

Project Title

Provide Appropriate Care for Suicidal Risk Patients

Project Lead and Members

Project Lead: Sathiya Veerarhagavan, Senior Nurse Manager, Khoo Teck Puat Hospital

Project Members:

- Cheang Ka Man, Psychiatrist Consultant
- Ms Chua Ee Cheng, Head and Principal Medical Social Worker
- Muhammad Firdaus Bin Jamel, Senior Executive, Bed Management Unit
- Lim Yee Ling, Nurse Manager
- Fan Xiaoyan, Assistant Nurse Clinician
- Hamidi Bin Pagi, Security, Supervisor
- Phyu Phyu, Senior Staff Nurse
- Junsay Riza Joy F., Senior Staff Nurse
- Sheela Q, Senior Staff Nurse
- Gaviola Nicole, Enrolled Nurse

Organisation(s) Involved

Khoo Teck Puat Hospital

Healthcare Family Group(s) Involved in this Project

Medical, Nursing, Medical Social Workers, Healthcare Administrators (Bed Management), Security

Applicable Specialty or Discipline

Psychiatric (Psychological) Medicine

Project Period

Start date: Jan 2021

Completed date: Sep 2021

Aim(s)

To provide appropriate care for Suicidal Risk (SR) patients from 19% to 100% in KTPH within 6 months

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Multidisciplinary approach is a vital factor in creating and reviewing the strategies for managing SR patients. Therefore, seeking essential inputs and support from various stakeholders are important for sustainability and continuous enhancement of existing processes. The other factor to consider is that the team is required to focus on both system and patient level intervention on suicidal prevention so that a holistic approach in end-to-end care of patients with SR can be rendered.

It is also important to continue to conduct necessary training and in-service for all healthcare providers to augment their knowledge and skills on managing SR patients in the acute care setting.

Conclusion

The health care professionals need to collaborate with relevant stakeholders to focus on both system and patient level intervention, to ensure SR patients received appropriate care when they are admitted in the acute care setting.

The extensive training and sharing on the significance of appropriate care and enhanced Code Violent activation, tagging the SR patient in BMS aim to enable the provision of

appropriate care to SR patients. Staff also build up their capability in managing SR patients' behaviour by seeking timely support from relevant team. Some of the positive impacts are as stated in the below table.

Patient	Decreased: <ul style="list-style-type: none"> ✓ Morbidity (pain, compromised QOL, suffering) ✓ Length of stay & health-care costs ✓ Mortality from suicidal thoughts
Family	<ul style="list-style-type: none"> • Increased family satisfaction (no negative feedback) • Build trust in Hospital • Shared responsibility • Decreased burden of care • Reduce caregiver stress
Staff	<ul style="list-style-type: none"> • Increased morale in caring SR patients • Effective team work • Reduced burnout
Organization	<ul style="list-style-type: none"> • Medical-legal implications • Health-care costs • Length of stay • Hospital KPIs & SRE • Hospital reputation

Additional Information

This initiative has been incorporated into routine clinical workflow for all inpatient KTPH wards since April 2021.

The above care model has been adopted by KTPH inpatient wards as well as Yishun Community Hospital, when SR patient becomes agitated, or uncooperative to nursing instructions, at risk of abscondment, or is difficult to manage for his/her own safety.

The team is leveraging on technology to support the care of SR patients. Radio-frequency identification (RFID) wrist tags will be attached on patient's wrist tag. This provides the ability for the care team to track patients' movements and alert the team accordingly when patient enters a particular zone. This functionality can be extended in the future to potentially lock down the ward to prevent SR patients from absconding the ward. In addition, the team is targeting to have mobile panic alarm devise for staff to escalate when they are in danger.

The team also collaborates with the relevant stakeholders for continuous enhancement. The team is currently working with Institute of Mental Health (IMH) Suicide Task Force to learn and adapt the risk mitigation initiatives and best practices to ensure a safer environment for SR patients seeking treatment and care in KTPH.

Project Category

Care & Process Redesign

Quality Improvement: Job Effectiveness, Clinical Practice Improvement, Access to Care

Keywords

Suicidal Risk Patients, Appropriate Care, Suicidal Prevention and Management

Name and Email of Project Contact Person(s)

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Providing Appropriate care for Suicidal Risk Patients

Sathiya Veeraraghavan, Inpatient wards.

Background & Aims

To provide appropriate care for Suicidal Risk (SR) patients from 19% to 100% in KTPH within 6 months.

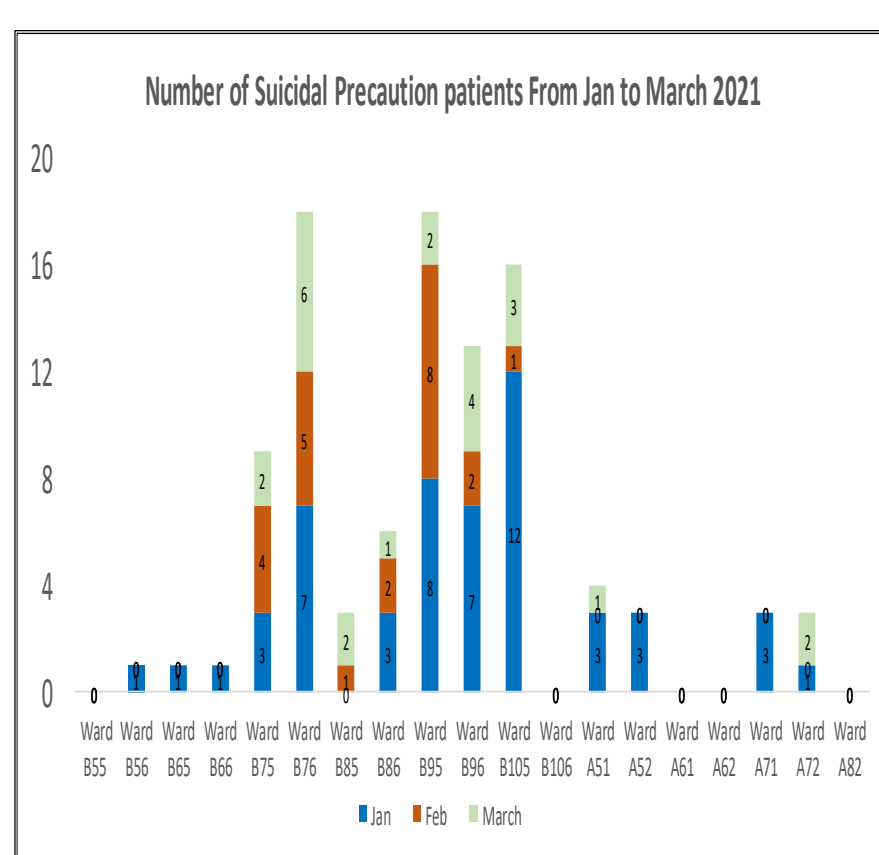
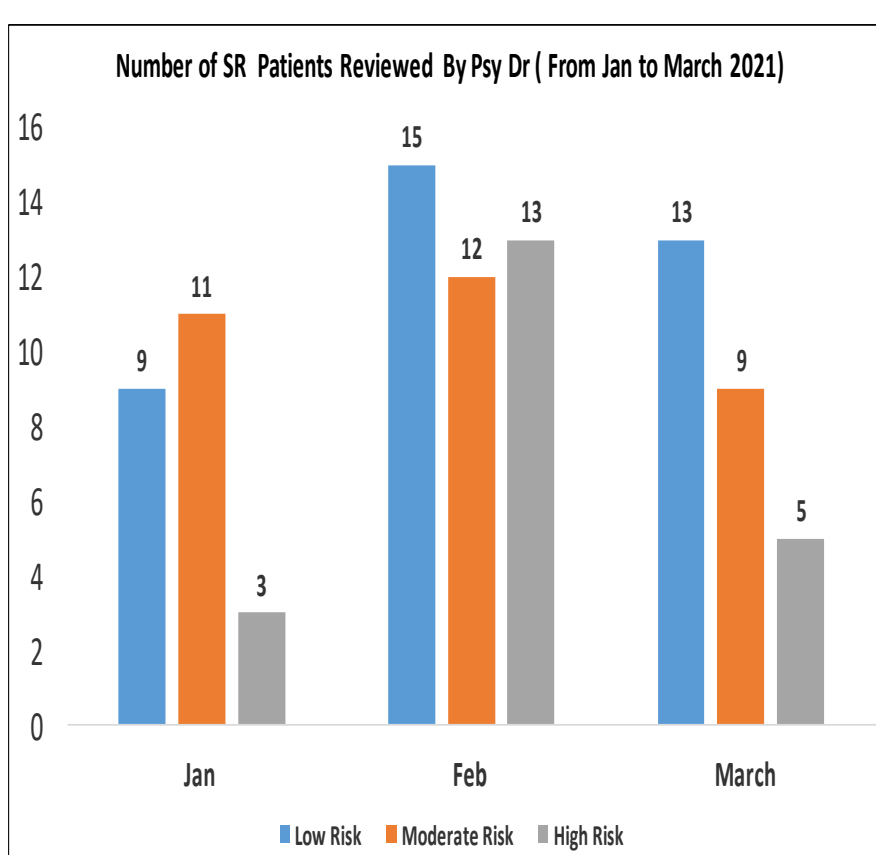
Definitions:

Appropriate care is defined as:
Closer monitoring
Right siting
Early Psychiatrist (PSY) review

The three criteria above have to be met to conclude that patient received appropriate care.

Methodology

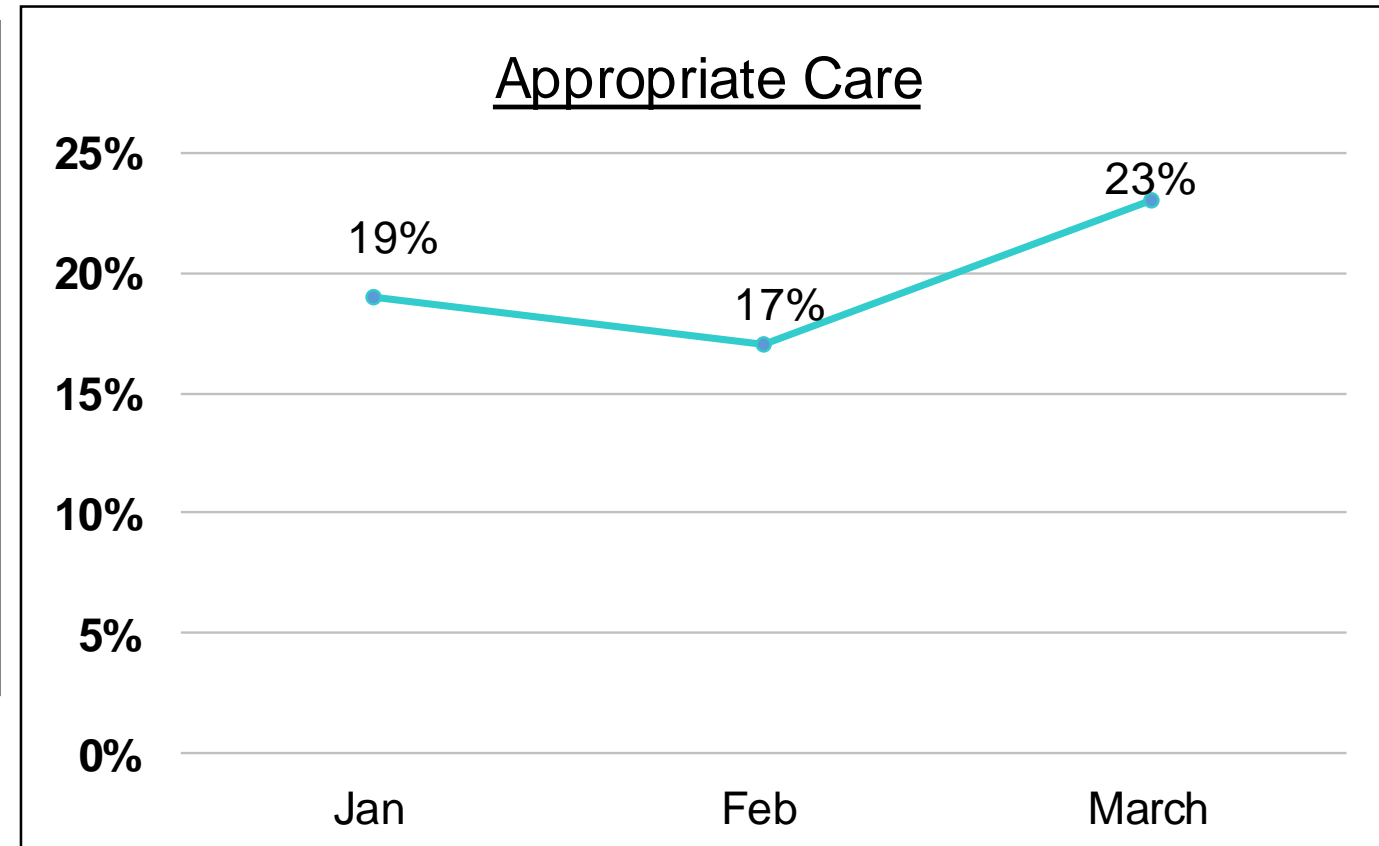
Evidence for a Problem Worth Solving



EVIDENCE FOR PROBLEM WORTH SOLVING
(Blind spot beds and Single Rooms in Tower A and B)

Ward	Low Visibility Bed No.	High Visibility Bed No.	Total No. of High Visibility Beds
Tower A, 5 Series Wards	Bed 3, 12, 13, 22, 23, 32 and Single rooms (Bed 1, 2 and 33)		2
Tower B, 8 Series Wards	Bed 3, 8, 13, 18, 23, 28 and Single rooms (Bed 1, 2 and 33)		3

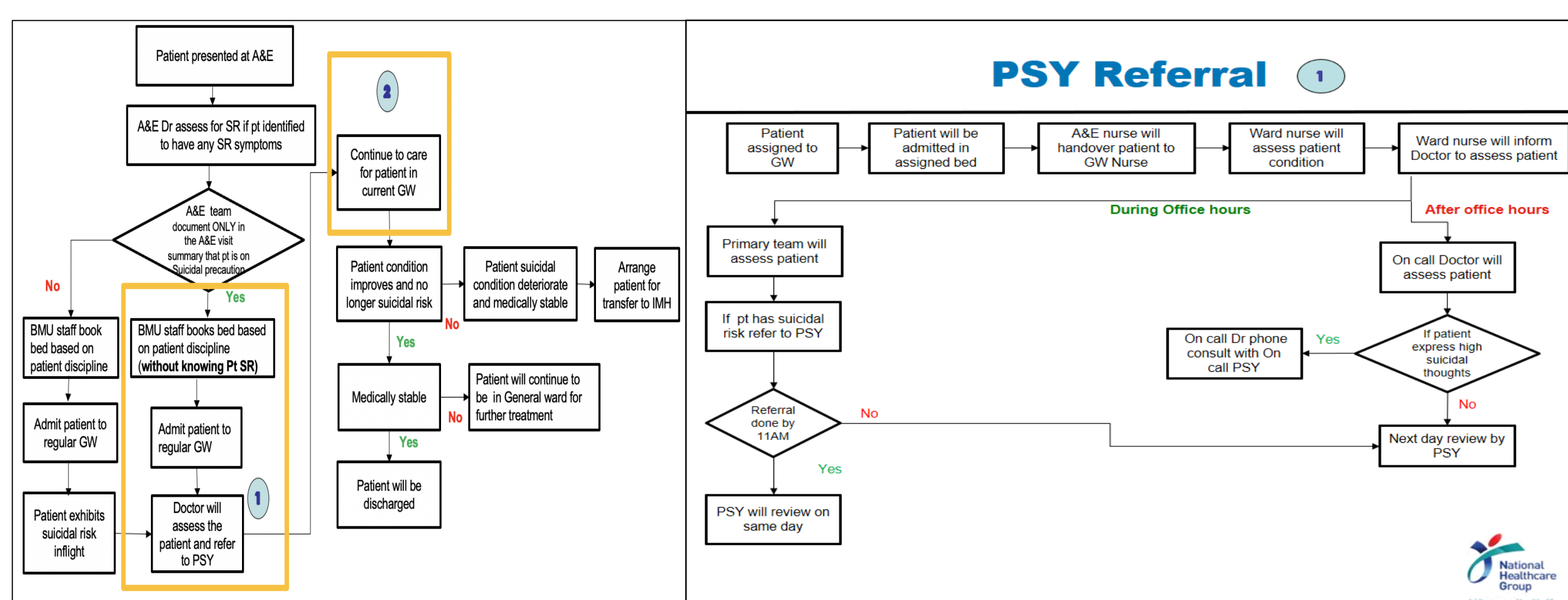
Baseline Data (Jan to March 2021)



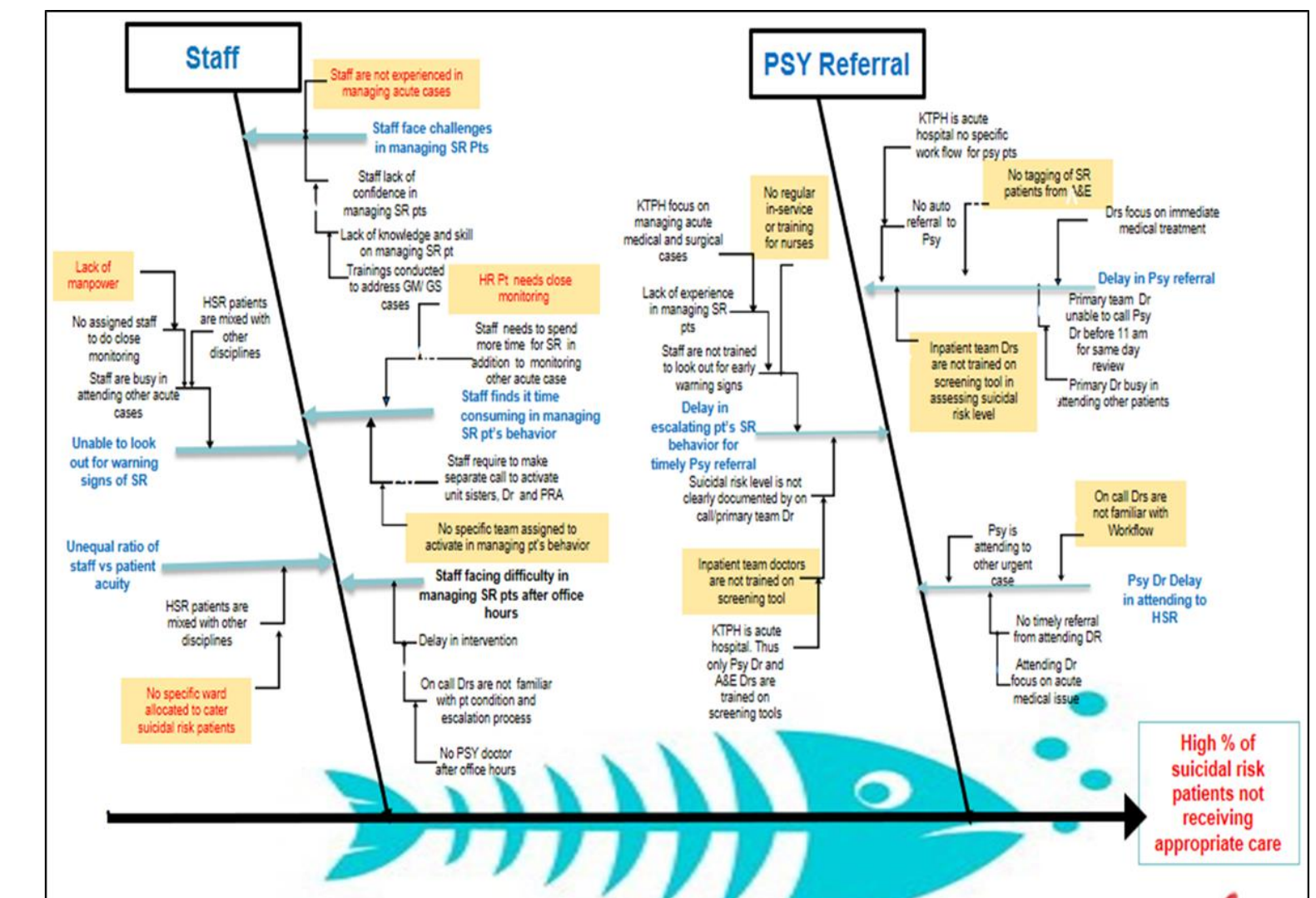
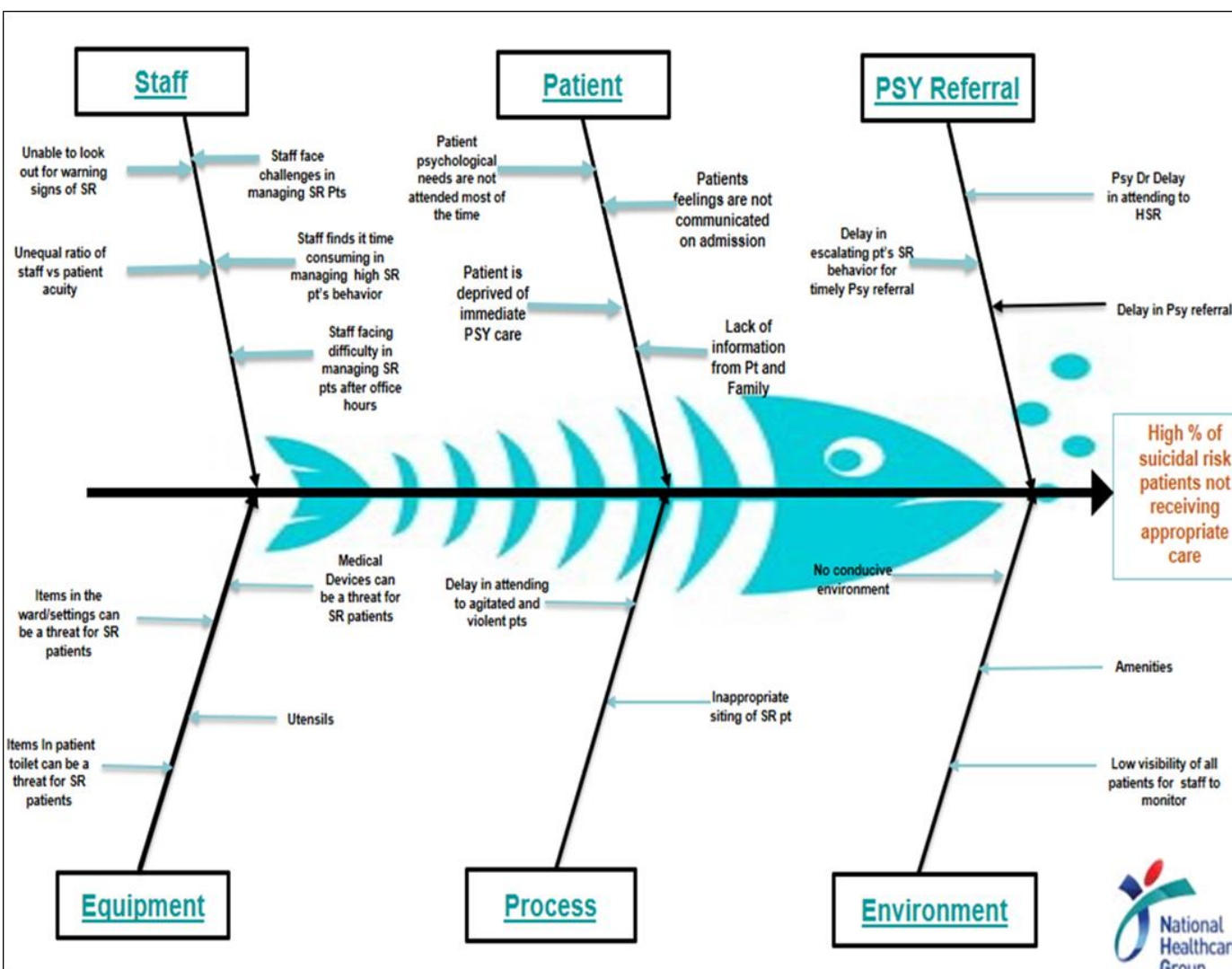
Suicidal Risk patients Baseline Data (from Jan to March 2021)

Month	Jan	Feb	March	Total
No of SR Patients received Appropriate Care	10	4	5	19
Total SR Patients	53	23	22	98
% of Care	19%	17%	23%	19%

Flow Chart of Process



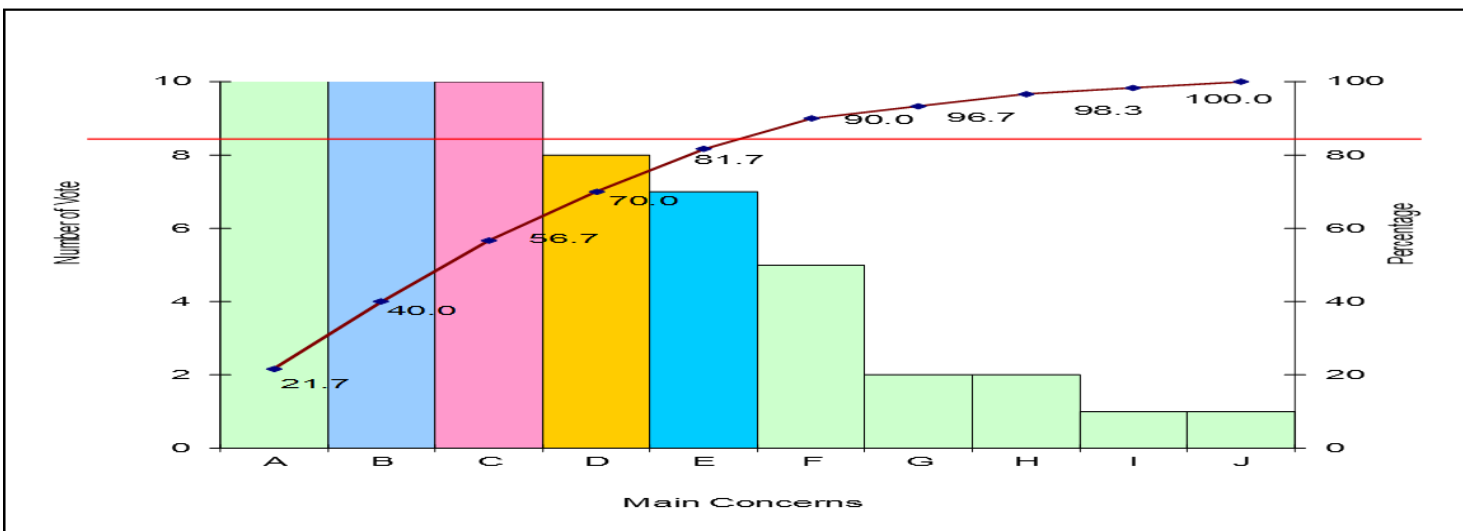
Cause and Effect Diagram



Pareto Chart

ROOT CAUSES FOR SR PATIENT'S NOT RECEIVING APPROPRIATE CARE

Causes	High % of SR Patients Not Receiving Appropriate Care	Voting
A	Staff feel that HR Pt needs close monitoring meaning 1 to 1 care or extra staff or CCTV monitoring	13
B	Lack of training for Nursing staff	11
C	No tagging for SR pt	10
D	No specific team assigned to manage when SR patients become agitated and want to leave the ward	8
E	Inpatient Dr not trained on SR Screening tool	7
F	No designated ward	5
G	Lack of collaboration	2
H	Ward Layout	2
I	Manpower	1
J	No guidelines for nurses to screen psy pts' belongings	1

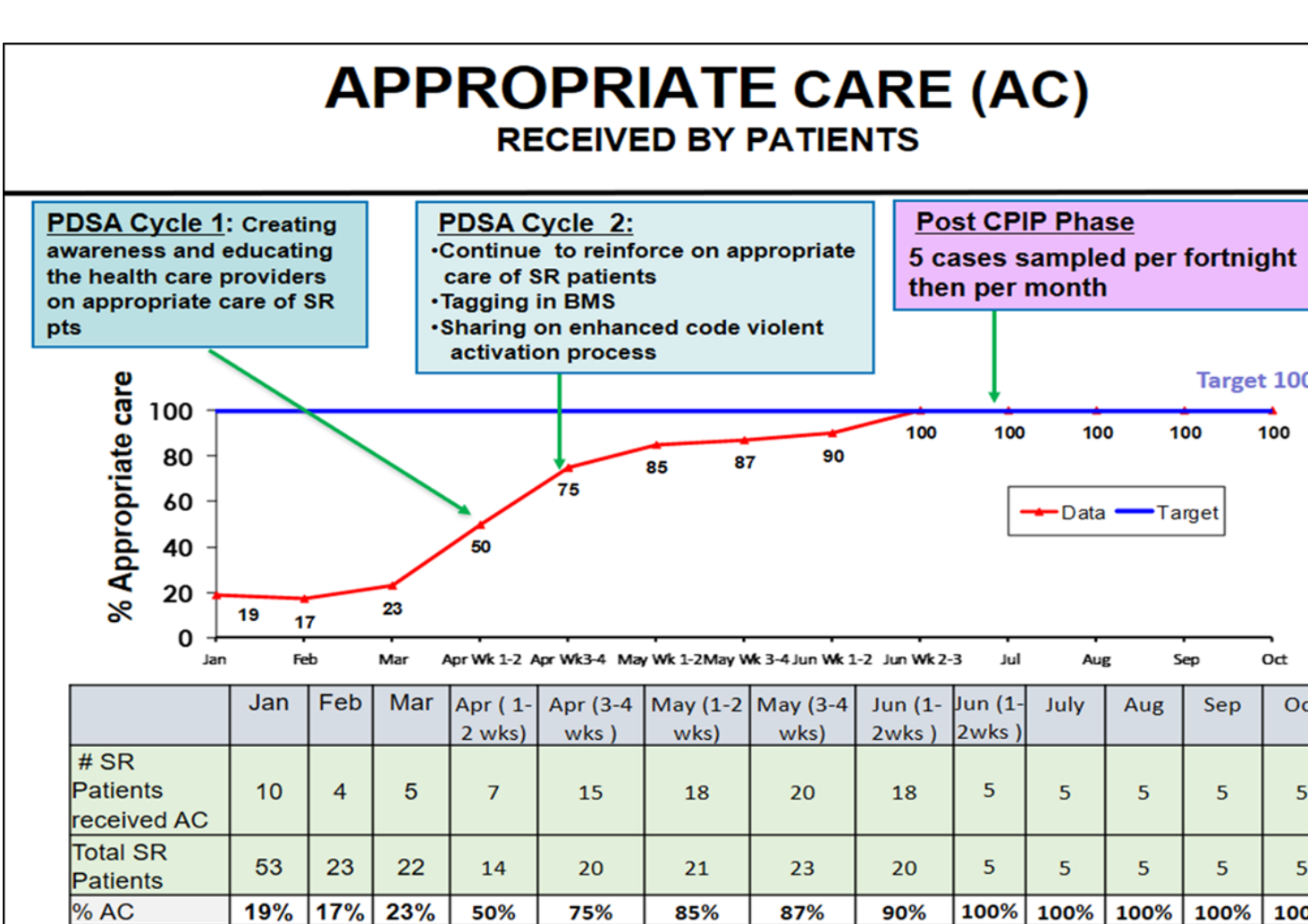


A	Staff feel that HR Pt needs close monitoring meaning 1 to 1 care or extra staff or CCTV monitoring
B	Lack of training for nursing staff
C	No tagging for SR Pt in BMS
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Implementation

CAUSE / PROBLEM (refer to Pareto Chart)	INTERVENTION	IMPLEMENTATION
1. Staff feel that HR Pt needs close monitoring meaning 1 to 1 care or extra staff or CCTV monitoring	1. Changing staff mindset that close monitoring equals 1 nurse to 1 patient ratio / extra staff requirement / CCTV monitoring and providing alternative methods to manage patients through training.	PDASA Cycle 1: 1 April 2021
2. Lack of training for Nursing staff	2. Creating awareness and educating the health care providers on following: • Managing patients with Suicidal risk • Suicidal observation and intervention Chart • Columbia Suicide Severity Rating (CSSR) scale	PDASA Cycle 2: 10 April 2021
3. No tagging for SR pt	3.a) 'SR' tagged in with other patient details in BMS 3.b) BMU staff will right site SR patients to non-blind spot beds	PDASA Cycle 2: 10 April 2021
4. No specific team to manage e.g. SR patients who become agitated and want to leave the ward	4.a) The existing Code Violent (V) Activation process was enhanced to include SR patients. This enhancement includes the addition of unit nurse supervisors on top of the existing Security Officer. This helps to release the nursing staff from care of this SR patient to continue their care of the other acute patients in the cubicle. 4. b) This enhanced code violent activation is shared as part of the training	PDASA Cycle 2: 10 April 2021

Results & Project Impact



Inpatient Attempted Suicide / Suicide Incidence (Jan to Sep 2021)

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Inpatient Attempted Suicide / Suicide	0	0	1	1	0	0	0	0	0
Inpatient Discharges	2943	2742	3019	3030	2952	2965	3172	2842	2883
Incidence rate per 1000 Discharges	0	0	0.33	0.33	0	0	0	0	0

Sustainability & Follow-Up

STRATEGIES FOR SUSTAINING

- Continue to review the hospital incident reports which are related to suicidal risk patients
- Track abscondment and AOR discharges of SR patients
- Monitor Code V activation and right siting statistics
- Work with relevant team members to continue to conduct necessary training and education to augment staff knowledge on managing suicidal risk patients.
- Continue to work with the relevant stakeholders e.g. Inpatient operation, Doctors, Nurses, MSW and Security staff in enhancing high safe care for suicidal risk patients in KTPH
- Continue to actively seek ground staff feedback on managing suicidal risk patients and review the relevant policies, SWIs accordingly to standardize the existing process to endure the appropriate care for all SR Patients
- Having RFID (Radio-frequency identification) tagging for high suicidal risk patients

Follow up

- Percentage of appropriate care received by Suicidal Risk patients
- Number of At Own Risk and Abscondments of Suicidal Risk Patients
- Percentage of staff who have attended the specialized training modules on managing suicidal risk patients
- Hospital Incident reports with regard to Suicidal Risk patients.
- Continue to garner staff feedback to render competent safe care to SR patients



Conclusion

Mental health plays a vital role in everyone's daily life, particularly COVID-19 pandemic has made it clear that many people suffer from mental health issues at some point. Therefore, healthcare professionals are essential to be equipped with adequate knowledge and skills in suicide prevention and management. This would lead to greater understanding and empathy to deal with SR patients when they are admitted in restructured hospital setting.

With the above cited, this project is focused to provide appropriate care to all suicidal risk patients who are admitted to the inpatient KTPH wards. This was achieved through in-service training sessions and extensive sharing in the various meetings and platforms, to increase awareness among the ground staff on the importance of rendering appropriate care to suicidal risk patients. In addition to that, having an enhanced Code Violent activation process and tagging of suicidal risk patients in the Bed Management System navigate the nurses to render better, faster and safer care to the suicidal risk patients in acute care setting.