Suicide screening should be part of hospital procedure, panel says

■ Inpatient suicides are the second-most frequently reported safety lapse and often occur in medical and surgical units.

By KEVIN B. O'REILLY (HTTPS://AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY) — Posted Dec. 8, 2010

Suicides frequently occur beyond psychiatric wards and hospitals should do more to screen patients for suicidality and prevent them from harming themselves, the Joint Commission said in a Sentinel Event Alert issued in November.

Hospitals have reported 827 inpatient suicides to the commission since 1995, the most frequent sentinel event reported after wrong-site surgery. The commission defines a sentinel event as "an unexpected occurrence involving death or serious physical or psychological injury" in the health care setting.

The commission, which accredits more than 18,000 hospitals and other health care organizations, issued an alert on suicides in 1998 but noted in its follow-up alert that nearly a quarter of reported suicides happened outside the behavioral health units of hospitals. Nearly 15% of suicides reported to the commission occurred in medical or surgical units, while 8% happened in emergency departments and about 2.5% occurred in long-term-care hospitals or other settings.

"It is evident from the number of incidents reported that general hospitals must take action to prevent patient suicides," said Mark R. Chassin, MD, MPH, president of the commission.

The alert notes that there are many long-term risk factors for suicide, such as a family history of suicide, chronic pain, poor prognosis, unemployment and personal relationship problems. Warning signs of an imminent suicide attempt include anxiety, panic, lost interest in treatment or prognosis and refusal to eat, the commission said.

Hospitals should screen all patients for suicide risk and depression as part of the inpatient admission process using age-appropriate assessment tools, the alert says. For patients determined to be at higher risk for suicide, hospitals should:

■ Check for contraband that could be used to commit suicide.
■ Alert staff to any warning signs.
■ Engage the patient at risk and his or her family in formulating a post-discharge plan.
■ Communicate the suicide risk during hand-off procedures.

The commission already requires hospitals to take suicide prevention measures for patients with emotional or behavioral disorders.