Improving Care of the Patient at Risk of Suicide While Decreasing ED Length of Stay
Jennifer Chaffer, LMSW ACM-SW

Background
Maintaining compliance with The Joint Commission’s standards around suicide risk assessment and mitigation in the Emergency Department setting requires time- and resource-intensive processes, which must be balanced with the need to continually monitor and manage length of stay. This poster illustrates one hospital’s journey to implement processes and tools to provide better management of the patient at risk of suicide while simultaneously reducing the average length of stay for patients with a primary mental health chief complaint in the ED.

Driving The Work Forward

Steering Team:
- setting priorities and breaking down barriers

ED Nurse Manager
- Risk Management Rep
- Internal Medicine Physician
- Inpatient Nursing Rep
- Security Director
- Quality Rep
- ED Medical Director
- Manager of Inpatient Psych Unit
- ED Clinical Nurse Leader
- Social Work Manager
- ED Informatics Rep
- ED Bedside Nurses
- Process Excellence Facilitator
- ED Social Workers

ED Process Excellence Team:
- designing, evaluating, and revising intervention strategies

Primary Intervention Strategies - LOS
- Implement use of text pages to inform MSW of patient with positive suicide screen (reduces volume of calls to MSW)
- Introduce 30-minute target for MSW response to positive screen
- When possible, station MSW in triage area, for immediate response to positive screen
- Implement on-call MSW team (5pm-3am) to respond to late-day volume surges

LOS in (minutes) of ED Patients with Behavioral Health Chief Complaint

- Jan: 374
- Feb: 376
- Mar: 380
- Apr: 342
- May: 342
- Jun: 341
- Jul: 357
- Aug: 364
- Sep: 366
- Oct: 333
- Nov: 314
- Dec: 364

Primary Intervention Strategies - Clinical
- Universal suicide risk screening ED
- Implementation of validated suicide risk assessment tool (SAFE-T) by MSW
- Implementation of checklist to direct “room clearance” protocol
- Implementation of reference tool to direct risk mitigation strategies based on assessed risk level

Less Restrictive Patient Placement

Conclusions
- Delivering care to patients who are at risk of suicide in a high-quality, compliant manner does not equate to increasing LOS in ED
- Empowering frontline colleagues to design and implement new initiatives can help an organization achieve its compliance and LOS goals

Where Do We Go From Here: The Work Yet to Do
- Ongoing auditing for compliance with assessment guidelines and safety interventions
- Belongings management
- Visitor management
- Continue to ask the question: How do we provide excellent care in a way that respects the patient and keeps them safe, but doesn’t make them feel like a prisoner; and regret asking for help

References
- "Suicide Risk Reduction Recommendations." The Joint Commission