

Implementing Evidence-Based Suicide Risk Assessment in Clinical Practice
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Problem. In 2005, no systematic approach for assessing suicide risk was used in adult in-patient units. Further, nurses were reluctant to ask patients about risk for suicide. The purpose of this project was to 1) identify evidence regarding suicide assessment scales and their effectiveness at predicting suicidal behavior; and 2) implement an evidence-based suicide assessment approach on adult units throughout the medical center.

Evidence. The electronic databases, PubMed and CINAHL, were used. Search terms included suicide, suicide assessment scale, self-harm, guidelines, meta-analysis and research. Limits included English language and adults. The strongest sources of evidence included two clinical guidelines and one meta-analysis. The main conclusion of the synthesized findings was that current suicide assessment scales lack predictive validity necessary for use in clinical practice. The APA recommends that suicide assessment scales be used as aids to suicide assessment, but not as substitutes for thorough clinical evaluation.

Strategy for practice change. After presenting the findings of the evidence review and synthesis to the appropriate nursing and hospital practice councils, a question was formulated to identify people at risk for suicide and added to all adult assessment forms. Based on risk factors for suicide, the question addresses hopefulness about life and future oriented goals. Scores indicating less than optimal hopefulness trigger a more thorough suicide assessment.

Evaluation. The change on the flow sheets was implemented in March 2007. Systems are in place to monitor use of the question, frequency of need for a more thorough suicide assessment and cases of suicide or suicide attempts. Evaluation data regarding outcomes are currently being collected.

Recommendations. Successful evidence-based practice change involves both credible evidence and interventions that are feasible to implement. In this case, credible evidence is available and the intervention appears feasible. We await outcome data to validate the effectiveness of the intervention.

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