20 Questions for the Executive Director

Are suicidal people in your care safe?

Don't be "surprised" by a patient suicide in your organization.

Too often, leadership assumes its clinical staff are well-trained in suicide risk detection, assessment and management.

This is a dangerous assumption.

Sadly, and through no fault of their own, clinical staff don't know what they don't know about suicide and its prevention.

The reason is simple: their professional training programs did not teach them the required competencies.

As a result, patients in our care are dying every day.

Conduct a suicide risk audit of your organization now!

We suggest the following 30-minute drill

1. If you routinely screen for suicide ideation, or history, on your intake document, ask medical records to deliver five of these charts to your office for personal review using the checklist below.

2. Ask Human Resources to pull five random clinical staff personnel files and deliver them to your office for your review.

3. After completing steps 1 and 2, review your current published policies and procedures regarding suicidal consumers.

Why take the time?

Buddha said, "Recognize all danger and avoid it."

Not counting possible bad community press and the horrific psychological and emotional costs to a patient's family and your staff, estimated suicide malpractice lawsuit costs are as follows:

- $120,000 to defend one suicide malpractice claim through trial

- $200,000 to several million to settle one suicide malpractice claim
- $500,000 to $1.5 million is the average verdict in a malpractice case

> A suicide malpractice lawsuit has been called a "brutal audit" and a very unpleasant learning experience – but a lawsuit is also entirely avoidable with proper staff training and good documentation.

20 questions

With your files and policy manual in hand, and for security reasons, print the following 20 questions and find your answers in your documents.

If you answer "no" or "don't know more frequently than you answer "yes" your clients and your agency may be at risk.

Questions 1-5: Staff training, knowledge and credentials

General question: "Are my staff specifically trained in suicide risk detection, assessment and management of suicidal consumers, i.e., do they know how to assess the level of risk and match it with the appropriate level of care?"

Patient suicide is always an "unexpected" event, but it shouldn't be. If you are not treating suicidal consumers you are probably treating the wrong population.

Where to find the answers:

1. Our clinical provider personnel files contain evidence and "proof" of suicide risk assessment training and/or competency.
   Yes____ No____

2. The following staff persons are qualified to conduct and document in the medical record suicide risk assessments, and to recommend or order treatment interventions, risk mitigation interventions, or levels of monitoring:
   List by profession: ________________Don't know_______

3. Agency policies and procedures clearly address when, how often and at what transitions suicide risk assessments are to be completed, documented and by whom.
   Yes_____ No _____

4. According to our training records, Goals 6, 7 and 8 of the 2001 National Strategy for Suicide Prevention have been achieved for our clinical providers: a) Implement training in the recognition of at-risk behavior and delivery of effective treatment, b) Develop and promote effective clinical and professional practices, and c) Improve access to and community linkages with mental health and substance abuse services."

Yes____ No_____ Don't know_____

5. Support, administrative and volunteer personnel are trained in how to recognize consumer suicide warning signs and what steps to take to prevent a suicide attempt? For example, a scheduler might be told by a suicidal consumer, "Say goodbye to everyone for me, I'll be six feet under by Friday."
   Yes____ No____

Questions 6-20: Documentation of suicide risk detection, assessment and risk management decisions

Your intake document should list "suicide" as a problem or presenting complaint, so select "suicide positive" cases for your audit. If your intake document does not list suicide as a presenting problem, or something that should be screened for, you have a serious issue.

There are only two kinds of suicidal clients or patients receiving services in your agency or hospital today: those "known at risk" and those "unknown at risk." (See Joint Commission Patient Safety Sentinel Alert, November, 2010).

Your failure to detect the "unknown at risk" patient is a screening error.

Your failure to thoroughly assess the "known at risk" patient is assessment error.

Either error can contribute to preventable devastating adverse outcomes.

With your medical records in hand, review items 6 through 20:

6. As a standard intake screen, all consumers are queried for current, recent or remote history of suicidal ideation and past suicide attempts, with full documentation of findings.
   Yes____ No_____ Don't know_____

7. Our current suicide risk assessment protocol includes specific how to ask about suicide probes that encourage consumer disclosure of current ideation, plans, and past suicidal behaviors. Staff are trained that denial of suicidal ideation is not an assessment of risk and that "no-suicide" contracts are insupportable as a clinical tool.
   Yes____ No____

8. If a consumer reports suicidal ideation or history, known risk factors for suicide are documented.
   Yes____ No____ Don't know_____

9. If a consumer reports suicidal ideation or history, precipitating event(s) are queried for and documented.

Yes____ No_____ Don’t know_____

10. If a consumer reports suicidal ideation or history, the means of suicide are asked about, documented, and a reasonable and prudent effort is made to restrict access to these, with full documentation of actions taken.
    Yes____ No____ Don’t know_____

11. When a queried, suicidal consumer discloses the time and place for a planned suicide attempt, every effort is made to intervene in this plan to avert it.
    Yes____ No____ Don’t know_____

12. The contribution(s) of any social or relationship conflicts, inclusive of homicide-suicide ideations, are assessed and documented as part of the suicide risk assessment.
    Yes_____ No_____ Don’t know_____

13. When a consumer is determined to be experiencing suicidal ideation, suicide protective factors (reasons to live or “buffers” against suicide) were elicited, assessed, mobilized, integrated into the treatment plan and documented.
    Yes_____ No_____ Don’t know_____

14. An informed, consent style personal agreement to abstain from substance use was included in the risk mitigation and treatment plan for a suicidal consumer.
    Yes_____ No_____ Don’t know_____

15. A specific agreement was elicited from the suicidal consumer to follow recommended risk mitigation strategies and medical advice, including a medication regimen if instituted.
    Yes____ No_____ Don’t know_____

16. If a consumer is assessed to be suicidal, consideration of hospitalization, intensive outpatient, consultation or additional services were discussed in consultation, evaluated, and ruled in or out of the documented treatment plan.
    Yes_____ No_____ Don’t know_____

17. If a consumer was assessed to be suicidal, a documented good-faith agreement to not harm self accidentally or on purpose was part of the collaborative consumer safety and treatment plan? As opposed to a “no-suicide contract” such an agreement represents an “informed consent” to recommended interventions.
    Yes_____ No_____ Don’t know_____

18. For suicidal consumers, emergency response information, e.g., return to service provider, call a hotline, go to nearest hospital or other crisis response is provided in writing.
    Yes_____ No_____ Don’t know_____

19. Is there an agreement for the cognitively intact suicidal consumer to accept responsibility for the safety plan?
    Yes_____ No_____

20. Were family members or significant others interviewed about suicide risk, provided information and action plans, and were these 3rd party observations documented and included in the suicide risk assessment?
    Yes_____ No_____

Feel free to call us with questions, and we hope this has been helpful audit.

Staff and faculty, the QPR Institute