



MOUNT SINAI HEALTH SYSTEM: POLICY SUMMARY

POLICY TITLE:	Suicide Prevention - Non Behavioral Health Settings
POLICY OWNER:	MSHS Non Behavioral Health Suicide Prevention Program Subcommittee
POLICY TYPE:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
REASON FOR THE POLICY:	<input type="checkbox"/> Best Practice/System Policy Alignment <input checked="" type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Other, please specify:
SUMMARY Effective July 1, 2019, seven new and revised elements of performance (EPs) to The Joint Commission's National Patient Safety Goal (NPSG) 15.01.01 Suicide Prevention became applicable. These new requirements are designed to improve the quality and safety of care for those who are being treated for behavioral health conditions and those who are identified as high risk for suicide. The revised NPSG focuses on the following aspects of a suicide prevention program: environmental assessment, screening for suicide, assessment of patients who screen positive for suicide, staff training and follow-up care.	
IMPLEMENTATION/COMMUNICATION PLAN A sub-committee was formed in November, 2019 to address the NPSG revisions in the non-behavioral health settings. The sub-committee included representation from across the health system. Workgroups were created to address environmental assessments and mitigation strategies, education of clinical and non-clinical staff and clinical practice and documentation. A go-live date of July 28 th has been established. Communication to all stakeholders has been implemented through targeted training to staff as well as provider notification. All new employees will receive information in NBO document pack and existing employees through ACE.	
SUBJECT MATTER EXPERTS <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Amy Bennet-Staub <li style="display: inline-block; width: 45%;">• Eva Johansson <li style="display: inline-block; width: 45%;">• Greg Camacho <li style="display: inline-block; width: 45%;">• Dr. Kim Klipstein <li style="display: inline-block; width: 45%;">• Joann Coffin <li style="display: inline-block; width: 45%;">• Clair Lunt <li style="display: inline-block; width: 45%;">• Ben Cotilletta <li style="display: inline-block; width: 45%;">• Ann Marie McDonald <li style="display: inline-block; width: 45%;">• Candace Finkelstein <li style="display: inline-block; width: 45%;">• Joy McIlvaine <li style="display: inline-block; width: 45%;">• Lori Finkelstein-Blond <li style="display: inline-block; width: 45%;">• Dr. Sabina Lim <li style="display: inline-block; width: 45%;">• Sal Tranchina 	
STAKEHOLDERS (if different from Subject Matter Experts) <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• System CNO's <li style="display: inline-block; width: 45%;">System ED Leadership <li style="display: inline-block; width: 45%;">• System Nursing Education Leadership <li style="display: inline-block; width: 45%;">Nursing Informatics <li style="display: inline-block; width: 45%;">• Joy Womble 	
MSHS POLICY COMMITTEE APPROVAL DATE: PENDING 07/22 Meeting	
MEDICAL BOARD REVIEW REQUIRED? <input type="checkbox"/> No <input type="checkbox"/> Yes <div style="text-align: right;">If Yes: <input type="checkbox"/> FYI <input type="checkbox"/> Approval</div>	
ATTACHMENTS: <ul style="list-style-type: none"> • Policy Draft • MSHS Room Safety Guide 	

POLICY TITLE:	Suicide Prevention - Non Behavioral Health Settings				
POLICY NUMBER:	MSHS	MSHS 127	LAST REVIEWED DATE:	MSHS	MM/YYYY
	MSBI/MSB			MSBI/MSB	MM/YYYY
	MSH/MSQ			MSH/MSQ	MM/YYYY
	MSSL/MSW			MSSL/MSW	MM/YYYY
	NYEEI			NYEEI	MM/YYYY
EFFECTIVE DATE:	MM/YYYY		POLICY OWNER:		

TABLE OF CONTENTS	
I. PURPOSE	1
II. POLICY	1
III. SCOPE	2
IV. DEFINITIONS	2
V. PROCEDURE	2
A. Proactive Environmental Risk Assessment	2
B. Suicide Screening Process in Non-Behavioral Health Settings	3
C. Risk Determination and Mitigation	4
D. Suicide Risk Assessment/ Reassessment	4
E. One to One Constant Observation	4
F. Nursing Documentation	5
G. Discharge	5
H. Staff Training	5
APPENDIX A	7

I. PURPOSE

The purpose of this policy is to define the components of the Mount Sinai Health System (MSHS) Suicide Prevention Program for non-behavioral health settings. This policy includes strategies such as clinical screening and assessment, proactive and immediate environmental risk assessment and mitigation, staff training and competency in accordance with federal, state and regulatory requirements.

II. POLICY

This policy outlines the procedures for a patient being evaluated or treated for a behavioral health condition as a primary reason for care or who expresses suicidal ideation while under care in the non-behavioral health settings. Any patient, 12 years old and greater, who is being evaluated or treated for a behavioral health condition as their primary reason for care or expresses suicidal ideation will be screened using a validated tool, assessed using an

evidence-based process and appropriate plans will be implemented to ensure patient safety during the patient's care and at discharge.

III. SCOPE

Adherence to this policy applies to all members of the Mount Sinai Health System workforce including but not limited to: employees, medical staff, volunteers, students, and other persons performing work for or at Mount Sinai Health System.

IV. DEFINITIONS

Ligature Resistant Environment: a patient care environment that does NOT include any environmental risks which could be used to create a sustainable attachment point (ligature point) such as a cord, rope, or other material for the purpose of hanging or strangulation. Examples of ligature points include shower rails, coat hooks, pipes and radiators, windows and door frames, ceiling fittings, handles, hinges and closures.

One-to-One Constant Observation (1:1 CO): a level of observation required for patients at risk for suicide conducted by one trained staff member. The staff member maintains continuous visual observation at arm's length distance of the patient.

Proactive Environmental Risk Assessment: an environmental risk assessment of areas where a patient at risk for suicide may receive care. The assessment of these areas is conducted periodically and documented. The purpose of the assessment is to identify environmental safety risks and develop measures to minimize these risks. Non-Behavioral Health settings in general hospitals are NOT expected to be ligature-resistant environments.

Room Safety Guide for Patients at Risk for Suicide: an immediate environmental assessment of a room or environment where a patient who is on a one-to-one observation is receiving care. This document guides staff on:

- Identifying items to remove or replace (when possible) that pose a risk for self-harm without adversely affecting the patient's medical care
- Processes related to visitors
- Communication with other staff members both clinical and non-clinical regarding safety precautions.

Suicide Risk Assessment: an evidence based process for evaluating suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors and protective factors.

Suicide Screen: a questionnaire used to screen patients for suicidal ideation.

V. PROCEDURE

A. Proactive Environmental Risk Assessment

Non-behavioral health settings including inpatient and ambulatory are NOT expected to be ligature resistant. A proactive environmental risk assessment shall be conducted and documented annually in the inpatient settings and biennially in the outpatient settings to

identity environmental risks and mitigating strategies. The Environment of Care/Safety staff are responsible for organizing, coordinating and conducting these assessments. A Room Safety Guide is used by clinical staff to perform an immediate environmental risk assessment when a patient is placed on a one to one observation in a clinical setting area.

B. Suicide Screening Process in Non-Behavioral Health Settings

The validated screening tools utilized within the Mount Sinai Health System's inpatient settings is the Columbia Suicide Severity Rating Scale (C-SSRS). The Patient Health Questionnaire (PHQ) 9 is the validated screening tool utilized in the outpatient settings. Suicide screening is documented in the Electronic Medical Record (EMR).

1. **Emergency Department:** Regardless of the presenting complaint all patients, 12 years old and greater are screened for suicidality using the C-SSRS. This is documented at triage or during the primary nursing assessment.
2. **Inpatient Units:** Patients, 12 years old and greater, admitted to non-behavioral health settings (including but not limited to Med/Surg, Pediatrics, Critical Care, Labor and Delivery) from the Emergency Department where a suicide screen has been performed do not require to be re-screened on admission to the unit. If a patient is unable to have the screening performed in the Emergency Department due to his/her clinical condition, the nurse can complete this screening during the admission process to the unit or when the patient's clinical condition permits. During a hospital admission, if a patient should express suicidal ideation, the primary physician must be notified immediately. A suicidal screen using the C-SSRS will be completed and necessary interventions, including a suicide risk assessment will be initiated.
3. **Direct Admissions:** Patients who are directly admitted from another facility for evaluation or treatment of behavioral health condition will be screened using the C-SSRS. This screen will be completed during the nursing admission process and documented on the nursing admission assessment profile.
4. **Ambulatory Patients:** Those patients who present in the ambulatory clinic setting with a behavioral health condition as their primary reason for a visit will be screened using PHQ-9 (excluded: Ambulatory Surgery, Radiology and Physical Rehabilitation). If a patient should screen positive on PHQ-9 or present with suicidal ideation during their visit, the primary physician must be notified, safety interventions implemented and the patient transferred to the Emergency Department for a suicide risk assessment.
These safety interventions include the following:
 - Place patient on 1:1 Constant Observation
 - Conduct an immediate safety assessment of the room or the environment using a Room Safety Guide
 - Transfer patient via EMS to Emergency Department coordinated through MSHS Transfer Center

5. If at any time, in the provider's clinical judgement, the patient presents a possible risk for suicide, the provider can request risk mitigation strategies including a 1:1 CO and psychiatric consultation.

C. Risk Determination and Mitigation

The Columbia Suicide Severity Rating Scale (C-SSRs) is a validated screening tool supporting a series of questions about suicide thoughts and behaviors. Based on the patients' response to the questions a level of risk of suicide is determined and documented. Associated interventions for each determined risk level are indicated. (Appendix A).

D. Suicide Risk Assessment/ Reassessment

All patients who have screened positive (low, moderate or high) on the C-SSRS screen will have a Suicide Risk Assessment (SRA) initiated by a MSHS Behavioral Health or trained provider. Based on the C-SSRS determined risk level, patients may be referred on discharge to an outpatient Behavioral Health Provider for further assessment. Refer to Appendix A.

The MSHS Behavioral Health Provider will perform a Suicide Risk Assessment and based on this evaluation will provide guidance on an appropriate safety plan and intervention strategies until discontinuation of the consultative services, transfer to the appropriate psychiatric unit or discharge. Psychiatry will continue to reassess the patient through their daily consultative services.

E. One-to-One Constant Observation (1:1 CO)

If it is determined that a patient is at high risk of suicide, a 1:1 CO intervention will immediately be initiated by the RN. The patient should never be left alone. The RN will notify the Charge Nurse or Nurse Manager/Supervisor. A trained staff member will be assigned to perform the 1:1 CO. The provider will order a 1:1 Constant Observation. The assigned staff member will maintain continuous visual observation at arm's length of the patient at all times including when the patient is in the bathroom.

- F. Isolation Precautions:** For patients who are on 1:1 CO and also on isolation precautions, it is imperative to address both the infection control and safety monitoring requirements. The observer shall maintain 6 feet distance, must always have full continuous view of the patient and be able to intervene without delay if necessary. Standard precautions and appropriate personal protective equipment (PPE) based on the type of patient's isolation precaution order must be used when entering the patient's room. The observer must have received training on and demonstrate an understanding of how to properly don, doff, dispose of and maintain PPE. The observer must not be in the room when aerosol generating procedures are performed unless he/she is wearing a respirator. In this scenario, the observer can remain outside of the room and maintain continuous visual observation through a window.

G. Transporting Patients on 1:1 CO: Patients on a 1:1 CO who require intrahospital transportation must be accompanied by transport personnel as well as a trained observer who is maintaining continuous observation at arm's length distance. For patients on isolation precautions transport and movement of the patient outside the room should be limited to medically necessary purposes. During transport the patient shall be instructed as necessary and staff transporting the patient must wear appropriate PPE as necessary.

H. Nursing Documentation

Nursing Staff providing care to the patient at risk for suicide shall complete the following documentation in the Electronic Medical Record:

- CSSRs risk determination and interventions
- 1:1 Constant Observation Flowsheet
- Attestation for Room Safety Guide on initiation of a 1:1 CO, , each shift and after visitation
- Nursing Care Plans for Safety
- Patient education
- Hand off

I. Discharge

Safety planning must be conducted for all patients who have screened positive on C-SSRS in the Emergency Department or inpatient setting and who may be safely discharged. If possible, family members should be included in the safety planning. The patient shall be provided with appropriate education, with follow up referrals and crisis phone numbers.

J. Staff Training

All staff at MSHS will receive initial and annual education regarding an awareness of suicide prevention in a healthcare setting.

All new patient care employees (employed or contracted) shall receive training and education upon hire and prior to providing patient care independently regarding the MSHS Suicide Prevention Program.

Non-patient care employees (employed or contracted) who may work in patient care settings such as Security, Environmental Services, Maintenance, Dietary and Patient Transport staff, shall receive education and training regarding the identification and reporting of environmental patient safety risk factors.

REFERENCES

The Joint Commission (2020). *National Patient Safety Goal 15.01.01, Suicide Prevention*.
<https://www.jointcommission.org/en/resources/patient-safety-topics/suicide-prevention/>

The Columbia Lighthouse Project (2016). *The Columbia-Suicide Severity Rating Scale (C-SSRS)* <https://cssrs.columbia.edu/>

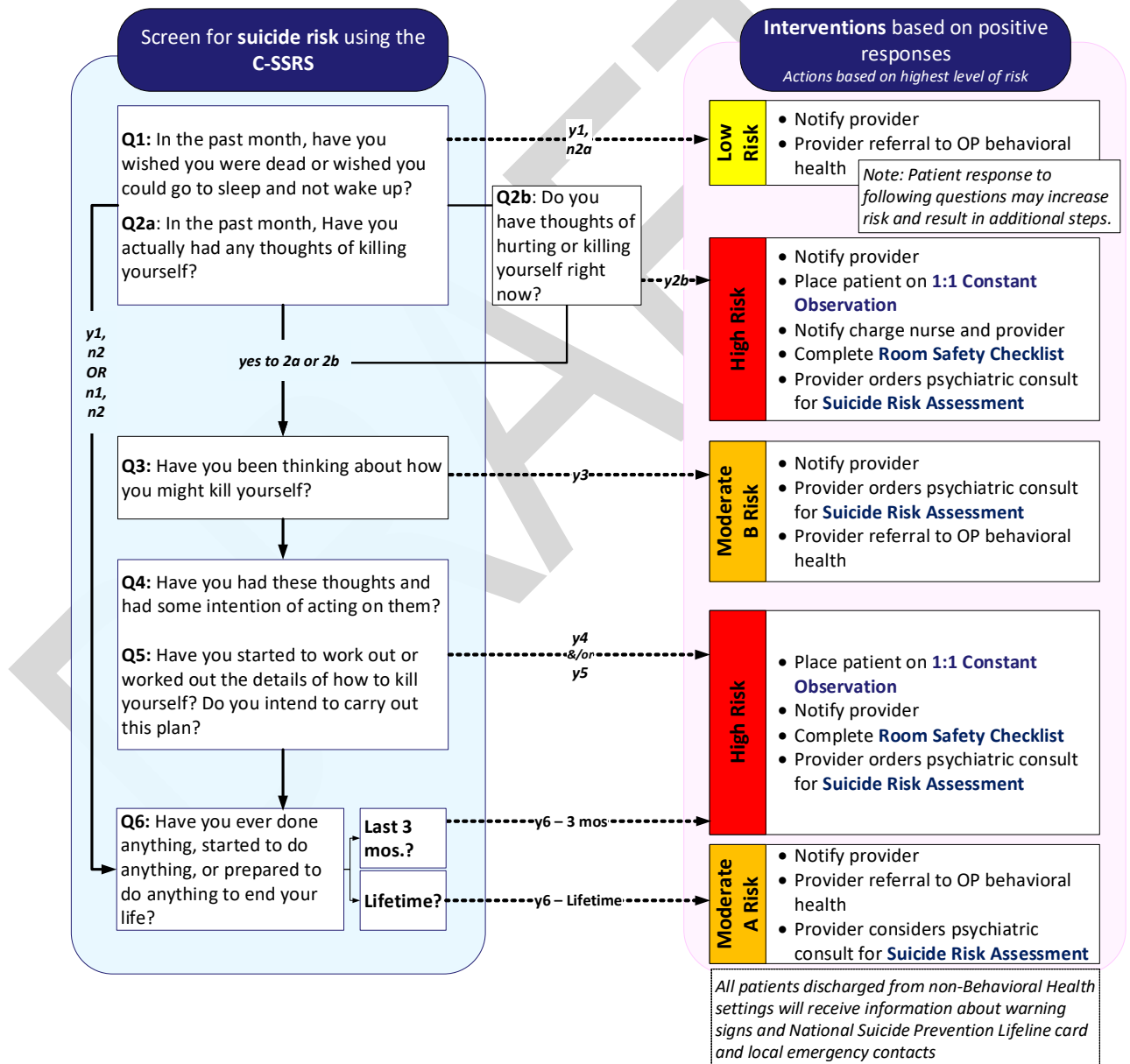
Patient Health Questionnaires Screeners (2020). Spitzer R., Kroenke, K., Williams, J.
<https://www.phqscreeners.com/select-screener>

DRAFT

APPENDIX A

Mount Sinai Health System Suicide Prevention Program Using the Columbia-Suicide Severity Rating Scale (C-SSRS)

Screening and Interventions





Mount
Sinai

Room Safety Guide for Patients at Risk of Suicide

INSTRUCTIONS

Perform a room safety guide of the patient room/immediate environment prior to patient arrival, at beginning of each shift and after visitors leave.

Remove potentially harmful environmental items that may be a danger/threat to safety.

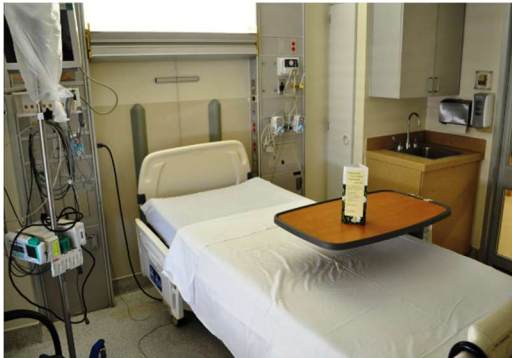
Complete the attestation statement located on the 1:1 Constant Observation Flowsheet.

Prior to Patient Arrival to Room and at Beginning of Each Shift
<ul style="list-style-type: none">• Place patient in a private room or room close to the Nurse's station, if possible• Select a bed away from window, if possible• Remove, if possible<ul style="list-style-type: none">○ all unnecessary furniture from room (chairs, tables)○ all unnecessary medical equipment and supplies from room (IV poles, SCD machine, BP cuff, wall suction, flow meter, gloves, cleaning supplies, bandages)○ hospital telephones and telephone cords○ extra linen○ hangers from closet○ hand sanitizer bladder• Substitute plastic bag for paper bag in trashcan in both room and bathroom. Remove red biohazard bag (if applicable)• Remove all patient valuables and belongings, secure as per policy• Place patient in pajamas/gowns with NO ties• Request new (empty) sharps container from Environmental Services (EVS)
Provide Report to Staff performing 1:1 Constant Observation to include:
<ul style="list-style-type: none">• Reason for CO• Always maintain patient within arm's reach and in constant visual observation including when patient is in bathroom• Check self for potential unsafe items (pen/pencil, stethoscope, scissors, lanyards) and remove• Review potentially dangerous items, including those that can and cannot be removed, (curtains, mirrors, oxygen tubing, tourniquets, cables, wires)• Remove or report potentially dangerous items that cannot be removed to nurse• Direct all visitors and visitor questions to RN• Account for all dietary utensils after each mealtime
Patient Visitors
<ul style="list-style-type: none">• Inform visitors prior to entering the room regarding safety precautions
Communicate with
<ul style="list-style-type: none">• Dietary to request safety meal tray for patient under 1:1 constant observation (no cutlery, no aluminum cans, etc.)• Members of the care team (Social Work, MD) including non-clinical staff (EVS, Transport) regarding<ul style="list-style-type: none">○ Check self for potential unsafe items and remove before or account for when leaving room○ Need for safety precautions

THIS FORM IS NOT PART OF THE MEDICAL RECORD

Room Safety Guide for Patients at Risk of Suicide

Remove unnecessary furniture, equipment, telephone cords



Substitute the plastic trash bag with a paper bag



Remove hand sanitizer bladder, if possible



Add site-specific contact list for ancillary teams

Ancillary Support Services	Contact Information
Environmental Services	
Food and Nutrition	
Transport	
Security	

THIS FORM IS NOT PART OF THE MEDICAL RECORD