TOOLS TO IMPROVE CARE OF SUICIDAL PATIENTS
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ABSTRACT
An increase of patients admitted to Duke Raleigh Hospital with the need for "suicide precautions" and delays in transferring these patients to appropriate facilities necessitated a closer look at how consistently we provide care for suicidal patients. This examination identified inconsistent application of the "Suicide Precautions" and "Search and Seizure" policies, with specific staff concern as to implementation of searches of patients and their belongings.

INTRODUCTION
A multidisciplinary work group was assembled to review and revise, if indicated, the current policies. The work group identified the need for education as well as tools that would cue the nurse and/or sitter to provide a safe environment for the suicidal patient.

The work group was comprised of floor nurses, social work, risk management, security and pharmacy.

METHODS

The "HAND OFF FOR SUICIDAL/HOMICIDAL PATIENT - SPECIAL PRECAUTIONS" tool was created so staff could provide a consistent level of safety to any patient who was admitted with suicide precautions. The handoff tool is used during shift-to-shift report and unit transfers. The tool, for example, cues the staff to assure that the patient room is clear of all unnecessary cords, plastic trash liners are removed, and patients are observed at all times.

As all patients who are on suicide precautions require one to one observation from a sitter; a check list for the sitter had been developed earlier. This checklist includes the role and expectations for the sitter.

RESULTS

Throughout 2007, the Director of Case Management and the Social Worker provided training to the staff of all nursing units on the new tool and process. Each staff member was provided a copy of the presentation along with printed handouts. These included brochures and pocket cards, from SAMSHA in both English and Spanish, on suicide prevention, warning signs of suicide, how to support a loved one after an attempt, and a guide to taking care of yourself after a suicide attempt.

Additional education to reinforce use of the sitter checklist was included in the training.

CONCLUSIONS & LESSONS LEARNED

The training sessions highlighted the goal of maintaining a safe environment for patients on suicide precautions and encouraged the staff to use the tools consistently.

Education also emphasized that the policies and tools needed to be consistently employed to protect staff as well. Staff was reluctant to perform search and seizure because they did not want to breach the patient's rights. The handoff tool allows the staff to keep personal judgments out of the care of suicidal patients and hence provide a safer environment for the patient and staff.

Overall, the education and process tools helped staff become more comfortable and confident in caring for suicidal patients. With both of these factors, care for suicidal patients improved by taking personal judgments out of the care process and compliance with the policy became more consistent.

REFERENCES