

SUICIDAL SCREENING in a General Hospital Setting: Initial Results

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METHODS

Descriptive Study Design

- ▶ Instrument ratings
- ▶ Inter-rater reliability

Naturalistic Setting

- ▶ >500-bed community hospital
- ▶ Eastern Pennsylvania

Convenience Sample: Adult Inpatients

- ▶ Admitted January – June 2010

INSTRUMENT: ABBREVIATED C-SSRS

- ▶ C-SSRS: gold standard for suicide assessment
- ▶ Brief, valid, reliable tool desired for routine screening
- ▶ Abbreviated C-SSRS (2009)
- ▶ Triage algorithm for The Reading Hospital and Medical Center response to C-SSRS levels developed by Posner, Pumariega, Millsaps (2009)

CAREGIVER EDUCATION

- ▶ DVD Training on C-SSRS Tool
- ▶ Introduction to abbreviated C-SSRS Tool
- ▶ Caregiver reflection on attitudes toward suicide assessment
- ▶ Vignette training

CLINICAL SUICIDE SCREENING PROTOCOL

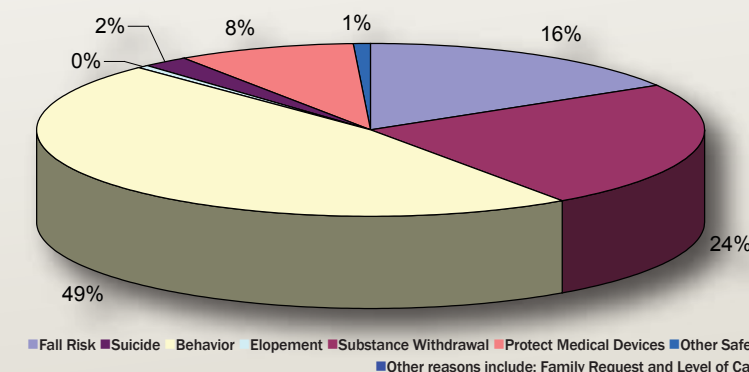
- ▶ Screening C-SSRS incorporated into admission assessment for all medical-surgical patients
- ▶ Automated risk stratification
- ▶ Prevention protocol triggered for identified risk
- ▶ Safety interventions implemented specific for risk levels 1 - 5

NURSE INTER-RATER RELIABILITY

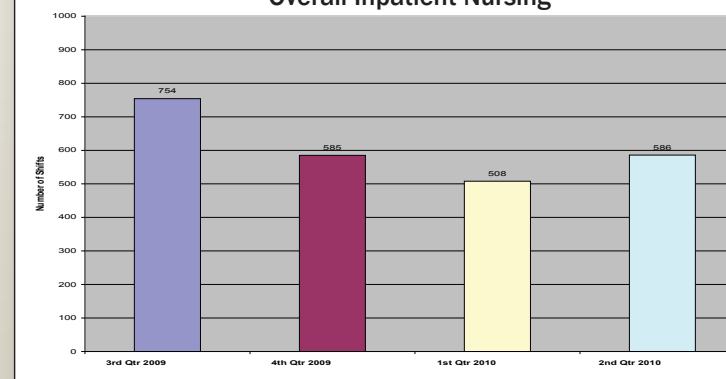
	Intra-rater Reliability Broken Down by Experience					
	Two-Way Random Intra-Rater Reliability					
	No Raters	Consistency		Absolute Agreement		Crombach's Alpha
Single Measure		Average Measure	Single Measure	Average Measure		
Experience Unknown	32	0.643	0.983	0.633	0.982	0.983
Experience 0 to 10 years	466	0.658	0.999	0.657	0.999	0.999
Experience 11 years and above	315	0.618	0.998	0.617	0.998	0.998
Experience 0 to 16 years	562	0.675	0.999	0.673	0.999	0.999
Experience 17 years and above	219	0.643	0.997	0.643	0.997	0.999

PATIENT SAFETY MONITOR UTILIZATION

Utilization Reason, 2nd Quarter 2010
Overall Hospital



Patient Safety Monitor Utilization for Suicides
Overall Inpatient Nursing



IMPLICATIONS FOR PRACTICE

The abbreviated C-SSRS has been successfully incorporated into a clinical suicide screening protocol that is a component of assessment for all patients admitted to the acute care hospital setting, regardless of psychiatric history. This practice, implemented in early 2010, complies with Joint Commission recommendations published in a November 2010 Sentinel Event Alert.



The Reading Hospital and Medical Center
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PURPOSE

A major barrier to effective suicide screening in the acute care hospital setting has been lack of a brief, valid, reliable, and universally acceptable tool that addresses ideation and behavior, and provides clear operational definitions of both. An abbreviated version of the Columbia-Suicide Severity Rating Scale (C-SSRS) screen was developed as part of a hospital suicide screening protocol. This study evaluated the psychometric properties of the abbreviated C-SSRS screen, protocol performance, and impact on selected outcome indicators.

THEORETICAL FRAMEWORK

The Johnson Behavioral Systems Model was used as the framework for the study. Johnson's model addresses the integration of patient behavior for prevention of illness and injury, as well as influences on behavior of both patient and caregiver.

RESEARCH TEAM

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