

Suicide Prevention in the Non-Psychiatric Hospital Setting: A Nurse Education Process

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Arnot*Health*

Setting

➤ *ArnotHealth*

- Not-for-profit, regional healthcare system
- Three affiliate hospitals
- Multispecialty physician group
- Serving the Twin Tiers of New York & Pennsylvania



Problem

- Most health care professionals lack adequate education/training in suicide prevention ¹⁻⁵
- Survey of licensed nurses at *ArnotHealth*⁶
 - Little if any current training in suicide
 - Low suicide knowledge scores
- Existing policies/practices in suicide education lack currency and relevance to practice setting

¹National Action Alliance for Suicide Prevention, (NAASP) 2014; ²Washington State Department of Health, 2013; ³Neville & Roan, 2013; ⁴Ouzouni & Nakakis, 2013; ⁵The Joint Commission (TJC), 2010; ⁶*ArnotHealth*, 2011.

Background Information

- Patient suicide in the hospital setting has been one of the most frequently reported *sentinel events* ^{1, 2}
- Unique challenges in suicide prevention exist for nurses working on general hospital units¹⁻⁴
- Unfavorable attitudes toward suicide influence decision making and behaviors in relation to suicide prevention^{1-4, 5}

¹TJC, 2010; ²Tishler & Reiss, 2009; ³Neville & Roan, 2013; ⁴Ouzouni & Nakakis, 2013; ⁵Bolster, Holliday, O'Neal, Shaw, 2015.

Aim & Design

Aim

- Engage and mobilize stakeholders
- Conduct an evidence-based suicide education pilot
- Build organizational capacity to advance evidence-based suicide education policies and practices
- Effect long-term system change to advance training efforts and clinical competence in suicide prevention

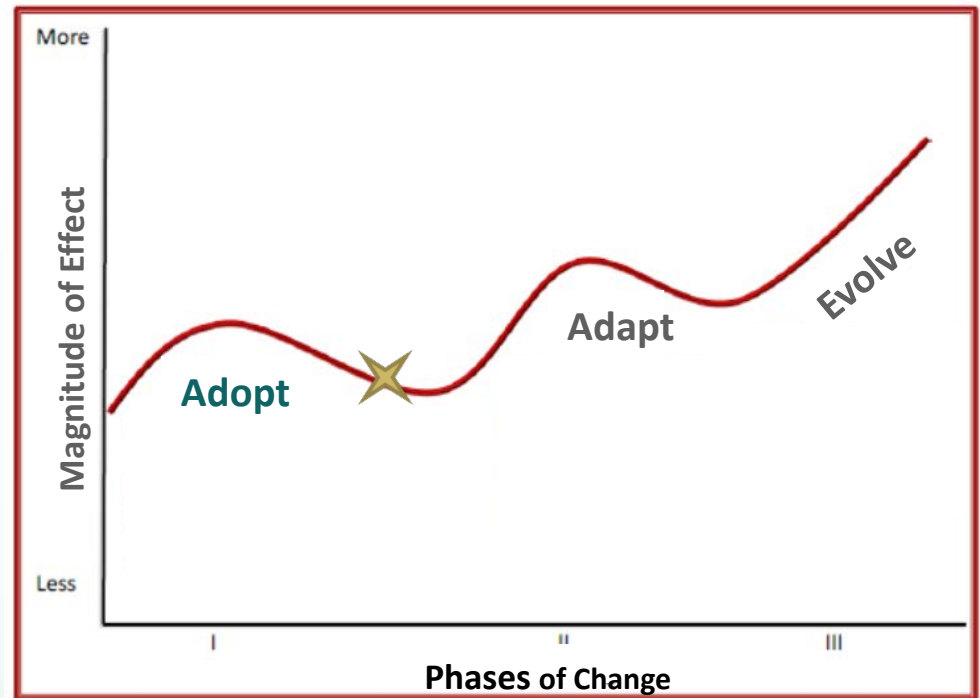
Design

- Single comparison group pre/post testing design

System Change Framework

➤ Three Phase System Change Framework

- Phase I: Adopt
- Phase II: Adapt
- Phase III: Evolve





Target Population

- Primary purposive sampling was used to recruit initial target population of nurses
 - Unit directors, nurse supervisors, clinical coordinators, nurse educators, frontline nurses working on general hospital units at AOMC, SJH, IDMH
- Secondary network sampling was used to broaden recruitment to include other clinical disciplines in and outside of the organization

Data Collection Methods

- Pretest and post-test questionnaires were used to collect primary quantitative data before and after ASIST intervention
- Pretest and post-test questionnaires were developed using selected items from two existing questionnaires with documented validity and reliability testing^{1,2}
- Questionnaires were pretested with registered nurses and content experts

¹Chen, Moore, & Gibbs, 2009; ²Ouzouni & Nakakis, 2009.



Implementation Strategies

1. Identify & engage key stakeholders
2. Mobilize a Project Advisory Team
3. Adopt EB suicide education intervention – Applied Suicide Intervention Skills Training (ASIST)
4. Partner with key internal/external stakeholders to coordinate delivery of ASIST at project site
5. Recruit target population to participate in the ASIST education intervention

Ethics and Quality

- Completion of Collaborative Institutional Training Initiative (CITI) course
- Anonymous pre & post-test questionnaire design
- Protocols to address participant distress due to sensitive subject matter
- Debriefing statement
- Boise State University, Institutional Review Board (IRB) approval

Evaluation Analysis

| Intended Outcome | Outcome Analysis |
|---|---|
| 1. Achieve ASIST <u>completion rate</u> of 75% | Outcome achieved <ul style="list-style-type: none">• 30 participants• 100% completed ASIST• 29 completed pre/post-test questionnaires |
| 2. Describe <u>characteristics</u> of ASIST participants | Outcome achieved <ul style="list-style-type: none">• Descriptive summary of participants completed |
| 3. Increase pre to post-test suicide-related <u>knowledge</u> scores by 10% | Outcome achieved <ul style="list-style-type: none">• 13.1% increase in mean total post-test score for knowledge <p>(n=29; t(2)=2.05; p<0.05; CI 6.1, 20.1)</p> |

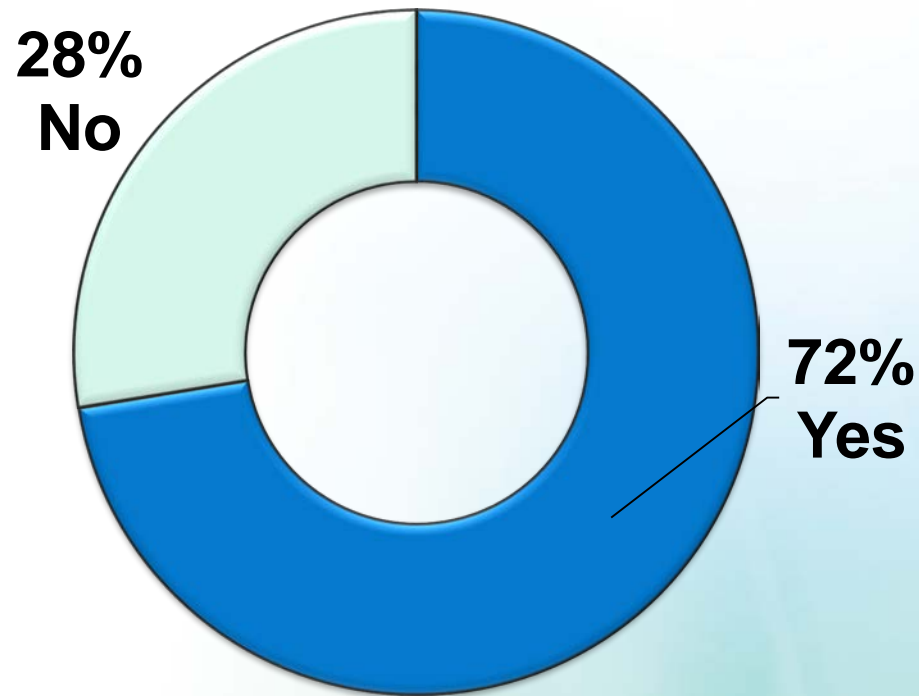
Evaluation Analysis

| Intended Outcome | Outcome Analysis |
|---|---|
| 4. Increase pre to post-test suicide-related <u>attitude</u> scores by 10% | Outcome achieved <ul style="list-style-type: none">• 11% increase in mean total post-test score for attitude (n=29; t(2)=2.01; p<0.05; CI 0.2, 0.7) |
| 5. Evaluate participant <u>satisfaction</u> with ASIST education intervention against threshold of 40 | Outcome achieved <ul style="list-style-type: none">• Total mean satisfaction score 46.5 |
| 6. Effect <u>system change</u> in suicide education policy at project site | Outcome ongoing |

Participant Characteristics

| Primary Work Place | n (%) |
|---------------------------|--------------|
| <i>ArnotHealth</i> | 21 (72) |
| Other | 8 (28) |
| Professional Role | |
| Nurse | 8 (28) |
| Social Worker | 8 (28) |
| Nurse Education | 7 (24) |
| Chaplain | 4 (14) |
| Behavioral Health | 2 (7) |

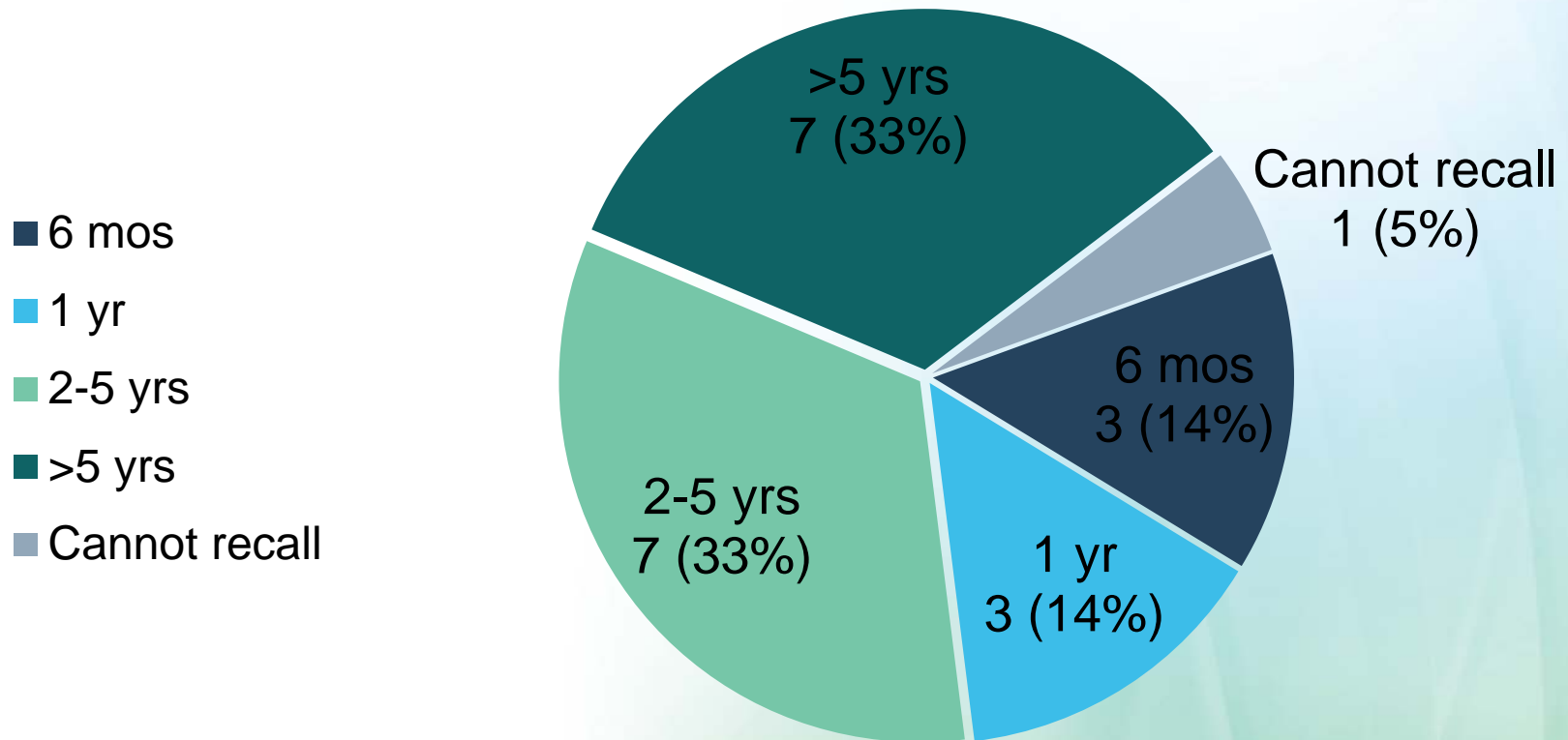
Previous Suicide Training



■ Yes (21) ■ No (8)

Previous Suicide Training

Last Suicide Education/Training



Experience With Suicide

| Experience with Suicide | n (%) |
|---|---------|
| Cared for Patient Who Attempted Suicide | 23 (79) |
| Cared for Patient Who Died by Suicide | 8 (29) |
| Family or Friend Attempted Suicide | 16 (68) |
| Family or Friend Died by Suicide | 16 (55) |
| Personally Considered Suicide | 10 (35) |

Change in Knowledge/Attitudes

Statistically significant pre to post-test change in suicide-related knowledge and attitude was found among ASIST participants.

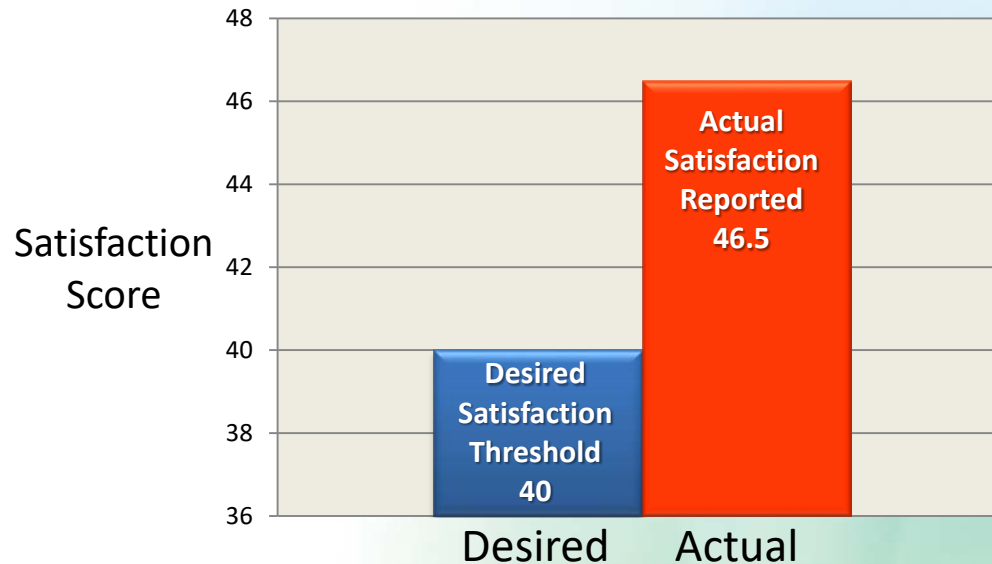
| | Pretest | Post-test | % Change |
|-----------------------|---------|-----------|----------|
| Mean knowledge score* | 63.8 | 76.9 | 17% |
| Mean attitude score** | 3.5 | 3.9 | 11% |

* $t(2)=2.05$; $p<0.05$; CI 6.1, 20.1

** $t(2)=2.01$; $p<0.05$; CI 0.2, 0.7

Satisfaction With ASIST

Post-test satisfaction scores for ASIST exceeded desired threshold of 40 indicating the intervention met or exceeded the needs of participants.



Satisfaction With ASIST

Additional Comments/Feedback

- 15 participants wrote in comments on post-test
- All comments reflected high degree of satisfaction with training, trainers, and good use of time
- “This was the best training of any kind that I have attended”, “Can’t say enough about this training...everyone should have it”



Unanticipated Consequences

Three unanticipated situations during project implementation

- Two participants experienced emotional distress during workshop sessions
- One participant was repeatedly interrupted during the workshop due to work responsibilities
- Interprofessional cross-pollination¹

Affordability

Statement of Operations

| Revenues | |
|---|------------------|
| Internal training budget in-kind contribution | \$63,691 |
| External stakeholders in-kind contribution | \$4,650 |
| Contingency-10% of project expense | \$6,834 |
| Total | \$75,175 |
| Expenses | |
| Internal training budget | -\$63,691 |
| External stakeholders | -\$4,650 |
| Contingency-10% of project expense | -\$6,834 |
| Total | -\$75,175 |
| <i>Operating Income</i> | \$0 |

Conclusions

- Evaluation of ASIST proved favorable in the project setting
- Nurses serve a vital role in suicide prevention but barriers to gaining, maintaining, and increasing suicide-competence exist
- An organization wide, team-based approach to suicide prevention that includes interprofessional education is recommended



Policy Implications

Organizational-Level

- Implementation of policies mandating suicide education across disciplines upon hire with annual updates (CPR model)
- Adoption of system-wide EB suicide education intervention
 - Common knowledge, language, approach
 - Enhance continuity, communication, care transitions
 - Suicide risk management & prevention

Policy Implications

- Mandatory continuing education in suicide prevention as a condition for professional licensure and renewal
- Achieving a suicide-competent clinical workforce will require incremental system change at multiple levels across disciplines
 - Health care organizations
 - Professional education institutions
 - Professional licensing entities
 - Professional associations

Acknowledgements

- *ArnotHealth*
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 - *ArnotHealth*
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References

Available upon request

COME
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