

Nurse Identified Barriers to Implementing a Suicide Risk Screening Protocol at a Level 1 Trauma Hospital: Considerations for Equitable Access to Care

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BACKGROUND

- The Joint Commission encourages suicide risk screening (SRS) for at-risk hospitalized populations and offers resources for standardized screening
- Harborview Medical Center (HMC), an urban level 1 trauma center and safety net hospital, serves a patient population known to be at greater risk of suicide
- HMC's 6-step Suicide Prevention Protocol includes screening of all patients 12 or older upon admission using the Columbia Suicide Severity Rating Scale (C-SSRS)
- The purpose of this study is to identify barriers to SRS implementation by acute care and ICU nurses and propose strategies around these barriers

METHODS

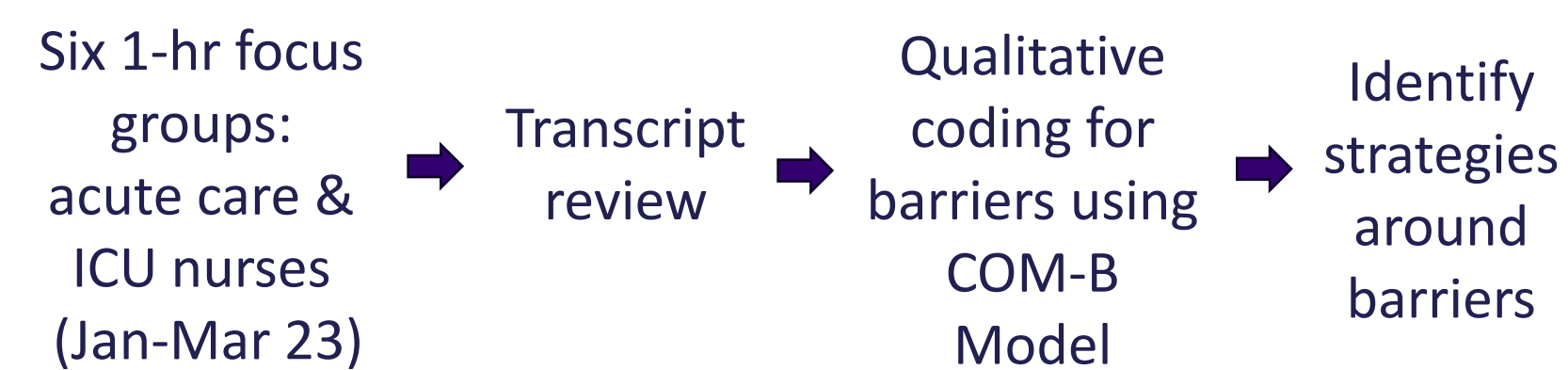


Table 1. Demographics of Focus Group Participants (N=22)

| Characteristic | N (%) or Mean ± SD [Min - Max] |
|------------------------------------|--------------------------------|
| Age, years | 32.1 ± 8.3 [22 - 51] |
| Time at HMC, years | 5.7 ± 6.0 [0 - 26] |
| Acute Care vs. Intensive Care Unit | |
| Acute Care | 14 (64%) |
| Intensive Care | 8 (36%) |
| Gender | |
| Female | 19 (86%) |
| Male | 2 (9%) |
| Other | 1 (5%) |
| Race/Ethnicity | |
| Caucasian or White | 17 (77%) |
| Asian | 5 (23%) |
| African American or Black | 1 (5%) |

"I haven't really had anyone explain [the suicide risk screening protocol] to me, or like talk about the importance of it"
ICU Nurse

"We get patients who are coming up from surgery. So they're all kind of loopy and out of it from the medications, so that can be a barrier because... they're in too much pain"
Acute Care Nurse

"[EHR] just becomes a very cumbersome instead of a helpful tool, it just becomes...one more thing I got to check off that I'm unable to assess"
Acute Care Nurse

"So I don't feel like a lot of patients feel comfortable enough to answer the questions"
ICU Nurse

"Some [patients] are like embarrassed...if you answer a certain way then it's [going to] trigger this whole cascade of events... things [patients] aren't going to want to go through"
ICU Nurse

CAPABILITY BARRIERS

- Lack awareness of the procedures for patients at risk of suicide
- Lack of knowledge and skills about how to implement screening and post-screening aspects
- Patients' inability due to mental status and/or physical state

OPPORTUNITY BARRIERS

- Challenge in coordination of care with the primary medical team and psychiatry consult service
- Limitations in modifying the environment for safety, more of a challenge in acute care than ICU
- Lack of patient privacy
- Lack of adequate time to do SRS
- Unit norms may not prioritize SRS
- Electronic health record (EHR) functionality
- Staffing allocation

MOTIVATION BARRIERS

- Nurses' lack of confidence in skills
- Discomfort asking and answering SRS for patient and nurse
- Both patient and nurse may have concerns about potential negative impact or value of SRS
- Concerns about patient honesty
- Competing priorities or medical concerns
- Viewing SRS as a "checklist item"
- Competing priorities among psychiatry consult team

"I actually didn't know the ways in which doing the screening would impact their care"
Acute Care Nurse

"It has to be like the stars have to align to get to that screening. I have to have a patient who's not in crisis, who can talk to me, and we can talk about things"
Acute Care Nurse

"We go over the various screenings... And we ask [about] suicide, but it only goes well if someone has enough time to do all [of the] questions"
Acute Care Nurse

"I'm someone who hates when things are like red and I want all my boxes to check"
Acute Care Nurse

"I myself am not comfortable with that question...maybe it's a less priority. Let's focus more on like acute medical assessment"
Acute Care Nurse

POPULATION HEALTH IMPLICATIONS

- Universal screening within our safety net hospital can help reduce disparities in suicide-related mortality among patients hospitalized for medical reasons
- Missed or inaccurate screens and challenges with referrals may adversely affect health equity
 - E.g., nurses mentioned patients with limited English proficiency may be less likely to be screened
- Data on completed screens, receipt of in-hospital consultation, and outpatient referrals by race, ethnicity, and SDOH factors is needed

STRATEGIES

- Training and education to improve knowledge, skills, and confidence: didactics, preceptorship
- Address concerns about impact of screening on patients
- Help nurses find the best time to do the screening
- Prioritize SRS: audits, incorporate practice champion
- Address EHR documentation barriers
 - Usability testing
 - Alerts and reminders

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