

Sample Briefing Paper I

APNA BOD Briefing Paper:

1. **Subject:** Recommendations for the development nurse generalist competencies for suicide-specific nursing care.
2. **Background**
 - a. *Suicide is the tenth leading cause of death in the most recent CDC data (2010) and the rates have increased over the previous 10 years. About 35,000 people die by suicide each year and many more seriously contemplate suicide. "Suicide continues to be a serious public health problem that often has lasting harmful effects on individuals, families and communities" (CDC, 2010). Suicide is the most common behavior emergency encountered in psychiatric settings.*
 - b. *Suicide was identified as a high priority topic for the APNA continuing education survey completed two years ago.*
 - c. *Training in suicide prevention saves lives, yet educational programs in nursing (along with other mental health professional programs) have not adopted recommendations in policy reports for training in suicide prevention.*
 - d. *Currently there are no standard competencies for nurses even though the American Association of Suicidology (AAS) and the Suicide Prevention Resource Center (SPRC) revised 2007) developed evidence-based competencies and competency-based training (applicable for APRN's) in the mid nineties. AAS (2012) also recently published a policy paper targeting psychiatrists, social workers, psychologists, and counselors.*
 - e. *Some widely accepted nursing practices do not meet suicide-specific standards of care include or are not evidence based.*
 - f. *Furthermore, often the staff who are least trained are assigned to observe, supervise, and protect the high-risk suicidal patient on a 1:1 observational status.*
 - g. *Cheryl Puntil and Jan York with the assistance of Barbara Limandri, co-chair of the Continuing Education Subcommittee, did a literature search on the current policies, research, and non-nurse competences related to suicide assessment and management. In doing so we recognized a need to develop nursing guidelines, standards of care, and evidence based practice to guide nurses in the assessment, care, and treatment of hospitalized patients at risk for suicide.*
 - h. *To implement these guidelines and standards we need to adopt and revise the AAS/SPRC competencies for the assessment and management of suicide that align with generalist RN practice. With development of these competencies, the APNA would have a foundation for continuing education to help psychiatric nurses maintain their competency.*
3. **Analysis**
 - a. *There are 16,000 nurses who work on inpatient psychiatric units. When a person is at risk for suicide, they are often hospitalized with the RN and nursing staff responsible to assess, formulate risk, manage, and treat high-risk suicidal patients.*
 - b. *Suicide has ranked in the top five most frequently reported events to the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) since 1995 and 75% of these suicides occurred in psychiatric treatment settings (The Joint Commission Sentinel Alert, 2010).*

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- c. *Nursing staff as an integral part of the multi-disciplinary team has traditionally focused on two main interventions: maintaining environmental safety of the patient while hospitalized and observing and supervising the care of the high-risk patient. Nurses are uniquely positioned to improve patient safety because of their critical role in the delivery of care and proximity to patients (Billings, 2003; Friesen et al. 2007). Currently, there are policy initiatives with the DHHS Centers for Medicare and Medicaid Services focused on the monitoring of patients at risk for suicide, determination of risk by qualified persons, and reporting of sentinel events to a single agency (S. Simpson, personal communication, July 5, 2011).*
 - d. *Physical environmental risk factors play a major role in contributing to completed suicide but there are also systemic care shortcomings (Tischler, 2009; Agency for Healthcare Research and Quality (AHRQ 2004). The nursing and suicidology literature have emphasized the critical development of the therapeutic alliance, patient and provider connection, and collaboration in the assessment of suicidology; strong aspects of nursing practice (Jobes, 2006; Lynch et al. 2008; Vrale & Steen 2005).*
 - e. *Inpatient psychiatric patients are at a high risk for suicide and discharge from a psychiatric inpatient unit is strongly associated with death by suicide. The National Patient Safety Goal 15.01.01 of the Joint Commission requires behavioral health care organizations, psychiatric hospitals, and general hospitals treating individuals for emotional or behavioral disorders to identify individuals at risk for suicide. organizations to identify client safety risk for suicide through their 2011 Patient Safety Goal.*
The elements of performance are:
 - i. *Conducting a specific risk assessment of individual and environmental features that may increase or decrease suicide risk*
 - ii. *Addressing individual's immediate safety needs*
 - iii. *Providing suicide prevention information to the individual and family post discharge*
 - f. *Systematic reviews of studies on inpatient suicide mortality provide evidence for suicide risk and recommendations for prevention efforts in this high risk population.*
 - g. *Suicide is a VA priority and the VA has been recognized as providing national leadership in suicide prevention (Katz 2012; Knesper et al. 2010; Seal, et al. 2007; Sundararaman et al. 2008).*
 - h. *Nursing leaders in psychiatric mental health nursing need to be prepared to respond to the requests from medical surgical nurses for training and consultation related to suicide prevention in non-psychiatric units (a current JACHO priority).*
- 4. Cautionary Notes**
- a. *Currently, there are policy initiatives with the DHHS Centers for Medicare and Medicaid Services focused on the monitoring of patients at risk for suicide, determination of risk by qualified persons, and reporting of sentinel events to a single agency (S. Simpson, personal communication, July 5, 2011).*
 - b. *Establishing competencies and standards for RNs in in-patient facilities are likely to create a vacuum of prepared staff that can meet these competencies.*
 - c. *There will need to be an organized process for staff to attain training to meet these competencies in a standardized manner that is cost-effective and efficient.*

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- d. *There is a difference in the acutely suicidal and the chronically suicidal client and the level of management. This paper specifically focuses only on the acutely suicidal person (both single and multiple attempters) and the basic competencies for nursing care.*
- e. *Current recommendations for training of mental professionals emphasize the role of accrediting and licensing bodies to ensure training.*

5. Recommended Action

- a. *The Suicide work group recommends that APNA develop a white paper to address developing competencies for generalist RNs in the assessment and management of patients at risk for suicide and that white paper include a process for implementation of the competencies through continuing education.*
- b. *Specifically we recommend the white paper include:*
 - i. *Identification of current practice in assessment and management of patients at risk for suicide in the in-patient setting.*
 - ii. *Identification of current evidence based practice, standard of care, guidelines and competencies in the care and treatment of patients at risk for suicide.*
 - iii. *Tailor evidence based practice and competencies specific to basic nursing.*
 - iv. *Determine roles and responsibilities of the nurse in the assessment and management of patients at risk for suicide*
 - v. *Apply suicide-specific standards of care to nursing practice to ensure proper safety, care and treatment of those patients at risk for suicide.*
 - vi. *Identification of implementation strategies to meet the continuing educational needs of nursing staff in meeting these competencies.*
 - vii. *Identification of suicide-specific content for nurses in non psychiatric units.*
- c. *There are gaps in research that APNA can address. APNA needs to conduct a survey of RN educational programs to assess content in suicide prevention. APNA could develop guidelines for systems improvement activities and studies focused on suicide prevention. There are few studies of inpatient interventions, other than environmental safety and DBT.*
- d. *There is a movement to hold a national summit of leaders to address training in suicide prevention and APNA and other psychiatric nursing organizations need to be included.*
- e. *Collaborate with other nursing organizations in terms of training needs, such as ISPN and youth suicide, AAN Expert Panel and research agenda and substance abuse and suicide prevention training*
- f. *Explore funding sources for training (e.g., SAMSHA, HRSA).*
- g. *Review revised Suicide Prevention Strategy to identify intersects with APNA (e.g., recovery, training).*

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