

Improving Suicidal Screening in the Pediatric Emergency Department

Pediatric Emergency Department Fellows
2021-2022

BACKGROUND

Mental health is a significant crisis in the pediatric population across the United States, and it has been exacerbated by the COVID-19 epidemic.

Our nursing staff has a goal of performing universal screening for suicidal ideation (SI) in patients ≥ 12 years of age presenting to the pediatric emergency department (PED).

In order to prevent self-inflicted injury or injury to others, all children who are screened as at-risk should have mental-behavioral health resources and appropriate monitoring ordered for the observation period (i.e. screened for harmful objects, changed into paper scrubs, and provided continuous monitoring).

Ensuring continuous monitoring of our patients allows for early recognition of agitation and mitigating risk of patients to themselves or others.

AIM STATEMENT

Utilize suicidal screening for all patients 12 years and older presenting to the PED, and improve implementation of continuous monitoring to 70% compliance for children who are at risk for suicide based on our SI screening.

METHODS/INTERVENTION

- Retrospective chart review of patients ≥ 12 years of age seen for any reason in MUSC's PED
 - On average, MUSC PED saw 590 patients ≥ 12 years of age in the study period; so, a sampling of the first seven days of each month was reviewed
- Data extracted: age, chief complaint category, SI screening (Y/N), SI screening method, SI screening result, SI precautions ordered
 - To qualify as having SI screening completed – patients needed to have been evaluated for SI during the triage process
 - SI screening methods tracked: MUSC prior standard, Columbia-Suicide Severity Rating Scale (C-SSRS)
- Interventions: September 2021, MUSC transitioned to the use of the C-SSRS for SI screening
 - RN education about the tool was emailed to PED medical director and RN manager
 - Moderate or High-risk patients to undergo screening for harmful objects, asked to change into paper scrubs, and be placed under continuous monitor (in-person vs virtual)

RESULTS

- The MUSC PED nursing staff consistently screened $>80\%$ of patients for SI upon presentation, regardless of chief complaint – some limitations included acuity and developmental status of the patient
- Continuous monitoring was consistently initiated $>70\%$ of the time for patients who screened positive for suicidal ideation

Month (N = # patients)	Screened for SI (%)	Screening tool Used (%)	SI Screen – Positive Result (%)	% Receiving monitoring
September (124)	109 (88%)	Standard (100%)	14 (12%)	79%
October (130)	108 (83%)	Standard (100%)	25 (23%)	100%
November (151)	130 (86%)	Standard (83%) C-SSRS (17%)	32 (25%)	91%
December (129)	107 (85%)	Standard (88%) C-SSRS (9%) Other (3%)	26 (24%)	92%
January (123)	99 (80%)	Standard (83%) C-SSRS (17%)	20 (20%)	95%
February (120)	103 (86%)	Standard (87%) C-SSRS (13%)	41 (40%)	95%

CONCLUSIONS

- Patients presenting to the PED with SI were continuously monitored $>70\%$ of the time
- No consistent RN triage/documentation used for patients who present to the PED
- Providers inconsistently order suicide precautions; often because it has already been initiated by nursing staff
- The previous standard SI screening tool provided a binary result, not allowing for risk stratification and resource triage

BARRIERS:

- Manager and staff turnover among nursing staff in the midst of COVID-19 epidemic
- New screening modality without a binary outcome created confusion among providers & nursing
- EMR kept both screening modalities available, causing confusion among nursing staff about which one to use
- Prolonged boarding period for our behavioral/mental health patients necessitated different type of charting by our nursing – exacerbating confusion about which tools to use

NEXT STEPS

- Repeat education for nursing staff about C-SSRS and ability to triage resources for 'No Risk' or 'Low Risk' patients
- Recruit nurse educator to provide education on standard minimum documentation and appropriate tools
- EPIC query to eliminate EMR screening tools not needed by our nursing staff