Universal Suicide Screening in Hospitals Can Be Successfully Implemented
Study in January 2018 issue of The Joint Commission Journal on Quality and Patient Safety

(OAKBROOK TERRACE, Illinois, December 28, 2017) – The nation’s suicide rate has been increasing over the past decade. Today, it is the 10th leading cause of death in the United States.¹ Many individuals who die by suicide present for non-behavioral health care prior to death where the risk is often undetected. Parkland Health & Hospital System in Dallas implemented a quality improvement program to help identify patients with such undetected risk through a universal suicide screening in the inpatient, outpatient and emergency care settings. How Parkland developed the program and its outcomes over six months is the focus of a new study in the January 2018 issue of The Joint Commission Journal on Quality and Patient Safety.

In the article, “Development and Implementation of a Universal Suicide Risk Screening Program in a Safety-Net Hospital System,” Kimberly Roaten, PhD, CRC, associate professor, Department of Psychiatry, University of Texas Southwestern, Dallas, and co-authors, detail how they and their colleagues gathered intelligence, examined resources, designed the screening program, created a clinical response, constructed an electronic health record screening protocol, educated the clinical workforce and implemented the program.

Through the program, trained nurses, physicians or administrative personnel conducted a suicide risk screening with a simple series of questions after a patient presented to Parkland and completed nursing staff triage and check-in. If the screening suggested suicide risk, a patient received a mental health screening along with appropriate medical care.

The study authors reviewed data for 328,064 adult encounters from the first six months of the screening program. The percentage of patients screening positive for suicide risk was 6.3

percent in the emergency department, 2.1 percent in the outpatient clinics and 1.6 percent in the inpatient units. The odds of a positive suicide screening in the ED was 4.29 times higher than the inpatient units and 3.13 times higher than the outpatient clinics.

“Current practice generally misses those with occult risk—that is, who may only disclose suicidal thoughts/behaviors if they are asked directly. Parkland has taken an important step in documenting the feasibility and value of adding universal suicide risk screening in the inpatient, outpatient and emergency care settings, allowing for identification of such occult cases. In doing so, Parkland provides an exemplary model that other health systems could follow to increase the chance that individuals who are struggling in silence may be recognized and treated,” writes Lisa M. Horowitz, PhD, MPH, and co-authors, in an accompanying editorial, “Universal Suicide Risk Screening in the Hospital Setting: Still a Pandora’s Box?.”

The January 2018 issue has special open access until the end of 2018. Also featured in the issue:

- “Perspectives on Implementing Quality Improvement Collaboratives Effectively: Qualitative Findings from the CHIPRA Quality Demonstration Grant Program” (Urban Institute, Washington, D.C.)
- “Promising Practices for Improving Hospital Patient Safety Culture” (Westat, Durham, North Carolina)
- “Surgical Transfer Decision Making: How Regional Resources are Allocated in a Regional Transfer Network” (Vanderbilt University Medical Center, Nashville, Tennessee)
- “The Daily Operational Brief: Fostering Daily Readiness, Care Coordination, and Problem-Solving Accountability in a Large Pediatric Health Care System” (Texas Children’s Hospital, Houston)
- “Can We Do That Here? Establishing the Scope of Surgical Practice at a New Safety-Net Community Hospital Through a Transparent, Collaborative Review of Physician Privileges” (Martin Luther King, Jr. Community Hospital, Los Angeles)

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Note for editors
The article is “Development and Implementation of a Universal Suicide Risk Screening Program in a Safety-Net Hospital System” by Kimberly Roaten, PhD, CRC; Celeste Johnson, DNP, APRN, PMH CNS; Russell Genzel, MSN, RN, CEN; Fuad Khan, MD, MBA; and Carol S. North, MD, MPE. The article appears in The Joint Commission Journal on Quality and Patient Safety, volume 44, number 1 (January 2018), published by Elsevier.
The editorial is “Universal Suicide Risk Screening in the Hospital Setting: Still a Pandora’s Box?” by Lisa M. Horowitz, PhD, MPH; Edwin D. Boudreaux, PhD; Michael Schoenbaum, PhD; Maryland Pao, MD; and Jeffrey A. Bridge, PhD. The article appears in The Joint Commission Journal on Quality and Patient Safety, volume 44, number 1 (January 2018), published by Elsevier.

The Joint Commission Journal on Quality and Patient Safety (JQPS) is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care. JQPS is the official journal of The Joint Commission and Joint Commission Resources, Inc. Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.