

Improving Suicide Risk Screening and Assessment of Patients Hospitalized with Burn Injuries

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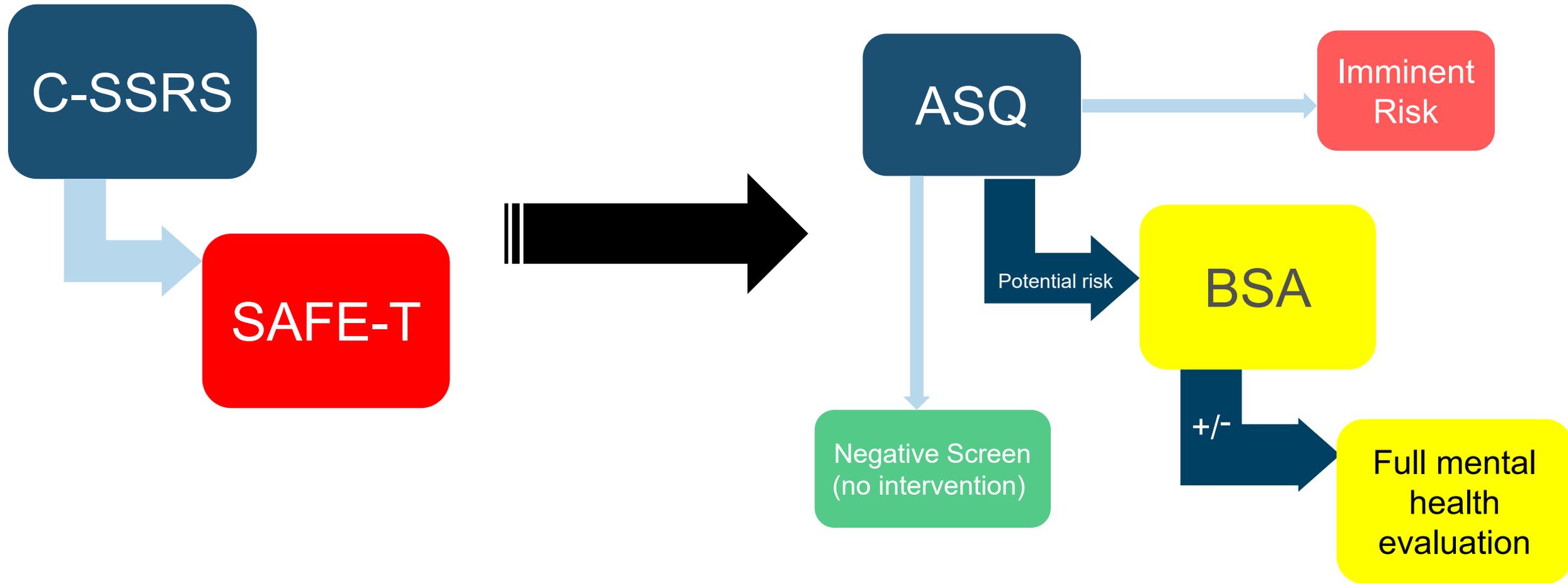
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Background



Suicide Risk Screening and Assessment at UNC Health



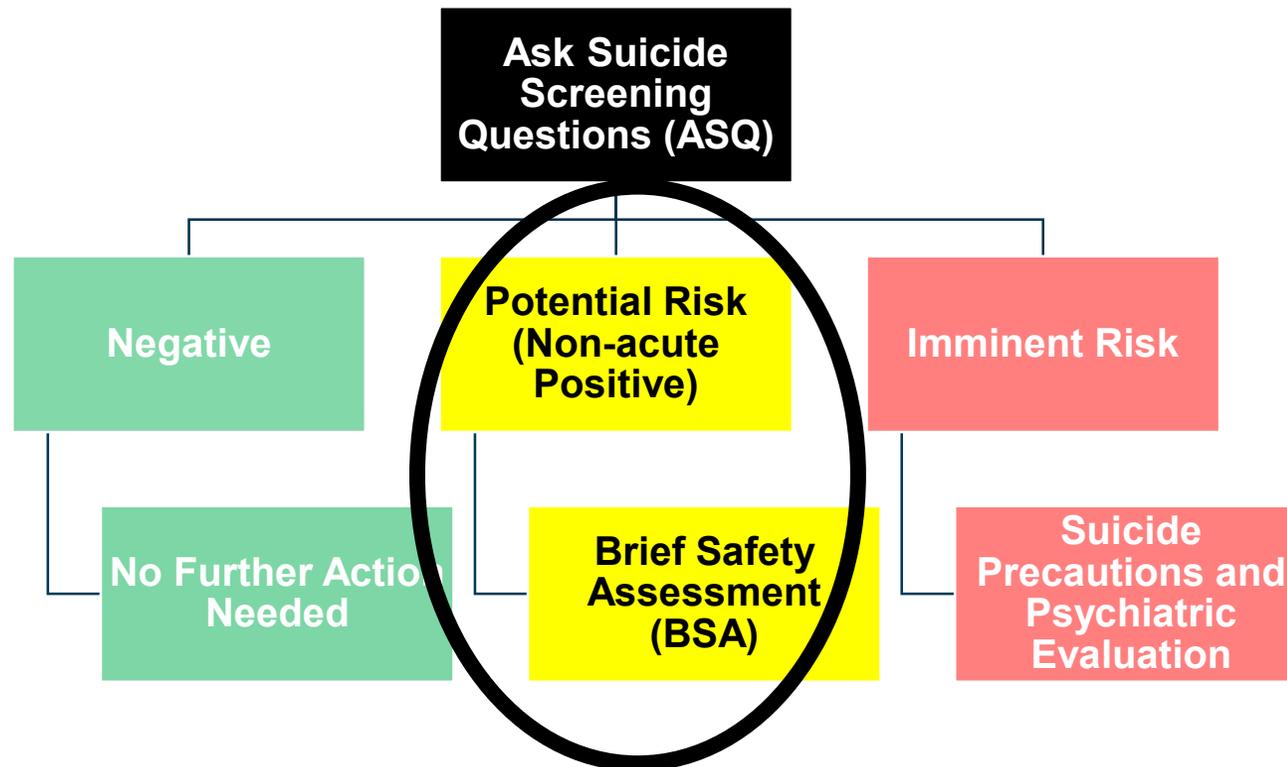
Importance



UNC
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JAYCEE BURN CENTER

Aim Statement

By August 31, 2022, 90% of the Burn Unit team members will agree or strongly agree that they know their role in caring for patients with non-acute positive ASQ screening results.



Interventions

Burn Unit Specific

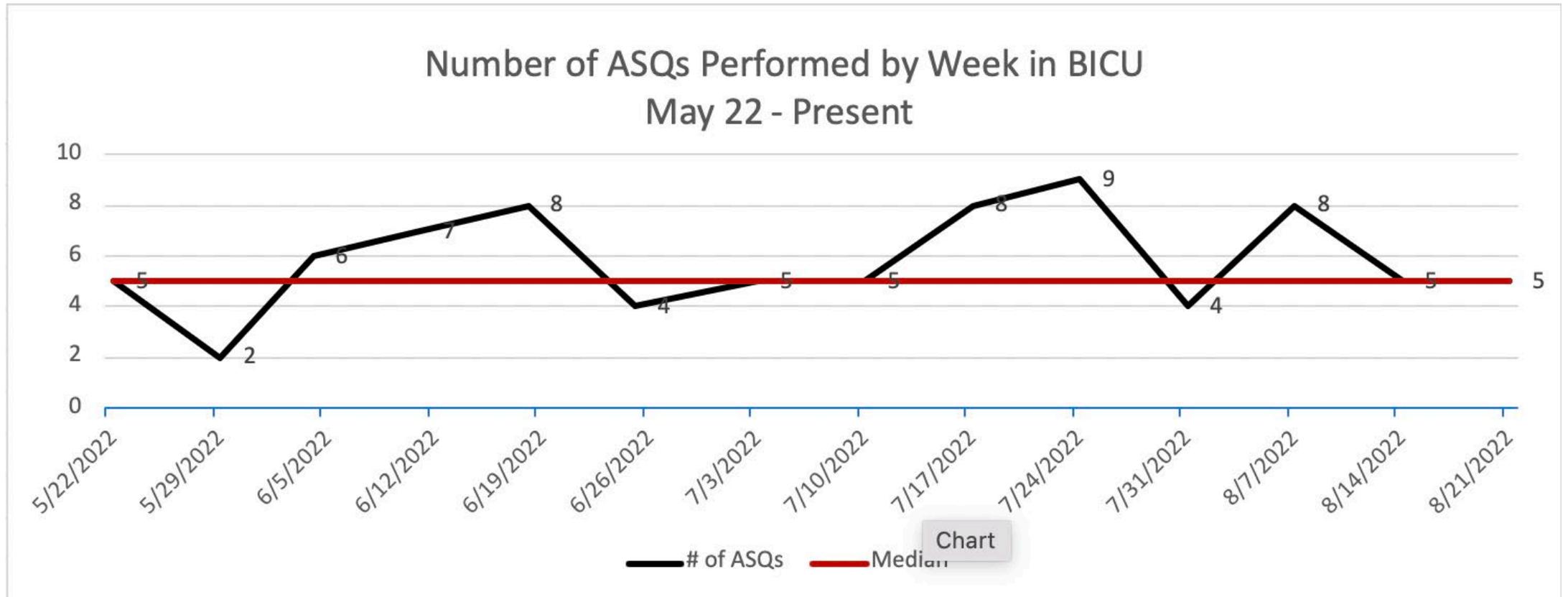
GO LIVE: 5/22/22

System-Wide

- EPIC Build
- Stakeholder meetings
- Policy Change
- LMS Modules

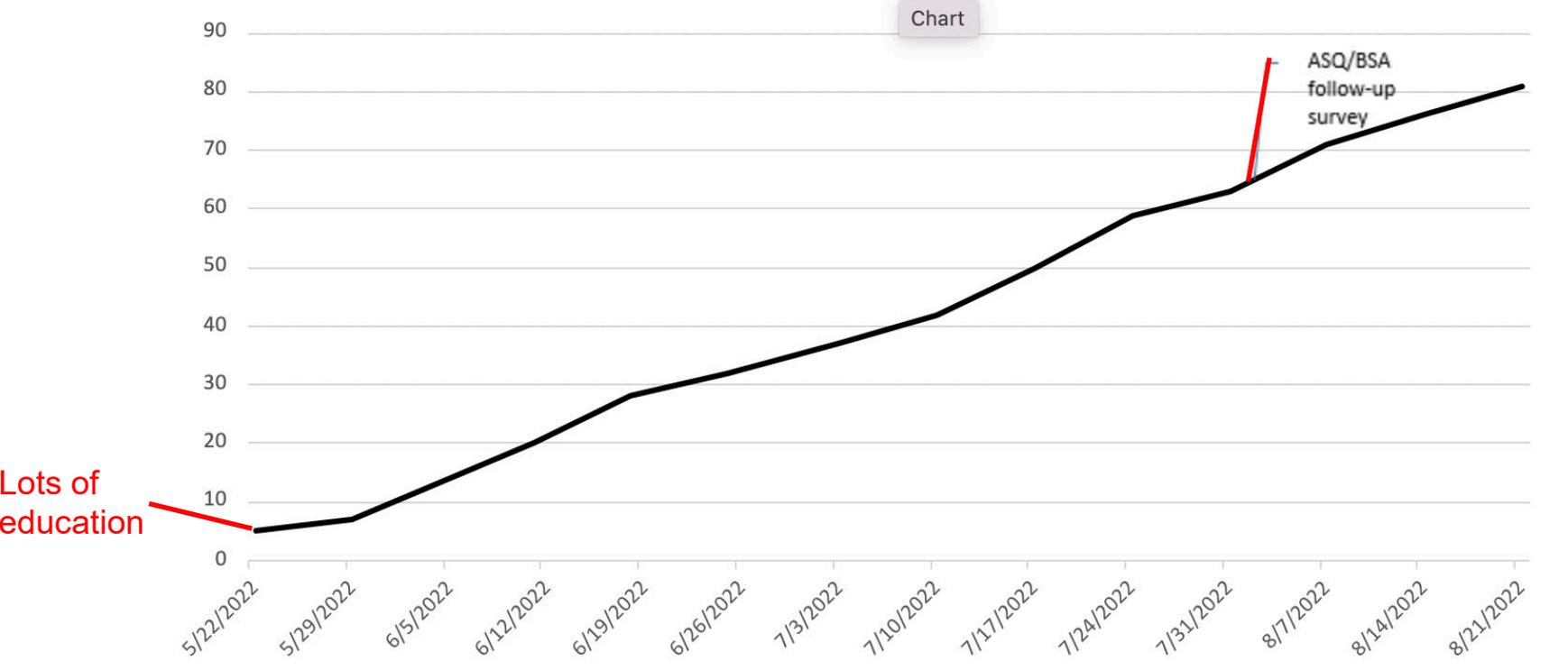
- Informal feedback
- Burn Unit Staff Meetings
- In-Service Sessions
- Email / In-person communication
- Visual communication
- Surveys

Data: ASQs Performed



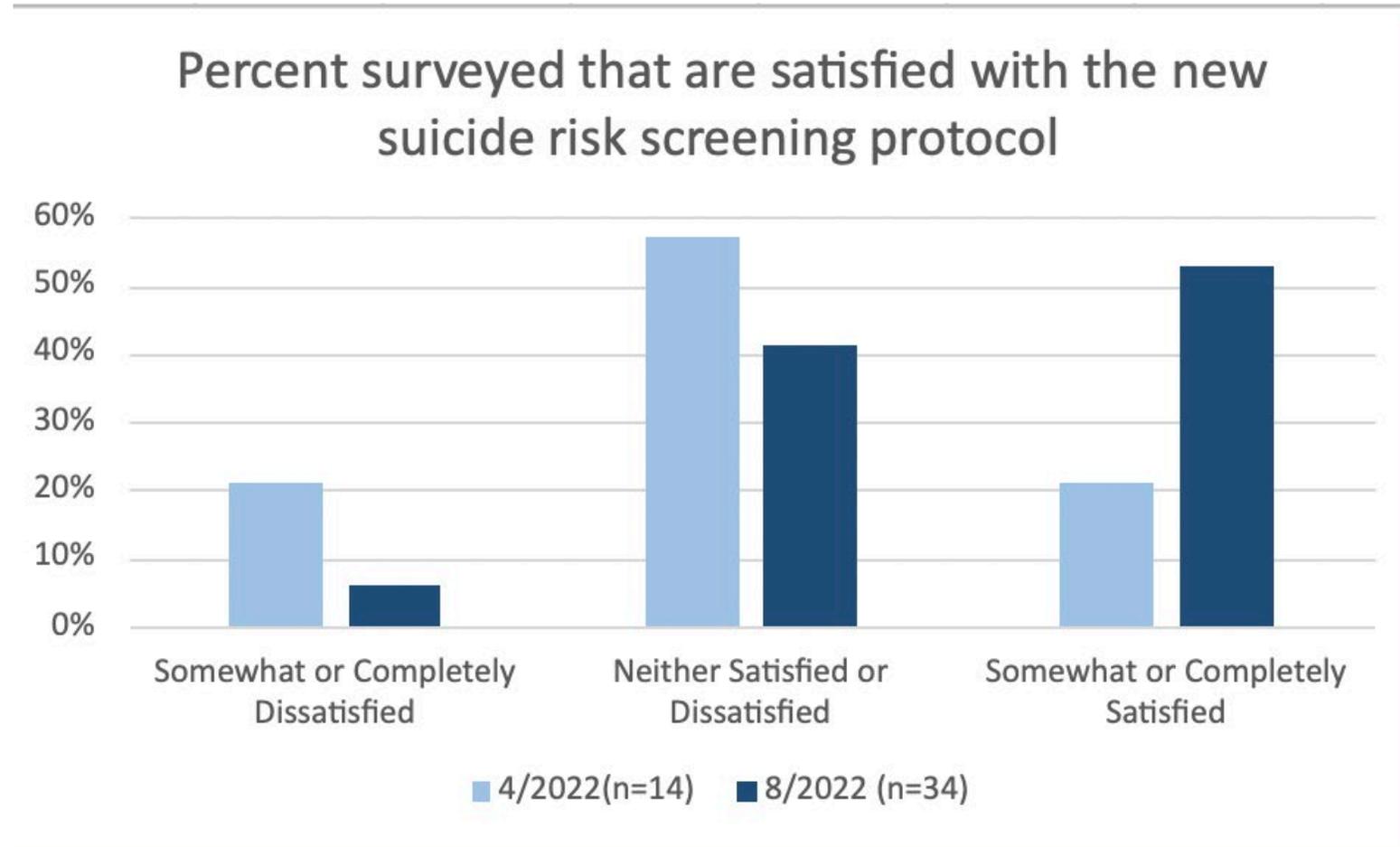
Data: ASQs Performed

Cumulative ASQs by Week in the BICU
May 22 -Present



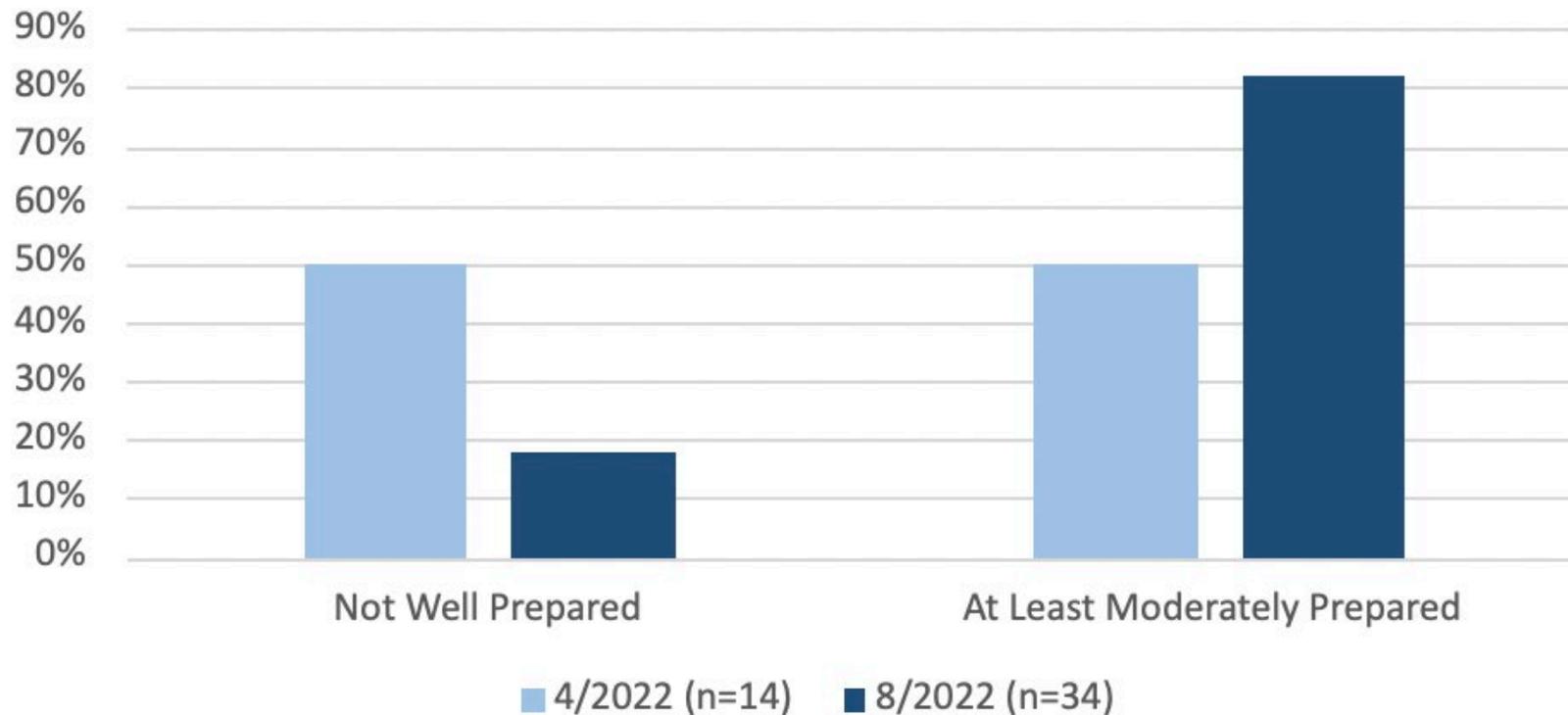
Total ASQs	82
Negative	68 (83.92%)
Non-Acute Positive	6 (7.32%)
Imminent Risk	0 (0%)
Unable to assess	8 (9.76%)

Data: Survey Results – Satisfaction



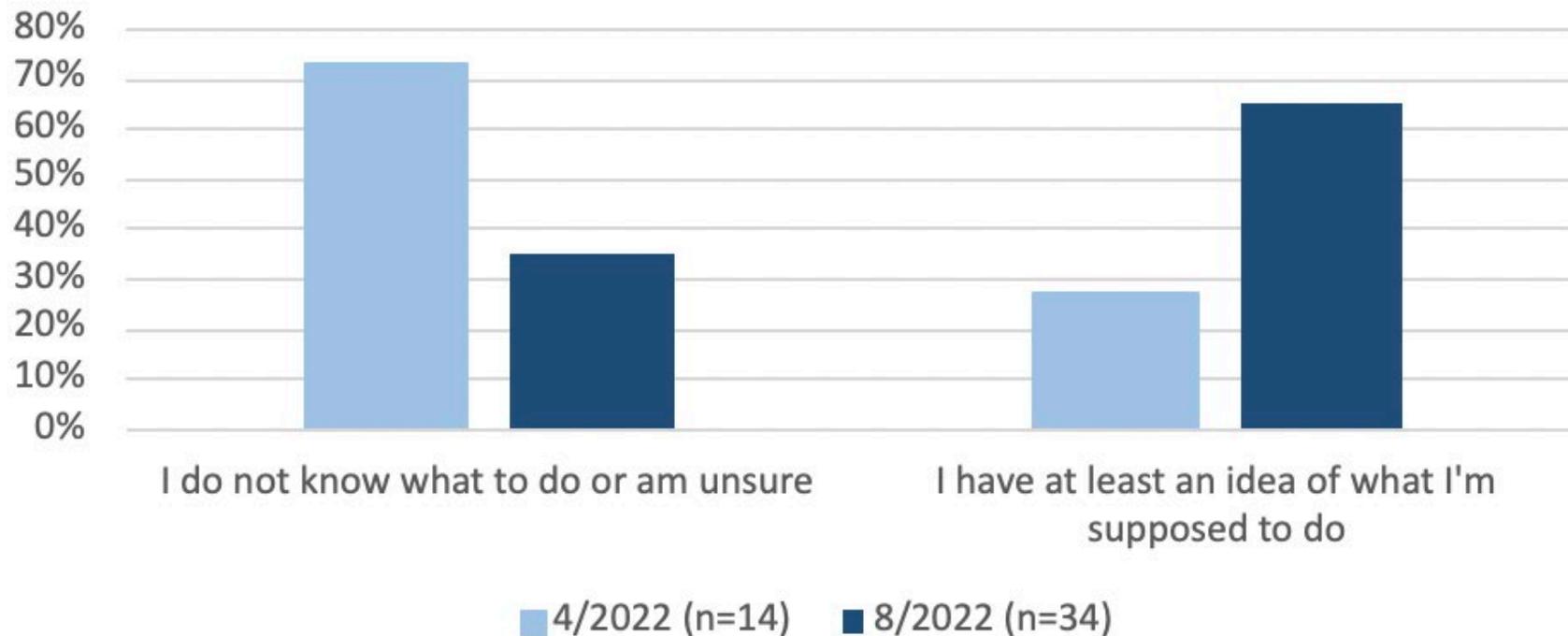
Data: Survey Results – ASQ Familiarity

Percent that feel prepared to use the Ask Suicide Screening Questions (ASQ) assessment



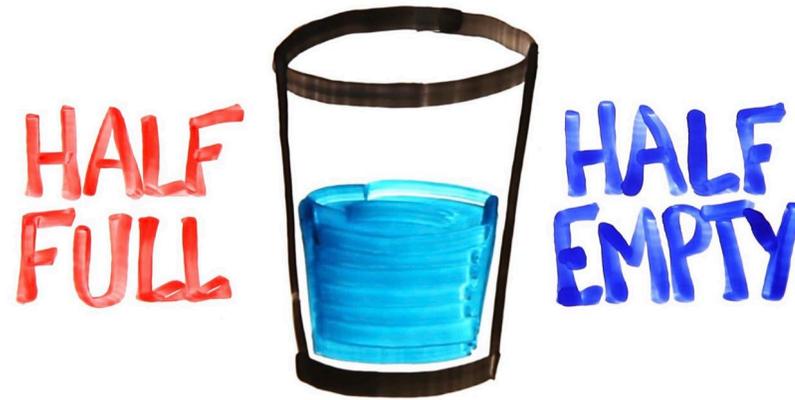
Data: Survey Results – Non-Acute Positives (Aim Statement)

Percent that agree with the following statement, “I know what to do if a patient screens nonacute positive on the ASQ.”?



Conclusions and Reflections

- Understanding is growing
- Support is growing
- Now using a tool designed specifically for this purpose
- Removed "rescreening" from policy and process



- Ambivalence persists
- ~1/3 of staff remain confused
- Resource strain (rescreening still occurs, 1:1 sitters)

Lessons Learned

- Suicide risk is complex, and shades of grey are difficult to manage on a large scale
- Tools matter, but implementation matters more
- System-wide implementation vs small pilot projects
- Importance of timing and the consequences of unforeseen obstacles

Future Directions

- Interdisciplinary education about suicidality, suicide risk, and suicide assessment
- Minimization of “rescreening” and unnecessary resource utilization
- Scholarly work

“Of course it’s hard to talk about this stuff but its important to ask about. If you don’t ask you can miss someone that’s really hurting.”

BICU Patient
53 year-old male



Thank you!

Questions?

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