

Supplementary Material:
Suicidality Chart Review Guidelines

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Summary of chart review

This chart review guideline includes two criteria with examples.

1. **Note section criteria** defines which sections to include or exclude. Importantly, any/all mentions of ICD-10 codes or ICD-10 terminology in notes should be excluded (ignored).
 2. **Suicidality subtype criteria** defines which subtype(s) of suicidality are documented: ideation-past, ideation-present, action-past, and/or action-present. It is common for more than one subtype of suicidality to be documented in a single physician note.
 3. **Examples** are provided of text classified under each suicidality subtype, along with the rationale for each example classification.
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1. Note section criteria

Notice: ICD-10 codes and ICD-10 terminology are ignored from any/all note sections.

Notice: ED notes, psychiatry notes, and discharge summary note sections are listed below. Not all sections are listed. Use best judgment to decide which section heading is most applicable.

Note Section Heading	Include as past or present encounter	Exclude
Chief Complaint Reason for Visit Reason for Evaluation	Present	
History of Present Illness	Past or present, as documented in section	

Past Medical History	Past	
Family History		Exclude suicidality of family members
Mental Status Exam, PHQ-9, ASQ, other Psychiatric Questionnaires	Past or present, as documented in section	
Assessment and Plan, Course, Evaluation	Past or present, as documented in section	
Medical Decision Making	Past or present, as documented in section	
Diagnosis		Exclude all codes for suicidality
Diagnostic Imaging Studies		Exclude (example: EKG, XR)
Laboratory studies		Exclude (example: UA, blood counts)
Other sections	Past or present, as documented in section	

Table 3: Note Section Criteria. “Note section heading” column lists example section headings present within the ED note, psych note, or discharge summary. “Include” column refers to the past (history of) or present illness. Some sections refer to both past and present illness, such as the history of present illness. When the “include” column is blank, that section is always excluded. “Exclude” column clarifies why the section should be ignored and optionally provides examples.

2. Suicidality subtype criteria

Subtype	Include
Ideation-past	Ideation documented for previous healthcare visit or episode outside of healthcare setting. Typically “history of SI”, “chronic SI”, “worsening SI”. <u>Notice:</u> ICD-10 does not contain any available codes for ideation-past.
Ideation-present	Ideation documented for current visit. Typically in CC, HPI, or exams with mentions of “Mild to severe SI”, “worsening SI”, “thoughts of self-harm.”

Action-past	Self-harm or suicide attempt documented for previous encounter or episode outside of healthcare setting. Typically mentioned as “previous,” “second,” or “history of” self-harm or suicide attempt.
Action-present	Current encounter is for self-harm or suicide attempt, with or without history of suicidality. If the patient mentions self-harm or attempt then action-present is true. If the provider assesses self-harm or attempt then it also true, even if the patient denies.

Table 2: Suicidality subtype criteria. “Subtype” column lists each of the four suicidality subtypes using the ideation-to-action framework for past and present suicidality. “Include” column defines the required evidence documented in the physician note.

3. Examples

See examples below of suicidality subtype classification. The “examples” column includes text from various clinical encounters. Each bullet point is an individual example. The “rationale” column explains why these examples were classified as the suicidality subtype.

Ideation-past

Examples	Rationale
<ul style="list-style-type: none"> History of SI Disclosed suicidal thoughts to school guidance councilor last semester Disclosed thoughts of hurting himself to school guidance counselor last semester Told parents he wished he was dead (in setting of previous encounter) Thoughts started after traumatic life event 	<p>Ideation: thoughts of suicide or self harm</p> <p>Past: thoughts disclosed previous to encounter.</p>

Ideation-present

Examples	Rationale
<ul style="list-style-type: none"> At risk of self-injurious behavior Consult Request: concern for self harm. Pt denies suicidality. 	<p>Ideation: thoughts of suicide or self harm</p> <p>Present: “at risk”, “concern for”</p>
<ul style="list-style-type: none"> Chief Complaint: suicidal ideation 	Ideation: SI documented

<ul style="list-style-type: none"> • HPI: Presents with SI • Recent SI related to present reason for visit • Pt here with me today with SI • Ongoing SI with plans and intent • Suicide pact with friends • Phone text messages plan to hang herself 	Present: "presents with"
<ul style="list-style-type: none"> • Here today with worsening SI 	Ideation: encounter is for SI "worsening SI" Present: "worsening SI" implies acute ideation
<ul style="list-style-type: none"> • Patient thinks about what it would be like to be dead. • Intermittent thoughts about suicide • Thoughts about hurting myself • Passive SI with no plan 	Ideation: thinks about self harm and/or death Present: "passive", "intermittent"
<ul style="list-style-type: none"> • Suicidal Ideation: 1 = Very Mild • Suicidal Ideation: 2, 3, 4, or 5 • Suicidal Ideation: 3 = Moderate • Suicidal Ideation: 6= Extremely severe 	Ideation: Exam score Present: Exam result at time of visit

Action-past

Examples	Rationale
<ul style="list-style-type: none"> • Pt tried to kill himself with random pills from the family medicine cabinet when his mother died. Pt was admitted to a psych facility for over a week before being discharged. Things at home settled for a while until recently when SI returned and he started cutting again last month. 	Action: suicide attempt. Past: history of attempt before today (present encounter).

<ul style="list-style-type: none"> • Last year attempted to act on suicidal intent by holding a knife to his chest before family member stopped them 	
<ul style="list-style-type: none"> • Tried drowning 3 days ago (prior ED visit) • Recent suicide attempt one month ago • Previously attempted to asphyxiate with nitrous. • Multiple suicide attempts over the last year. • “History of” self harm • “History of” cutting himself • “Chronic” self-harming behavior • PMH: previously diagnosed with self-harming behaviors • Cut in the past starting in December and most recently cut 1 month ago. Pt does not show any marks. • Pt reports self-cutting over a year ago for stress relief. Pt denies self-harm presently. No visible scars at time of observation. • History of cutting, last episode was 2020. 	<p>Action: self harm (with or without intent to die)</p> <p>Past: Previous time or ED visit</p>
<ul style="list-style-type: none"> • HPI: presents today for SIB. Self-cutting for over a year, progressively getting worse. 	<p>Action: SIB</p> <p>Present: presents today</p> <p>Past: progressively getting worse</p> <p>Note: code as both action-past and action-present.</p>

Action-present

Examples	Rationale
<ul style="list-style-type: none"> • HPI: presents today for SIB. Self-cutting for over a year, progressively getting worse. 	Action: SIB

	<p>Present: presents today</p> <p>Past: progressively getting worse</p> <p>Note: code as both action-past and action-present.</p>
<ul style="list-style-type: none"> • CC: I cut myself so my therapist told me to go to the hospital • CC: self-harm with melatonin 	<p>Action: patient stated self harm</p> <p>Present: chief complaint section</p>
<ul style="list-style-type: none"> • HPI: self-mutilation by knife • HPI: patient reports self-harm by razorblade. Pt did not intend to die. • HPI: patient denies self-harm, contrary ED care provider opinion. • Suicidal/self-injurious behaviors: none reported by pt, but mother shared recent SIB 	<p>Action: self-harm, even if the patient denies.</p> <p>Present: HPI (history of present illness). Stated in current tense.</p>
<ul style="list-style-type: none"> • Forearms show superficial lacerations (in the context of SI/ideation) 	<p>Action: physical evidence of self harm, even if the patient did not mention.</p> <p>Present: cuts appear fresh on exam</p>