New Suicide Risk Assessment – RN Only
WakeOne Updates 2014
Objectives:

• At the end of the presentation the patient care team member will be able to:
  • Distinguish changes in the Suicide Risk Assessment via WakeOne & Policy
  • Recognize the two types of potential Suicidal Risk Patients
  • Understand how to document the safe patient care environment for a Suicidal Risk patient in WakeOne (Suicide Precaution Checklist)
Who Does This Apply To?

• **ALL inpatient, non-behavioral health units** should complete the education to understand -
  
  • The policy revisions (**Suicide, Care of the Patient with Ideation or Intent**), and
  
  • The new WakeOne workflow for screening patients at risk for suicide.

• Do I need this education if I don’t work on an inpatient unit?
  
  • **YES!** - Familiarize yourself with the policy revisions for inpatient, and
  
  • Review the policy specific to your area for patients at risk for suicide.
The OLD Suicide Risk Assessment

- 10 Questions total
- Risk had to be determined by RN subjectively
- Did NOT differentiate between types of Suicide Risks
Why a New Suicide Risk Assessment?

• Answering one objective question determines whether the patient is a suicide risk or not.

• Answering the remaining 3 objective questions determines whether the patient is a Passive or Active Suicide Risk.

• Best Practice Advisories (BPAs) will fire to alert you of the indicated risk and the necessary action for patient/staff safety.
Suicide Precaution Checklist

- Whenever a patient is placed on Suicide Precautions, the assigned location is prepared to provide a safe environment using the attached checklist **at the beginning of each shift**.

- This electronic document captures the actions taken by patient care team to create a safe environment for the patient assessed as either actively or passively suicidal.
How It Works:

• On Admission - open Risk Screening under Assessments
• Answer the Risk Assessment question.
  • If the answer is No – the screening is complete and the patient is not a Suicide Risk.
  • If the answer is Yes – the patient is an automatic Suicide Risk. A second question cascades in to help determine whether the patient may be an Active or Passive Risk.
How It Works, cont.:

• A positive answer to question #1 determined the patient to be at risk for Suicide and the second question has cascaded in automatically.

• Answer the second Risk Assessment question.
  
  • If the patient does not have a current plan – the screening stops.
  
  • If the patient has a current plan – two more questions cascade in to help determine the patient’s level of risk.
Active vs. Passive Suicide Risk

- The **only** difference is the level of monitoring required.
  - Active = 1:1 monitoring
  - Passive = every 15 minute monitoring or continuous video monitoring
- **BOTH** require the Suicide Precaution order to be entered by the Nurse
The Assessment is Done – Now What?

• Once the Assessment has determined the patient to be a Suicide Risk, the Suicide Precautions Checklist is automatically loaded allowing both forms to be completed within the navigator.

• Once the documentation is completed, either Close (F9) or select Next (F8).

• This files the documentation and opens the BPA which tells you the level of risk for your patient and the next actions you should take.
BPAs

- The BPA that fires will depend on whether your patient is an Active or Passive Suicide Risk.
- Again, notice the only difference is the level of monitoring!
BPAs

- The BPA will automatically add the CarePlan: Suicide Risk when the box is checked.
  - You must choose the appropriate CarePlan for your patient – notice one is for Adults and one is for Pediatrics.
- You can use the hyperlink to go directly to the Orders screen to place the Suicide Precautions order.
- If you choose to stay on the Navigator, simply select Accept. This adds the CarePlan piece selected and you can go to Orders to add the Suicide Precaution order later. (You will get a BPA to enter the order.)
BPAs

- If you select the Orders hyperlink from the BPA, it brings you directly to the Orders screen and asks you to place the Suicide Precaution Order.

- If you waited and entered the Orders screen later, the BPA will remind you that the Suicide Precaution order has not yet been placed.

- Verify the Place Order: Suicide Precautions is checked and Select Accept.
Verify the Order

• The Suicide Precaution order will appear in the side bar under New Orders.
• Verify the information is correct.
• Click Sign.
Use **STANDING ORDERS** Order Mode

- The Suicide Precautions Order should be entered by the RN under the new *Per Standing Orders: Cosign Required* mode.

- The order is routed to the provider for signature.

- Do NOT use a provider on the care team who is not on duty or on call at the time the order is placed.
How Often is the Assessment Required?

- Per Policy – once the patient has screened positive for a Suicide Risk, the Assessment should be completed:
  - At a minimum of every shift
  - At caregiver assignment changes
  - When indicated by patient condition/behavior changes

- To assist with this, the Suicide Risk has been placed on the Admission, Transfer, and Shift Assessment RN Navigators.

- The documentation also populates as Required Documentation for both Admission and Shift documentation.
Questions?

Refer to the policies:

• **Suicide, Care of the patient with Ideation or Intent**
• **Protocols and Standing Orders policy**
You have finished viewing the education. Please return to PeopleSoft, select “Take Course Test” and enter 3406 to complete the post test.