Minimizing Liability Risks When Treating the Suicidal Patient

Connecticut Society for Healthcare Risk Management
March 5, 2014

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This presentation is not intended to be and should not be used as a substitute for legal or medical advice. Rather it is intended to provide general risk management information only. Legal or medical advice should be obtained from qualified counsel to address specific facts and circumstances and to ensure compliance with applicable laws and standards.
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At the conclusion of this presentation, participants will be able to:

- Recognize liability exposures when treating patients who are suicidal.
- Explore physical environmental factors which may contribute to an increased risk of inpatient suicide.
- Appreciate the importance of conducting environmental safety audit for inpatients.
- Examine issues with documentation and its impact on lawsuits when treating patients who are suicidal.
- Explore involuntary commitment for patients who present with a risk of suicide.
- Identify risk factors and risk mitigation strategies when treating patients who may be suicidal.
A 45 year old married male presents to the ED. Upon arrival, the patient states that his wife recently left him, he feels suicidal, and acknowledges having a plan. The patient also disclosed two recent suicide attempts. In one attempt he “took a bunch of pills and drank alcohol.” In the other prior attempt, he tried to shoot himself with a gun, but the gun jammed. When asked, he reported that he no longer had access to the gun.

The patient is medically cleared and is evaluated by the on-call psychiatry resident who diagnoses him with major depression and determines that the patient meets criteria for inpatient admission.
Suicidal Thoughts/Behavior - Statistics

Figure 3.2 Suicidal Thoughts and Behavior in the Past Year among Adults Aged 18 or Older: 2012

Source: SAMSHA, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings
http://www.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhft2012.htm
(Last Accessed 2/27/14).
Guns and Suicide

50% of completed suicides involve guns

Guns are used more than all other intentional means combined

85% of suicide attempts end in death

Impulsive action that cannot be "taken back"

Demographics - Increased Risk

- Age
- Gender
- Marital Status
- Culture/Ethnicity
- Alcohol Abuse
- Mental/Physical Illness
Characteristics of Suicidal ETOH Abuser

- Started drinking at young age
- Consumed alcohol over long period of time
- Engages in binge drinking
- Poor physical health
- Depressed
- Legal/financial difficulties
- Recent interpersonal loss
- Performed poorly at work
- Family history of alcoholism

Source: Suicide Prevention in Healthcare Settings, Southeast Nebraska Suicide Prevention Project (2003).
## Mental/Physical Illnesses That Increase Suicide Risk

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<thead>
<tr>
<th>Mental Illnesses</th>
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<tr>
<td>• Schizophrenia</td>
<td>• Cancer</td>
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<tr>
<td>• Alcohol abuse</td>
<td>• MS</td>
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<tr>
<td>• Borderline Personality Disorder</td>
<td>• Spinal injury</td>
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<td>• Depression</td>
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<td>• HIV</td>
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<td>• Peptic Ulcer</td>
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Source: Suicide Prevention in Healthcare Settings, Southeast Nebraska Suicide Prevention Project (2003).
Warning Signs of Potential Inpatient Suicide Attempt

- Irritability
- Increased anxiety
- Agitation
- Impulsivity
- Decreased emotional reactivity
- C/o unrelenting pain
- Refusing visitors

- Crying spells
- Refusing medications
- Decreased interest in treatment or prognosis
- Feelings of worthlessness
- Refusing to eat

Source: Suicide Prevention in Healthcare Settings, Southeast Nebraska Suicide Prevention Project (2003).
How can we reduce the risk?
Indications of a Suicide Risk

Look for signs of acute suicide risk in ALL patients

Assess patient for risk factors for suicide

Firearms access

Look for warning signs of suicide

If You Suspect Suicidal Risk….

Have you ever thought of dying or that life is not worth living?

Have you ever thought about ending your life?

Do you have a plan? What steps have you taken?

Intent

Suicide Prevention Contracts

- Overvalued as clinical/risk management technique
- Not a legal document—cannot be used as exculpatory evidence
- Should not take place of suicide assessment
- Studies have not shown effectiveness in reducing suicide
Management of the At Risk Patient

- 15 minute checks
- One-one continuous observation
- Seclusion/Restraint
- Observation at various intervals
- Minimize environmental risks
Environmental Factors

- Types of care provided
- Equipment/materials used
- Diverse patient populations
- Facility design

Common Environmental Risk Factors

- Anchor points
- Materials used for self-harm
- Access to medications/sharps
- Electrical outlets
- Ease of elopement
## Risk Reduction Strategies: Environment

- **“Safe rooms”**
- Safe bathrooms/doors
- Wardrobes without doors
- Safe windows
- No plastic bags
- Light fixtures, door knobs, sprinkler heads
- Hand rails
- Remove dangerous clothing
- Monitoring/observation
- Sitters
- Train all staff in de-escalation techniques
- Educate visitors re: prohibited items
Assess Elopement Risk Upon Admission

Closely Monitor At Risk Patients

Communicate Risk to All Caregivers

Re-assess Risk and Communicate at Handoffs/Shift Change
Mrs. W., is an 80 year old widow was brought to the ED by a neighbor who was concerned because she was feverish for the past 3 days. Mrs. W.’s family does not live nearby. The triage nurse notices that Mrs. W. seems confused, but is not sure if it is due to the fever or perhaps some early onset dementia. During the triage process, Mrs. W. repeatedly expresses concern that she needs to get home to feed her cat. Following triage, Mrs. W. is moved to a private room next to the ED main entrance to await a physical exam. The ED becomes very busy and it is some time before the attending physician is able to see Mrs. W. When the Dr. enters the room Mrs. W. is not there. Another patient recalls seeing Mrs. W. leave through the entrance door and waiting outside at the bus stop.
Risk Reduction Strategies: Elopement

- Develop polices and procedures specific to suicidal patients that elope
- Understand state regulations regarding involuntary patients who elope
- Immediately notify security and police when involuntary patient elopes
- Provide police with photos and identifying information
- May be necessary to breach confidentiality in emergencies
- Thoroughly document actions taken to locate patient
Inadequate screening/assessments

Poor staff communication

Inadequate staff training re: suicide

Lack of P & P re: high risk patients

Inadequate observation

Increases Risk of Patient Suicide
Involuntary Commitment

- Emergency Commitments
- Court Ordered Commitments
- Criteria Vary Widely by State
Risk Reduction Strategies: Involuntary Commitment

- Understand jurisdictional regulations
- Consult with RM/facility counsel
- Thoroughly document decision making process
- Voluntary admission - preferable
Tom, a 75 year old male comes into the ED with vague generalized complaints. He appears disheveled, thin, and his clothes do not appear to fit. He recently lost his wife who he was married to for 55 years. He lives alone and his children do not live locally. He is isolated and has few interests. Upon questioning, the patient denies SI but the triage nurse is concerned that he is depressed and would like further evaluation. The nurse refers to the on-call psychiatrist who determines the patient does not meet inpatient criteria for admission. He recommends that the nurse refer the patient to a hospital social worker for resources.
Discharge from ED

- Verify that patient does not have access to firearms/lethal weapons
- Contact information for outpatient providers and community resources, such as mental health clinics
- The National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)
- Written prescription information including dosage instructions and possible side effects
- A reminder that the ED is open 24/7
- Specific instructions regarding signs and symptoms that require a return to the ED
- Follow-up care instructions
Develop Policies and Procedures for:

- Suicide risk screening
- Suicide/observation precautions
- Management of high risk patients
- Inter-hospital transfers
- Search policy
- Visitor policy
- Detoxification protocols
- Policy for securing weapons brought on site
Common Claims Involving Suicide

- Failure to adequately assess SI
- Failure to predict/diagnose
- Failure to take adequate history
- Failure to medicate properly
- Failure to control, supervise, restrain
- Failure to remove dangerous objects
Courts focus on two issues:

**Foreseeability**
- Could the suicide have been predicted?
- Was there sufficient evidence for an identifiable risk of harm?

**Causation**
- Was enough done to protect the patient?
- Was there something that was done/not done that caused the resulting harm?
- Was suicide risk assessed adequately?
The MEDICAL RECORD is:

- The only evidence available years later
- Used to reconstruct the care provided
- Considered to be an accurate reflection of care provided to the patient
- Scrutinized by both plaintiff and defense attorneys
- Should paint a factual picture of past events
- Professional credibility
Document objectively

Use direct patient quotes

Avoid using opinions/personal comments

Document patient’s actual behavior
Documentation

Critical Issues to be Documented

- Suicide Screening
- Decision Making Process
- Consultations
- Confidentiality Discussions
Summary - Risk Management Strategies

When Treating Suicidal Patients:

- Develop policies and procedures specifically for suicidal patients
- Complete suicide screenings in all patients
- Educate/train staff about risk factors for suicide and warning signs
- Perform regular environmental safety audits of facility’s physical environment
- Document. This includes reasons for and for not taking actions
- Understand laws regarding breaching confidentiality
- Understand your state’s laws regarding involuntary commitment
- Consult attorney/risk management professional when necessary
Resources


http://www.thejointcommission.org


Thank you!