Adopting an Evidence-Based Suicide Risk Assessment Tool

Luming Li, MD; Frank Fortunati, MD, JD
Yale School of Medicine, Department of Psychiatry

Background

Suicide risk assessments have been completed with high variability among providers, which can lead to differing outcomes for patients. Given regulatory imputus by the Joint Commission as well as potential for improving patient care, there was growing need to standardize an evidence-based suicide risk assessment approach to be completed by psychiatric providers. The Columbia-Suicide Severity Rating Scale and Suicide Assessment Five-Step Evaluation and Triage exist as standardized, evidence-based tools. The assessments include elements of protective factors, risk factors (acute and chronic), and suicide inquiry (frequency, duration, and past attempts) can help evaluate and document suicide risk.

Aim

Improve the suicide risk assessment quality by 20% through use of an evidence-based tool

Actions Taken

Adoption of the evidence-based Columbia Severity Suicide Risk Scale (CSSRS) alongside the Suicide Assessment Five Step Evaluation and Triage (SAFE-T) through the development of an optimized electronic health record (EHR) tool for suicide risk and prevention. A qualitative auditing scorecard was developed, and QI audits were performed pre- and post-intervention.

Measures

- **Outcomes measures:** reduced readmission for those evaluated for suicide risk; reductions in suicide rate (can be much more difficult to quantify)
- **Process measures:** utilization and quality of use for the new suicide risk assessment tool and templated formulation section
- **Balancing measures:** delay in care in the ED and inpatient settings (i.e., increased time to ED / inpatient provider evaluation due to time spent using new assessment process); overall LOS for patients evaluated for suicide

Results

Using a standardized tool for suicide risk assessment tool in the EHR, the quality of the suicide risk assessment conducted by inpatient providers of 5 psychiatric inpatient units improved. Scores show an average of 4.6 pre-intervention, followed by 7.5 post-intervention, and then 9.3 following several PDSA cycles.

PDSA Cycles for Suicide Risk Assessment Project

Cycle 1: Described about initiative routine medical staff meetings and educated about the need for reducing clinical variability in suicide risk assessments

Cycle 2: Worked to optimize the Epic build to incorporate staff feedback from variety of practice settings, including inpatient, consult, ambulatory, and emergency room settings

Cycle 3: Developed finalized protocol for implementation and launched on August 15, 2019

Cycle 4: Collected data from staff and addressed implementation barriers with the optimization committee and Epic analyst

Newly Designed Assessment Tool

Auditing and Scoring Elements of Evidence-Based Suicide Risk Assessment

1. **Risk Factors:**
   - At least 4 risk factors (1)
   - At least 2 modifiable risk factors (1)
2. **Protective Factors:**
   - 1 protective factor (1)
3. **Conduct Suicide Risk Inquiry:**
   - Suicidal ideation (1)
   - Suicide plan (1)
   - Suicidal behavior and intent (frequency/intensity) (2)
4. **Risk Level/Intervention:**
   - Plan with rationale for suicide risk in community and hospital, and follow-up (1)
5. **Documentation:** Information in provider note about risk level with documented follow-up

Next Steps

- Measuring impact, expanding to other psychiatric conditions
- Ongoing sustainability of the project: continues to be discussed at Optimization committee, feedback ongoing by providers, team involved in roll-out interested in outcomes metrics
- Remaining steps in the PDSA Cycle: Additional metrics may be identified and used to study the initiative