



Inpatient Suicide and Self-harm (SSH) Prevention Road Map

MHA’s roadmaps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Each road map is tiered into fundamental and advanced strategies:

- **Fundamental strategies** should be prioritized for implementation, and generally have a strong evidence base in published literature in addition to being supported by multiple professional bodies and regulatory agencies.
- **Advanced strategies** should be considered in addition to fundamental strategies when there is evidence the fundamental strategies are being implemented and adhered to consistently and there is evidence that rates are not decreasing and/or the pathogenesis (morbidity/mortality among patients) has changed.

Operational definitions are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

| Road map sections | Road map questions (if not present at your hospital or answering no, please see next column for suggested resources) | If specific road map element is missing, consider the following resources: |
|--|---|---|
| Screening, assessment and reassessment | <p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A process is in place to screen all patients for suicidal ideation and self-harm using a validated screening tool upon admission. <input type="checkbox"/> Trained, qualified and competent RN’s perform suicide/self-harm risk screenings and assessments. <input type="checkbox"/> There is a process in place for patients who are screened and found to be at high risk to receive a full suicide/self-harm assessment by a qualified clinician using a validated tool. i.e., Columbia-SSRS <input type="checkbox"/> The assessment includes asking patients about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. <input type="checkbox"/> Patients on an inpatient psychiatric unit or those at high risk for suicide/self-harm are screened no less than once per day <input type="checkbox"/> There is a process in place to escalate interventions to a psychiatrist when patients who are showing signs of suicidal ideation or self-harm <input type="checkbox"/> Nurses are empowered to implement a 1:1 observation for a patient until the risk can be validated by a psychiatrist. <input type="checkbox"/> Hospital staff obtain ALL past social, medical, and mental health treatment records. | <ul style="list-style-type: none"> • Columbia-Suicide Severity Rating Scale (C-SSRS) SAFE-T Protocol with C-SSRS tool • SAMSHA SAFE-T suicide risk assessment • The Joint Commission Suicide Prevention Resources • Ligature and/or Suicide Risk Reduction - Assessing Risk Factors, The Joint Commission 2020 • Recommended Standard of Care for People with Suicide Risk: MAKING HEALTH CARE SUICIDE SAFE (SPRC) |

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|------------------------|---|--|
| Physical environment | <p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrative, clinical, and medical staff are involved in conducting environmental assessments. <input type="checkbox"/> Daily environmental rounds are conducted to detect unsafe conditions on the behavioral health unit and any area these patients receive care. <input type="checkbox"/> An organization-wide standardized environmental risk assessment tool is used to identify ligatures points and items that can be used for self-harm. <input type="checkbox"/> The organization performs quarterly environmental rounds to identify ligature risks and ensure any found have been mitigated. | <ul style="list-style-type: none"> • Environmental Risk Assessment (TJC) • VA National Center for Patient Safety |
| | <p>ADVANCED (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> For environmental assessments, the organization obtains a second opinion (for example, staff from other programs/services or outside assistance) on the environmental risks. <ul style="list-style-type: none"> - i.e., Often, internal staff see the same risks over and over without identifying them as environmental risk factors for patient/individual served self-injury or suicide. Environmental and maintenance staff may be a good source of suggestions and observations. <input type="checkbox"/> Safety rounds are performed at each change of shift. | |
| Observation/monitoring | <p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a policy, procedure and checklist of staff roles and responsibilities in performing patient observations. <input type="checkbox"/> The organization has established clear instructions for 1:1 monitoring (eyes-on, respirations when sleeping, privacy vs safety). <input type="checkbox"/> There is a clear intervention plan that staff follow when providing 1:1 or 2:1 observation. <input type="checkbox"/> An observation plan is created and communicated to all staff interacting with a patient on increased monitoring (1:1, 2:1, etc.) (EHR Sticky notes, communication board). Communication includes reason for the plan, what the behaviors are and ensuring staff understand the plan. | <ul style="list-style-type: none"> • The Zero Suicide Model |

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| Observation/monitoring, continued | <p><input type="checkbox"/> Before staff provide care or interact with a patient on increased observation, they review the observation plan. I.e., what to look for in the room and patient behaviors.</p> <p><input type="checkbox"/> Staff do not perform 1:1 observation for more than four consecutive hours - i.e., staff are rotated out.</p> <p><input type="checkbox"/> There is a procedure with steps to take in keeping high-risk patients safe when moving them off the unit or to a new area within a unit, i.e., a safety sweep is conducted to identify and remove items that can be swallowed or used for self-harm.</p> <p><input type="checkbox"/> Nurses have authority to initiate a restraint and/or seclusion based established criteria of behaviors to self or others, prior to obtaining the order from a psychiatric clinician.</p> <p><input type="checkbox"/> A psychiatric clinician is contacted before discontinuing a restraint and seclusion.</p> <p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> Staff do not perform 1:1 observation for more than two consecutive hours.</p> | |
| Data | <p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> The organization collects data to track and trend patient events, outcomes and near misses.</p> <p><input type="checkbox"/> RCA or event review findings are tracked to ensure implementation has been completed - i.e., accountability.</p> | |
| Communication | <p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> A daily interdisciplinary care team (IDT) meeting is held to discuss patient progress toward treatment goals, effectiveness of interventions and therapy.</p> <ul style="list-style-type: none"> - IDT- attending, psychiatrist, RN charge nurse, social worker, pharmacy, nursing assistant. <p><input type="checkbox"/> There is a policy and procedure for updating the plan of care (POC) when the patient’s condition changes.</p> | <ul style="list-style-type: none"> • Targeted Solutions Tool (TST) for Hand-off Communications (TJC) |

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| Communication, continued | <input type="checkbox"/> A process is in place to communicate patient updates, changes to the POC or alerts to front line staff- i.e., “sticky note”, communication board, care rounds/huddle from shift to shift or shift hand off. <input type="checkbox"/> If patients come from the ED, there is a structured process and document used in ensuring safe hand-off communication <input type="checkbox"/> Patients are contacted within 48 hours of discharge to discuss their safety plan and ensure patient is safe. | |
| Plan of care (POC) | <p>FUNDAMENTAL (check each box if “yes”)</p> <input type="checkbox"/> All past medical, family, and social history are reviewed by the care team in the development of the treatment plan. <input type="checkbox"/> Initial assessment identifies risk factors, history/background that could give clues to what they may do or think of doing. <input type="checkbox"/> A licensed psychiatrist leads the interdisciplinary team in developing all treatment plans and that includes at a minimum: psychiatrist, psychologist, RN charge nurse, social worker, pharmacy, nursing assistant). <input type="checkbox"/> Patients are invited and encouraged to participate in the development and update to their POC. <input type="checkbox"/> IDT care rounds on BH units for adults- all involved gathers including patient to discuss progress to care plan. <input type="checkbox"/> When a patient scores moderate or high on suicide/self-harm risk screening/assessment, the treatment plan includes interventions to mitigate the risk. <input type="checkbox"/> Crisis response plans are in place for patients and used as working document throughout stay (with language the patient understands) that can be used when in crisis | <ul style="list-style-type: none"> • https://www.sprc.org/sites/default/files/Suicide%20Care%20Management%20Plans.pdf • Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals At Risk for Suicide • Best Practices in Care Transitions for Individuals with Suicide Risk: INPATIENT CARE TO OUTPATIENT CARE |
| | <p>ADVANCED (check each box if “yes”)</p> <input type="checkbox"/> The organization’s EHR supports the creation of one document that provides summary vs individual notes. At discharge, patients are given a suicide safety intervention (SPI) plan that includes what to do if symptoms return AND - crisis response. <input type="checkbox"/> Staff connect with previous treatment providers/staff to obtain additional and pertinent information that can increase the successfulness of the patient’s treatment. | |

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| Leadership and safety culture | <p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leadership is involved in safety huddles and rounds. <input type="checkbox"/> All staff are trained in and play a role in patient safety (dietary, housekeeping, maintenance, etc.). <input type="checkbox"/> The hospital participates in a culture of safety employee survey- i.e., AHRQ. | <ul style="list-style-type: none"> • AHRQ Culture of Safety Surveys • 11 Tenets of a Safety Culture • A Framework of High-Reliability Organizations in Healthcare • High-Reliability Health Care: Getting There from Here • The Zero Suicide Model |
| | <p>ADVANCED (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> The organization has completed or is implementing a High Reliability program. <input type="checkbox"/> The organization has implemented the Zero Suicide framework. | |
| Risk reduction program | <p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authority given to a multidisciplinary team to monitor and improve policies and procedures based on data analysis of events, evidence-based standards, and best practices. <input type="checkbox"/> Dedicated oversight to compliance with policies, procedures, clinical care, and documentation (tracer). <input type="checkbox"/> All patient suicide or self-harm events are reviewed by the patient safety committee. <input type="checkbox"/> The organization has an event prevention and mitigation plan. <input type="checkbox"/> Drills are performed to evaluate and improve staff interventions to prevent self-harm. | <ul style="list-style-type: none"> • TJC Suicide Prevention Portal |
| Staff training and competency | <p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> • Staff training and competency are done at least annually and include both online and face-to-face training (demonstrate/teach-back). • Staff are required to demonstrate competency and know the protocol for observation requirements for patients at high risk. • All staff who work or interact with inpatient psychiatric patients receive a structure training and orientation to all policies, practices, and protocols. | |

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| Staff training and competency, continued | <ul style="list-style-type: none"> • Staff receive a minimum of 4 hours of education on mental illness specific to the patient population they are serving. • Nurses receive competency testing for 1:1 observation, de-escalation techniques, rapid response, and understanding of policies and protocols for working with mental health population. | |