University of Toledo Medical Center

UTMC Care Clinic/Ryan White Program

Title: Suicide Risk Screen

Purpose: This guideline outlines the procedures and documentation for Suicide Screen for patients ages 12 years and older

Related Polices: 3364-100-45-23 Involuntary Civil Commitment; Patients Lacking Decision Making Capacity
3364-100-60-60 Adult Patients Requiring Psychiatric Interventions
3364-101-02-01 Ambulatory Medical Record
3364-140-04 Suicide Risk Screening & Assessment

Accountability: It is the clinical team's responsibility to conduct suicide risk screens and implement plans of treatment under guidance of a licensed provider, based on the clinical needs of the patient.

Procedure:

1. As part of each **physical medicine appointment**, the Medical Assistant will ask the patient suicide screening questions at each visit and document responses in the clinical record.
    a. If patient answers "No," no further action is required.
    b. If patient answers "Yes"
        i. To assist in determining if this is an acute suicidal crisis requiring immediate intervention, the MA will ask the following follow up questions
            - "Do you have plans and want to commit suicide now?"
            - "Have you thought of a plan for committing suicide?"
                a. If the answer to the above questions are "No," MA will document this information in the medical record and notify the provider via EMR messaging system that the patient answered "Yes" to the suicide screening question(s) and "No" to the acutely suicidal questions.
                b. If the answer to the question concerning a plan for suicide is "Yes," the MA will:
                    i. document this information in the medical record
                    ii. notify the Medical Case Manager (MCM) that the patient answered yes to the ACUTE suicide screening questions.
                    iii. Patient will be staffed 1:1* until the MCM arrives
                    iv. complete the "Steps to Chart Once" section of the suicide precautions charting
                    v. complete the suicide precaution charting every 15 minutes until MCM arrives
    2. When patient is with the MCM, the MCM will:
        a. Conduct a Suicide Risk Assessment.
        b. Determine appropriate level of care based on assessment.
        c. Add an objective on the care plan that will address suicidal ideation for on-going monitoring.
        d. Provide patient information to available resources such as the National Suicide Prevention Lifeline or other local resources such as Zepf Crisis Care, UTMC ER, etc.

e. Ensure the patient is staffed 1:1* until safety planning is complete, and disposition determined.
f. Conduct safety planning in collaboration with the patient and guardian if applicable, to include coping skills and resources for reducing risks

2. As a part of the **Psychiatric appointment** process, the Medical Assistant will ask the patient suicide screening questions and document responses in the clinical record.
    a. If patient answers "No," no further action is required.
    b. If patient answers "Yes"
        i. To assist in determining if this is an acute suicidal crisis requiring immediate intervention, the MA will ask the following follow up questions
            - "Do you have plans and want to commit suicide now?"
            - "Have you thought of a plan for committing suicide?"
                a. If the answer to the above questions is "No," MA will document this information in the medical record and notify the provider via EMR messaging system that the patient answered "Yes" to the suicide screening question(s) and "No" to the acutely suicidal questions.
                b. If the answer to the question concerning a plan for suicide is "Yes," the MA will:
                    i. document this information in the medical record
                    ii. notify the psychiatric provider that the patient answered yes to the ACUTE suicide screening questions.
                    iii. Patient will be staffed 1:1* until the psychiatric provider is available

        ii. When patient is with the psychiatric provider, the psychiatric provider will:
            a. Conduct a Suicide Risk Assessment.
            b. Determine appropriate level of care based on assessment.
            c. Add an objective on the treatment plan that will address suicidal ideation for on-going monitoring.
            d. Provide patient information to available resources such as the National Suicide Prevention Lifeline or other local resources such as Zepf Crisis Care, UTMC ER, etc.
            e. Ensure the patient is staffed 1:1* until safety planning is complete, and disposition determined.
            f. Conduct safety planning in collaboration with the patient and guardian if applicable, to include coping skills and resources for reducing risks

3. As part of the **Initial therapy appointment**, the provider will conduct the suicide screen and document responses in the clinical record.

    a. If patient answers "No," no further assessment is required.
    b. If patient answers "Yes" the clinical provider will:
        i. Conduct a Suicide Risk Assessment.
        ii. Determine appropriate level of care based on assessment.
        iii. Add an objective on the treatment plan that will address suicidal ideation for on-going monitoring as part of the session and delivery of care.
        iv. Provide patient information to available resources such as the National Suicide Prevention Lifeline or other local resources such as Zepf Crisis Care, UTMC ER, etc.
        v. Ensure the patient is staffed 1:1* until safety planning is complete, and disposition determined.

vi. Conduct safety planning in collaboration with the patient and guardian, if applicable, to include coping skills and resources for reducing risks.

c. Additional suicide screenings will be completed as clinically warranted.

4. In the case where the patient is not agreeable for inpatient treatment and does not meet criteria for involuntary civil commitment, requests will be made of the patient to contact friends, family, or other outpatient treatment providers. (If necessary, HIPAA permits providers to make these contacts when the provider believes the patient may be a danger to self or others)

5. In the case where the patient is not agreeable for inpatient treatment and does meet criteria for involuntary civil commitment, an involuntary commitment will be pursued in accordance with UTMC policy 3364-100-45-23. If clinician is not authorized by law to initiate the pink slip, clinician will contact authorized program personnel to assist with the pink slip. i.e., Psychiatric Clinical Nurse Specialist or Psych NP, Psychiatrist, Medical Doctor.

*Staffed 1:1 means one individual assigned to one patient who will maintain visual contact and be in the same room of the assigned individual at all times.

6. Telehealth Considerations
   a. When performing a telehealth appointment with a patient, the staff member should confirm:
      i. The patient's physical location
      ii. A telephone number to contact should they lose connection
      iii. An emergency contact and their phone number should the staff member need to contact to assist in maintaining patient safety (e.g., while waiting for emergency services/911 to arrive)
   b. If a patient expresses a psychiatric emergency during a telehealth appointment
      i. The staff member is to attempt to remain on the phone with the patient
      ii. The staff member is to contact 911/emergency services to request a well check
      iii. Document the disclosure on the PHI disclosure log

Resources:

Screening for Depression and Adolescents: U.S. Preventive Services Task Force Recommendation Statement Annals of Internal Medicine Vol 164 No. 5 1 March 2016

Child Suicide Screening Methods: Are We Asking the Right Questions? A review of the Literature and Recommendations for Practice The Journal for Nurse Practitioner – JNP Volume 12, Issue 6, June 2016

Practice Parameter for the Assessment and Treatment of Child and Adolescents with Suicidal Behavior Child and Adolescent Psychiatry 40:7 July 2001

The Suicidal Behaviors Questionnaire – Revised (SBQ-R): Validation With Clinical and Non-Clinical Samples Psychological Assessment 2001 Volume 8, Number 4 443-454

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