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To Screen or Not to Screen?: A Case Example of a High-Risk Suicide Attempt Survivor Presenting to the Emergency Department

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Keywords

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Abstract

Aims

As many as 1 in 10 individuals who die by suicide were seen in an Emergency Department (ED) within the prior two months. Consequently, there has been a national push in recent years for universal screening for suicidal ideation (SI) in all EDs. However, few hospitals have adopted or enforced this guideline, despite research showing that it can double detection of SI and related behaviors. The goal of this project is to investigate the conditions under which screening occurs with a patient at high risk for suicide using a case example of a patient who presents to the ED with injuries caused by a suicide attempt (SA).

Methods

To investigate the gaps in care for this patient, we conducted a chart review of the ED visit and any visits in the year surrounding it. Additionally, we reviewed the guidelines for suicide screening at the hospital, state, and national level. We then used the Swiss Cheese Model to characterize the gaps in care. To supplement this case example, we conducted a literature review of suicide screening in EDs, suicide risk factors, and factors influencing acquired capability for suicide.

Results

In a review of notes in a one-year period, it was documented that this patient had multiple risk factors (chronic homelessness, veteran status, lack of social support, and past SA). We found that there were multiple missed opportunities for risk assessment and treatment for SI. During their ED visit, there were gaps in care at the organizational, supervisor, and at the caregiver/pre-condition levels.

Conclusions

This case study illustrates areas for improvement in suicide risk assessment in the ED and community care. A lack of guidance, various patient risk factors, and insufficient chart review led to gaps in care for a homeless patient seeking help from the ED.

