

## SELF STUDY QUESTIONS

Before undertaking the installation of the QPR Institute Suicide Risk Reduction program, agencies and organizations may find the following questions helpful in an examination of current practices. To the degree risk managers and/or legal counsel are involved in the adoption of best practices policies and procedures, an internal review of policies and procedures governing the detection, assessment, and management of consumers at risk for suicide is strongly recommended. Postvention policies and procedures are also critical to the avoiding claims for suicide malpractice. This review should address the following non-exhaustive list of questions:

### SUICIDE RISK ASSESSMENT

Is routine suicide risk assessment required when consumers seek or are referred to our agency?

What is the nature and extent of this risk assessment?

Who is qualified to conduct a suicide risk assessment? What are these qualifications?

Is staff required to seek consultation regarding high risk consumers? If yes, where is this consultation recorded?

Must a physician be involved in suicide risk assessments?

Where in the medical record are suicide risk assessments to appear?

Are consultations required in triage decision making, including the decision to hospitalize, approve a pass or discharge from inpatient care? If yes, where are these documented?

Are high-risk consumers assigned to students?

### SUICIDE RISK MANAGEMENT

Once a consumer has been identified to be at risk for suicidal behaviors, what clinical interventions must always take place, if any? For example, are consumers with overdose histories given potentially lethal medications? Are medications monitored? How? Where is the required documentation to be found?

If an at-risk consumer is evaluated for possible hospitalization, how is this decision made and by whom? What criteria are used in the decision to hospitalize or not hospitalize? Is a risk-benefit assessment made regarding a decision as to level of care required or level of monitoring required? If yes, where is this documented?

Are there documentation standards or guidelines?

If an at-risk consumer is receiving more than one service from the agency, is any special coordination/communication required? How are issues (consumer issues) communicated?

If an at-risk consumer is receiving mental health services from other community providers, is staff required to communicate with these other providers? How is such communication documented?

What is the policy regarding third-party communications (to staff or agency) about a consumer's suicidal threats, gestures, or attempts, acute stressors, expressions of hopelessness, etc.?

Assuming a suicide risk assessment occurs at the point of initial professional contact, when are additional, formal suicide risk assessments suggested or required?

If an at-risk consumer, assessed to be at elevated risk for suicide, fails to show for an appointment, what steps, if any, is staff required to take? How is this documented?

Are staff persons who serve suicidal consumers required to receive any additional supervisory support or input? How is this documented?

If an at-risk consumer fails to show for an appointment, fails to respond to letters or phone calls, is there a required home visit? If not, why not? How is the decision made to close a case? How is this documented?

If the outpatient environment can reasonably be safeguarded (see to the removal of firearms, lethal medications, etc.), are staff informed of the steps that can be taken, and, if yes, how are these efforts documented?

## POSTVENTION

In the event of a consumer death by suicide, what steps are required of the Primary Care Provider? Supervisor? Service Director? Chief Executive Officer? Quality Improvement/Assurance Committee?

Is a formal death review conducted? What is the format for this review? Who conducts it? In what form are the findings of the committee reported? To whom? How are the needs of the primary care provider handled? Who has access to the Death Review Committee's report?

How are other consumers who may have been affected by the death of a fellow consumer identified and responded to?

If the deceased consumer had family or close friends, what is the agency's response to these survivors?

In the event of the death of a consumer, are the policies regarding confidentiality of consumer information known to staff? Are these policies in their provider manuals?