardized an "Suicide Risk Screening Tool" for frontline staff to early detect those patients with high risk of suicide.

2 PURPOSE

The purpose of the guideline is to enhance early identification of patients at risks of suicide in general wards so as to plan for appropriate interventions while in hospital and before discharge.

3 KEY CONTRIBUTING FACTORS

- 3.1 Unstable mental status and depression associated with debilitating conditions such as chronic diseases and permanent disabilities.
- 3.2 Inadequate awareness of environmental risks or dangerous objects that may facilitate suicidal acts.
- 3.3 Ineffective communication among healthcare professionals, patients and caregivers.

Cluster SOP on Prevention of Patient Suicide in General Wards

Suicide Risk Screening & Suicide Prevention Observation Record for General Wards

HOSPITAL AUTHORITY Hong Kong East Cluster Suicide Risk Screening and Suicide Prevention Observation Record (General Ward)	Hospital No. : _____ Name: _____ Sex: _____ Age: _____ I.D. No. : _____ Chinese Name: _____ Dept: _____ Ward: _____ Bed No. : _____
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Part I: Suicide Risk Screening Checklist, to be completed by doctor / delegated personnel.
This is a checklist of suicide risk factor only, which cannot replace clinical judgment (Please 'N' if applicable)

A. Suicidal Risk Screening

Patient was admitted because of suicidal attempt or idea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient expresses suicidal idea or self-harm behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disclosure by relatives / friends that patient has suicidal inclination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Proceed to "B" if there is a tick or more of "YES" in (A)

B. Suicide Risk Assessment Checklist * = Critical suicidal risk factors

Clinical Information: <input type="checkbox"/> Mental illness: Schizophrenia / Depression / Personality Disorder <input type="checkbox"/> Previous self-harm/suicidal attempt <input type="checkbox"/> Alcohol and / or Substance Abuse <input type="checkbox"/> Impulsivity / agitation <input type="checkbox"/> Commanding hallucination * <input type="checkbox"/> Depressed mood <input type="checkbox"/> Feeling of hopelessness *	Precipitating Factors: <input type="checkbox"/> Intractable pain in debilitating / terminal illness * <input type="checkbox"/> Delirium <input type="checkbox"/> Recent stress / bereavement / significant loss (e.g. relationships, finance, job) Demographic: <input type="checkbox"/> Separated / Divorced / widowed <input type="checkbox"/> Poor social support
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C. Suicidal Precaution (S. P.) start on _____/_____/____ at _____:____
 Signature: _____ Name & Rank: _____

Part II: Nursing Intervention Checklist, to be completed by nurse.

<input type="checkbox"/> Assign an easily observable bed for close monitoring	<input type="checkbox"/> Ensure all medications administered to patient are taken immediately
<input type="checkbox"/> Alert all staff on patient under S.P.	<input type="checkbox"/> Document patient's condition
<input type="checkbox"/> Beware of brought in dangerous objects or medication on admission and during visit	<input type="checkbox"/> Communicate and provide psychological support
<input type="checkbox"/> Locate patient's whereabouts	<input type="checkbox"/> Continue observation on patient's suicidal idea/intent
<input type="checkbox"/> Treat pain vigorously: _____	
<input type="checkbox"/> Encourage relatives / significant others to accompany patient: _____	
<input type="checkbox"/> Refer to other disciplines / psycho-social-spiritual service: _____	

Signature: _____
 Name & Rank: _____
 Date: _____ Time: _____

Suicide Risk Screening and Suicide Precaution Observation Record (General Ward)

TF4105/Py

Part III: Suicidal Precaution Observation Record for recording patient's mood/behavior and safety.

Suicidal Precaution start on _____/_____/____ at _____:____ observation every _____ hours.

Date/Time	Location	Mood / Behaviour / Others	Remarks	Checked by

Suicidal Precaution end on _____/_____/____ at _____:____ Signature: _____
 Name & Rank: _____

For reference only (a brief mental observation guide, can use the following descriptive words to enter into the observation record):

BEHAVIOUR: withdrawn/reserved/agitated/irritated/poor personal hygiene	ATTITUDE: hostile/tearful/cooperating/insight/incooperative
MOOD: depressed/low/flat/irritable/childlike/neutral/angry/calms/neutral/stable	ORIENTATION: disoriented to time/place/person/past/future/orientation
SPEECH: muttering/soft/irrelevant/hesitant/irrelevant/incoherence/self-muttering	SLEEP PATTERN: broken sleep/difficult to fall asleep/total insomnia
THOUGHT: hopelessness/paranoia/delusion/grudge/hallucination/delusion	ABCONDING ATTEMPTS: Note number and reason why?
SUICIDAL EXPRESSION: Thought of suicide/harming self/verbal expression of suicide/self-harming/suicidal gesture/death wishes/current plan/suicidal note	

Suicide Risk Screening Checklist

1. Patient was admitted because of suicidal attempt or idea

Yes No

2. Patient expresses suicidal idea or self-harm behaviour

Yes No

3. Disclosure by relatives / friends that patient has suicidal inclination

Yes No *Not applicable*

Suicide Risk Assessment Checklist

- Mental illness: Schizophrenia / Depression / Personality Disorder**
- Previous self-harm / suicidal attempt**
- Alcohol and / or Substance Abuse**
- Impulsivity / agitation**
- Command hallucination***
- Depressed mood**
- Feeling of hopelessness***

** = Critical suicidal risk factors*

Suicide Risk Assessment Checklist

Precipitating Factors

- ❑ Intractable pain in debilitating / terminal illness*
- ❑ Delirium
- ❑ Recent stress / bereavement / significant loss (e.g. relationships, finance, job)

Demographic

- ❑ Separated / divorced / widowed
- ❑ Poor social support

This is a checklist of suicide risk factors only and cannot replace clinical judgment

Nursing Intervention Checklist (1)

- ❑ Assign an **easily observable bed** for close monitoring
- ❑ **Alert** all staff on patient under S.P
- ❑ Beware of brought in **dangerous objects** or **medications** on admission and during visits from families
- ❑ **Locate** patient's whereabouts
- ❑ Ensure all **medications** administered to patient are taken immediately

Nursing Intervention Checklist (2)

- ❑ **Document** patient's condition
- ❑ **Communicate and provide psychological support**
- ❑ **Continue observation** on patient's suicidal idea / intent
- ❑ **Treat pain** vigorously
- ❑ **Encourage relatives / significant others** to accompany patient
- ❑ **Refer** to other disciplines / psycho-social-spiritual service

Part III: Suicidal Precaution Observation Record for recording patient's mood/ behavior and safety.

Suicidal Precaution start on ____/____/____ at ____:____, observation every ____ hours.

Date/Time	Location	Mood / Behaviour / Others	Remarks	Checked by

Suicide Precaution Observation Record

To record patient's mood/ behaviour and safety

Suicidal Precaution end on ____/____/____ at ____:____ Signature: _____
 Name & Rank: _____

For reference only (a brief mental observation guide, can use the following descriptive words to enter into the observation record):

BEHAVIOUR: withdrawn/sedative/agitated/distressed/poor personal hygiene	ATTITUDE: hostile/insightful/cooperative/lacking insight/uncooperative
MOOD: depressed/low flat/hurtful/irritable/neutral/angry/calm/neutral/stable	ORIENTATION: disorientated to time/place/person/object/direction
SPEECH: mutter/whisper/normal/normal firm/rapid/incoherent/self-muttering	SLEEP PATTERN: looks deep/difficult to fall asleep/total insomnia
THOUGHT: hopeless/paranoid/obsessive/guilt/hallucination/delusion	ABSCONDING ATTEMPTS: Note number and nature why?
SUICIDAL EXPRESSION: Thought of suicide/harming self/verbal expression of suicidal/attempting/suicidal gestures/acts wishes/current plan/suicidal note	

3. Facilities Safety

- **Environmental scanning** of PYNEH conducted in March 2009 to identify high risk areas for planning of subsequent improvement measures
- Criteria of assessment include **past incidents, impact (lethality), and practicability of prevention & control**
- 12 locations visited
 - 4 with previous incidents
 - all with potential lethal injuries (fall from height)

Environmental Scanning



巡查醫院高危地點
減低病人從高處跳下的風險

Representatives of **CQRM**
Office, Doctors, Nurses,
Clinical Psychologist,
Facilities Professionals,
and Hospital
Administrators



Environmental Safety Projects

Improvement measures **designed** and **implemented** by phases for the 12 high-risk locations **identified**



3. Pilot Implementation: Phase I

Sep 2009

- **Screening Questions** piloted in 6 medical wards (1 month)
- **Opinion Survey** among pilot users
 - Screening Questions could be incorporated **without difficulties** into the preliminary patient assessment process in medical wards
- Feedback received used to revise **SOP** and **Observation Record**
- **Two Q&S Forums** held to promote staff awareness about patient suicide risks in hospital: **505 attendees**

4. Pilot Implementation: Phase II

Oct - Dec 2009

- **Revised Observation Record** successfully piloted in all 13 medical wards (3 months)
- **3 Workshops** organised to engage staff (**72 attendees**)
- **Second Opinion Survey** conducted post-pilot: >70% of frontline staff agreed that the **Observation Record** could
 - ✓ **Provide a quick guide for assessment and intervention**
 - ✓ **Enhance staff awareness, communication, and documentation**
 - ✓ **Improve rapport with patients and families**

5. Sustained Implementation

Full implementation (PYNEH) from Jan 2010

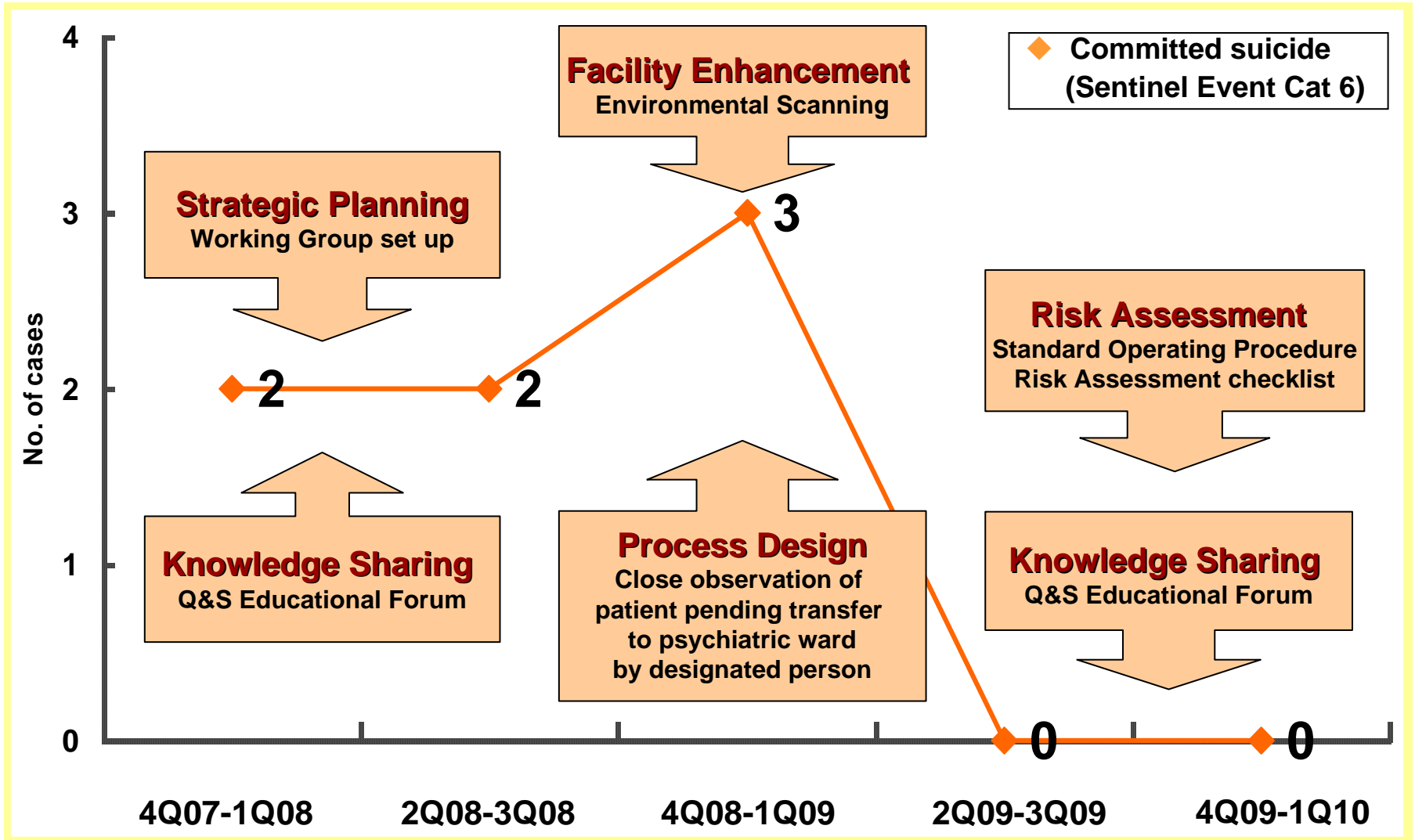
- All clinical departments in 900+ IP beds
 - AED(EMW), Med, SUR, ORT, GYN/OBS, ONC, NS, ICU, and ENT
- Involves
 - 980 nurses
 - 400 doctors
 - 400 allied health professionals
 - 750 supporting staff

Result

From 4 cases of committed suicide before the Project
+ 3 more cases during early part of Phase II Pilot →

No further suicide cases reported in 2009

Incidents & Risk Reduction Strategy on Patient Suicide



5. Sustained Implementation

- **Discussion forums and departmental briefing in cluster hospitals**
- **Extension to 5 cluster hospitals in HKEC**
 - RHTSK: 2Q10**
 - WCHH: 2Q10**
 - TWEH: 3Q10**
 - SJH: 3Q10**
 - CCH: 3Q10**
- **Trend of patient suicide will continue to be monitored**

Critical Success Factors in Implementation of Suicide Prevention Project

- *Staff engagement starting from conceptual and design phases to piloting and full implementation*
- *Gradual and stepwise approach with modifications based on feedback*



Conclusions



- This Project demonstrated that PYNEH had been successful in **engaging** all staff to **promote patient safety**
- Early identification of at-risk patients using an integrated model of an **assessment checklist** + implementation of **preventive strategies** and **environmental safety measures** had reduced the incidence of suicide in PYNEH



We believe



**The model could be applied to all hospitals
to reduce suicidal incidents and
improve patient safety**

Thank You

