

What's New in the Patient Safety World

August 2013

Suicide Attempts on Med/Surg Units

We've done multiple columns on the risks of inpatient suicide, not just of psychiatric inpatients but also patients on med/surg units (see the list at the end of today's column).

A new retrospective analysis from the Mayo Clinic of suicide attempts by med/surg inpatients was recently published ([Shekunov 2013](#)). The authors found 8 suicide attempts among 777,404 med/surg inpatient admissions over a 12-year period (only one attempt proved fatal). They then developed case-control matches for these and compared characteristics of those patients who attempted suicide to those who did not.

While the overall rate of suicide attempts on med/surg units was low, the article shows that suicide can occur on med/surg units and underscores some important points to help prevent inpatient suicides. **Half the patients had psychiatric consultations prior to the attempted suicide, though none had expressed suicidal intent in proximity to the attempt.** The patients also did have a **higher likelihood of prior suicide attempts** compared to control groups. Importantly, **stressors** were identified in most. **Inadequately controlled pain** was considered a contributing factor in three and agitation or anxiety in two. Acute **delirium, insomnia, and psychosocial difficulties** were contributing factors in one each.

Compared to the literature, which suggests that med/surg inpatient suicide attempts tend to be more violent, less violent means were used in most of the cases in the current study. **Overdose was the method used in half.** Two lacerated their wrists, one attempted strangulation using a blood pressure cuff, and one swallowed several physical items.

Perhaps the most salient lesson learned was that **all the overdoses were attempted with medications the patients had brought in from home.** That emphasizes the need for every healthcare facility to have strict policies and procedures on managing medications brought in from home. Problems related to medications brought in from home by patients, often unbeknownst to the hospital staff, is a significant problem. An excellent Patient Safety Advisory from the Pennsylvania Patient Safety Authority (PPSA) in 2012 found over 900 medication errors in less than 7 years related to medications brought into hospitals by patients ([Grissinger 2012](#)). That article has many good recommendations on how such medications should be handled and how to minimize risks.

Note that all the suicide attempts in the Shekunov study occurred in the patient room (5 near the bed and 3 in the bathroom). We have stressed previously the importance of looking in other areas as well for suicide risk factors as well. For example, the bathroom in the radiology suite is a potentially vulnerable area.

We hope that you'll look at our previous columns on the issue of inpatient suicide since they have lots of information and recommendations about identifying patient-level risk factors, environmental risk factors, precipitating events, assessment tools, and system interventions to reduce the chances of inpatient suicide.

Some of our prior columns on preventing hospital suicides:

- January 6, 2009 Patient Safety Tip of the Week “[Preventing Inpatient Suicides](#)”
- February 9, 2010 Patient Safety Tip of the Week “[More on Preventing Inpatient Suicides](#)”
- March 16, 2010 Patient Safety Tip of the Week “[A Patient Safety Scavenger Hunt](#)”
- December 2010 What's New in the Patient Safety World column “[Joint Commission Sentinel Event Alert on Suicide Risk Outside Psych Units](#)”
- September 27, 2011 Patient Safety Tip of the Week “[The Canadian Suicide Risk Assessment Guide](#)”
- December 2011 What's New in the Patient Safety World column “[Columbia Suicide Severity Rating Scale](#)”
- July 2012 “[VA Checklist Reduces Suicide Risk](#)”

References:

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