

Management and care of Suicidal Risk patients in KTPH

Sathiya Veeraraghavan, Inpatient wards.

Mission Statement

To provide appropriate care for Suicidal Risk (SR) patients from 19% to 100% in KTPH within 6 months.

Definitions:

Appropriate care is defined as:

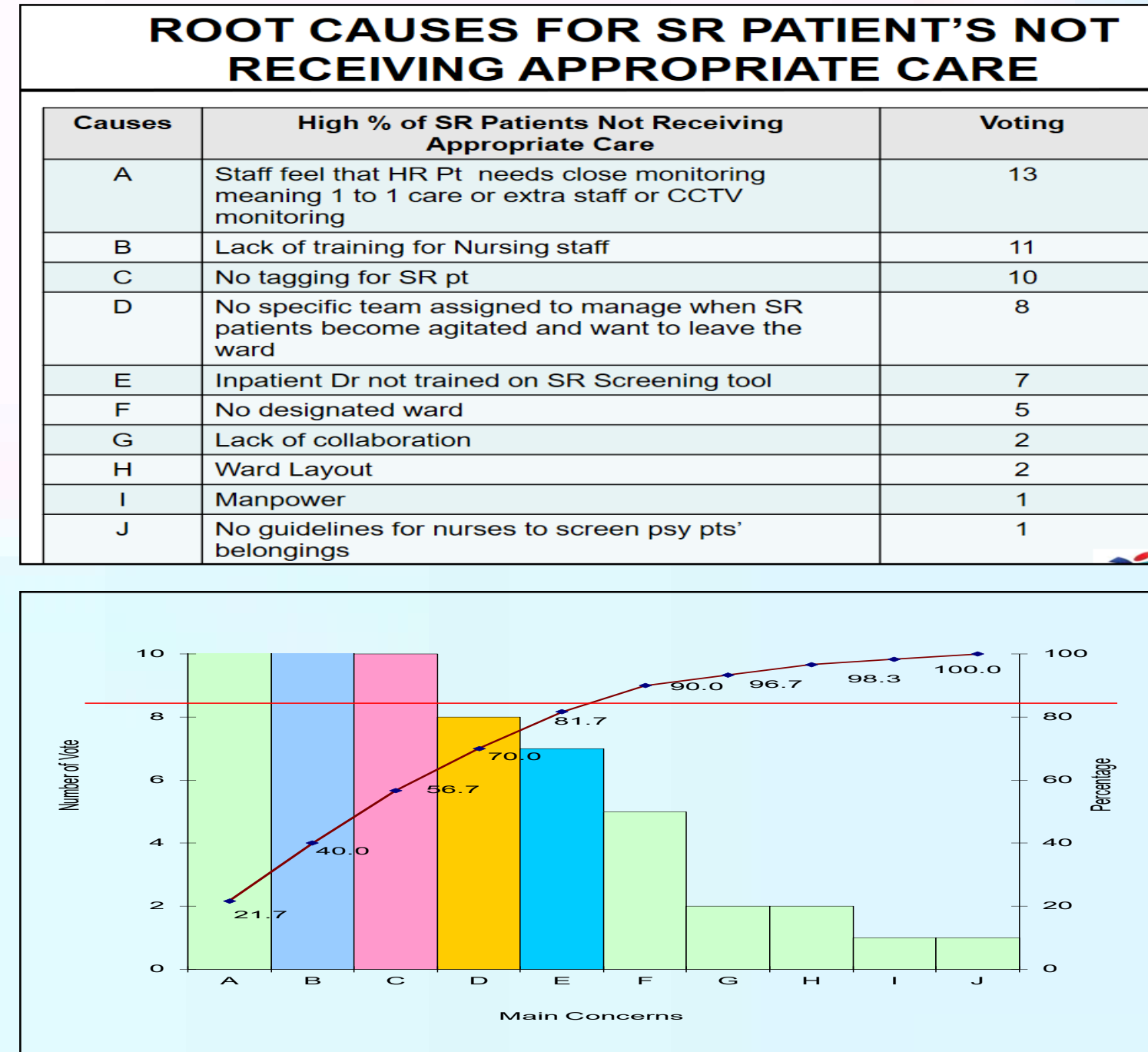
- Closer monitoring
- Right siting
- Early Psychiatrist (PSY) review

Patient's required to meet above three criteria to conclude that patient received appropriate care.

Team Members

Role	Name	Designation	Department
Team Leader	Sathiya.V	Senior Nurse Manager	Ward B76
	Cheang Ka Man	Consultant	Psychiatrist
Team Member	Ms Chua Ee Cheng	Head and Principal Medical Social Worker	Medical Social Service
	Muhammad Firdaus Bin Jamel	Senior Executive	Bed Management Unit
	Lim Yee Ling	Nurse Manager	Ward A71
	Hamidi Bin Pagi	Supervisor	Security Department
	Fan Xiaoyan	ANC	Ward A71
	Phyu Phyu	SSN	Ward A71
	Junsay Riza Joy F.	SSN	Ward B76
	Sheela Q	SSN	Ward B75
	Mahaesvari Givaji	SEN	Ward A71
	Gaviola Nicole	EN	Ward A72
Facilitator	Julita Bte Sarmiten	SNM	Ward A 82

Pareto Chart

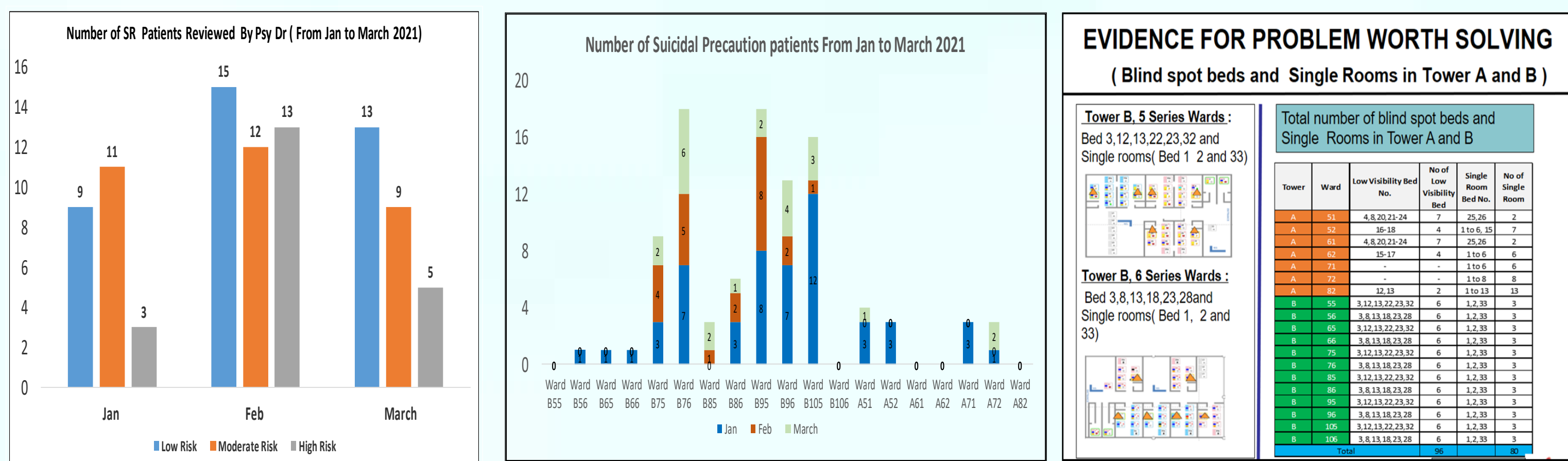


A	Staff feel that HR Pt needs close monitoring meaning 1 to 1 care or extra staff or CCTV monitoring
B	Lack of training for nursing staff
C	No tagging for SR Pt in BMS
D	No specific team assigned to manage when SR patients become agitated and want to leave the ward
E	Inpatient Dr not trained on SR Screening tool
F	No designated ward
G	Lack of collaboration
H	Ward Layout
I	Manpower
J	No guidelines for nurses to screen psy pts' belongings

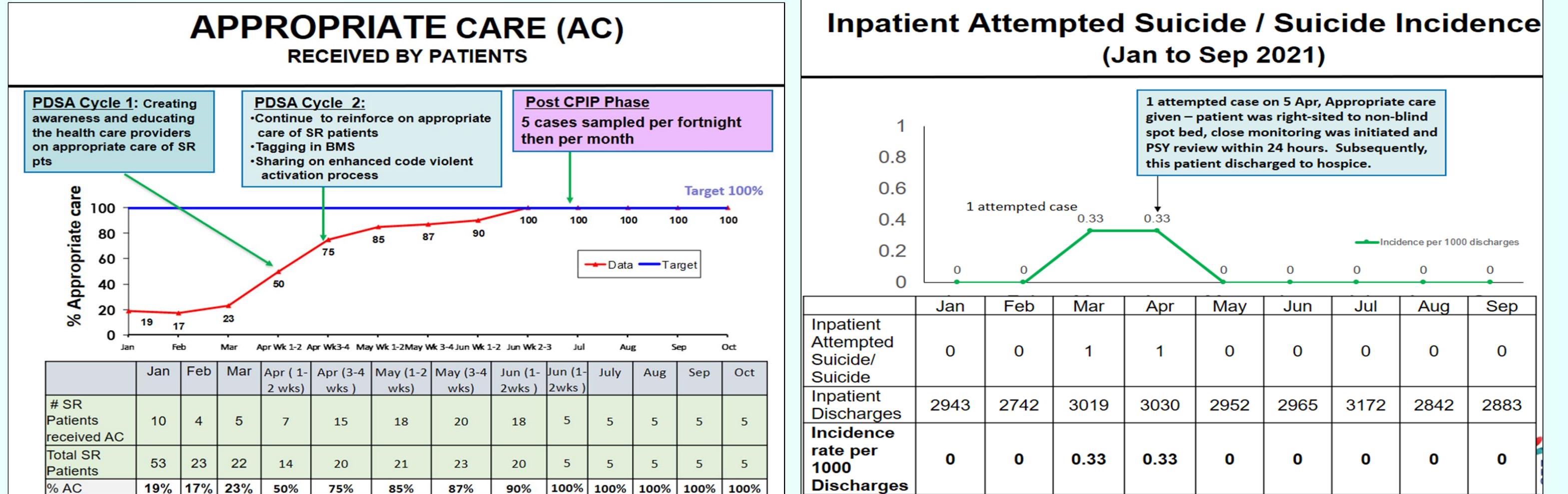
Implementation

CAUSE / PROBLEM (refer to Pareto Chart)	INTERVENTION	IMPLEMENTATION	CAUSE / PROBLEM (refer to Pareto Chart)	INTERVENTION	IMPLEMENTATION
1. Staff feel that HR Pt needs close monitoring meaning 1 to 1 care or extra staff or CCTV monitoring	1. Changing staff mindset that close monitoring equals 1 nurse to 1 patient ratio / extra staff requirement / CCTV monitoring and providing alternative methods to manage patients through training.	PDSA Cycle 1: 1 April 2021	3. No tagging for SR pt	3.a) "SR" tagged in with other patient details in BMS 3.b) BMU staff will right site SR patients to non-blind spot beds	PDSA Cycle 2: 10 April 2021
2. Lack of training for Nursing staff	2. Creating awareness and educating the health care providers on following: • Managing patients with Suicidal risk • Suicidal observation and intervention Chart • Columbia Suicide Severity Rating (CSSR) scale		4. No specific team to manage e.g. SR patients who become agitated and want to leave the ward	4.a) The existing Code Violent (V) Activation process was enhanced to include SR patients. This enhancement includes the addition of unit nurse supervisors on top of the existing Security Officer. This helps to release the nursing staff from care of the other acute patients in the cubicle. 4. b) This enhanced code violent activation is shared as part of the training	

Evidence for a Problem Worth Solving

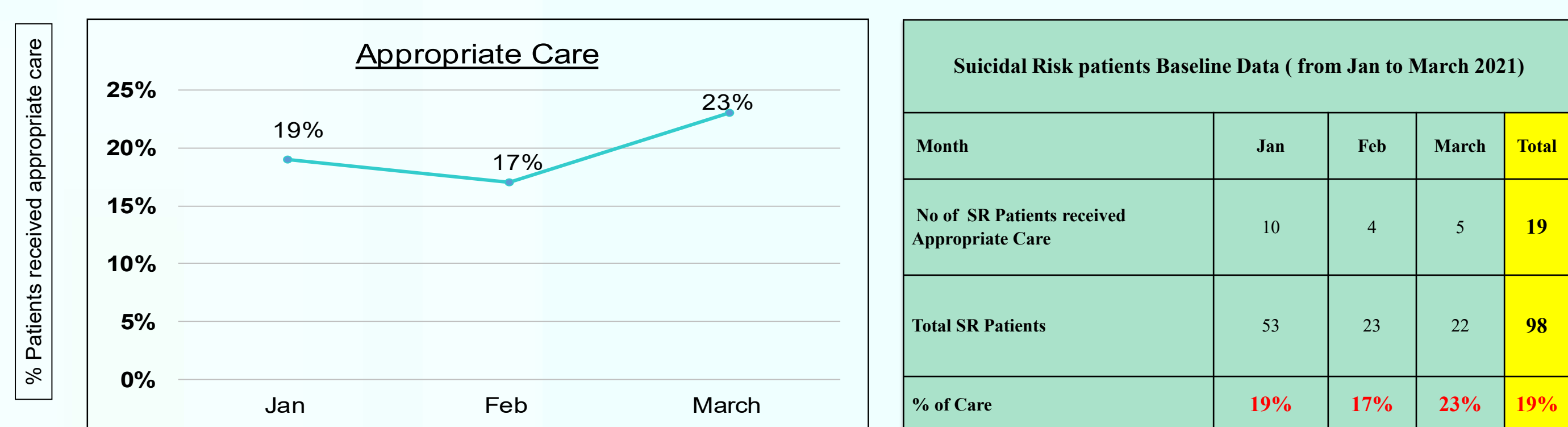


Results

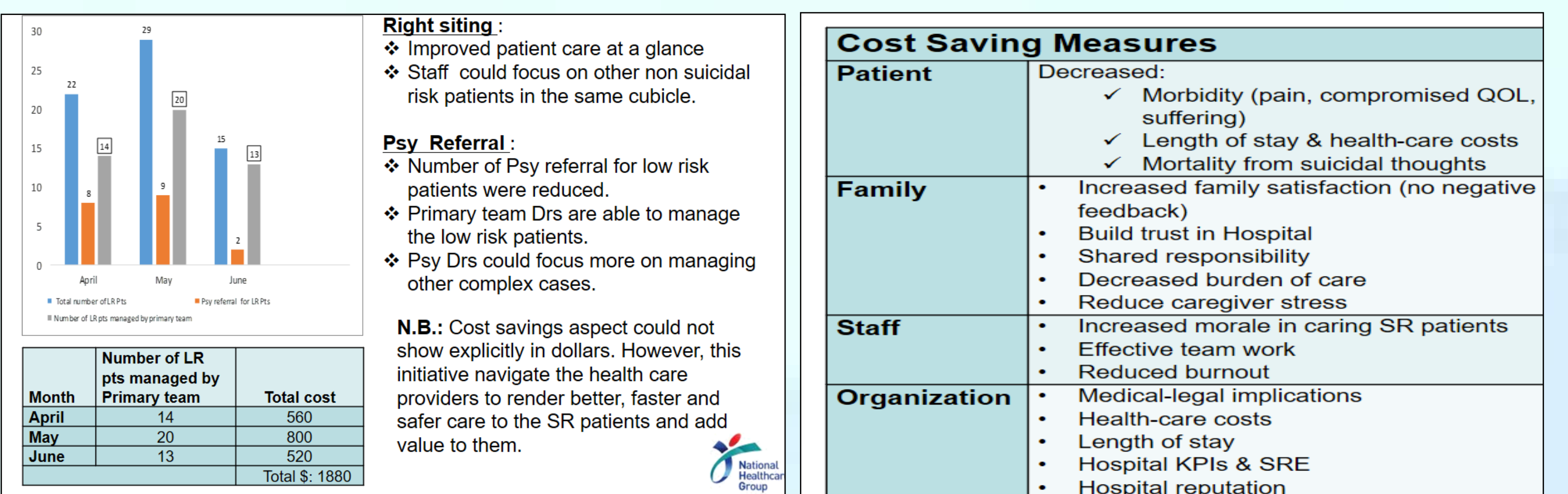


Current Performance of a Process

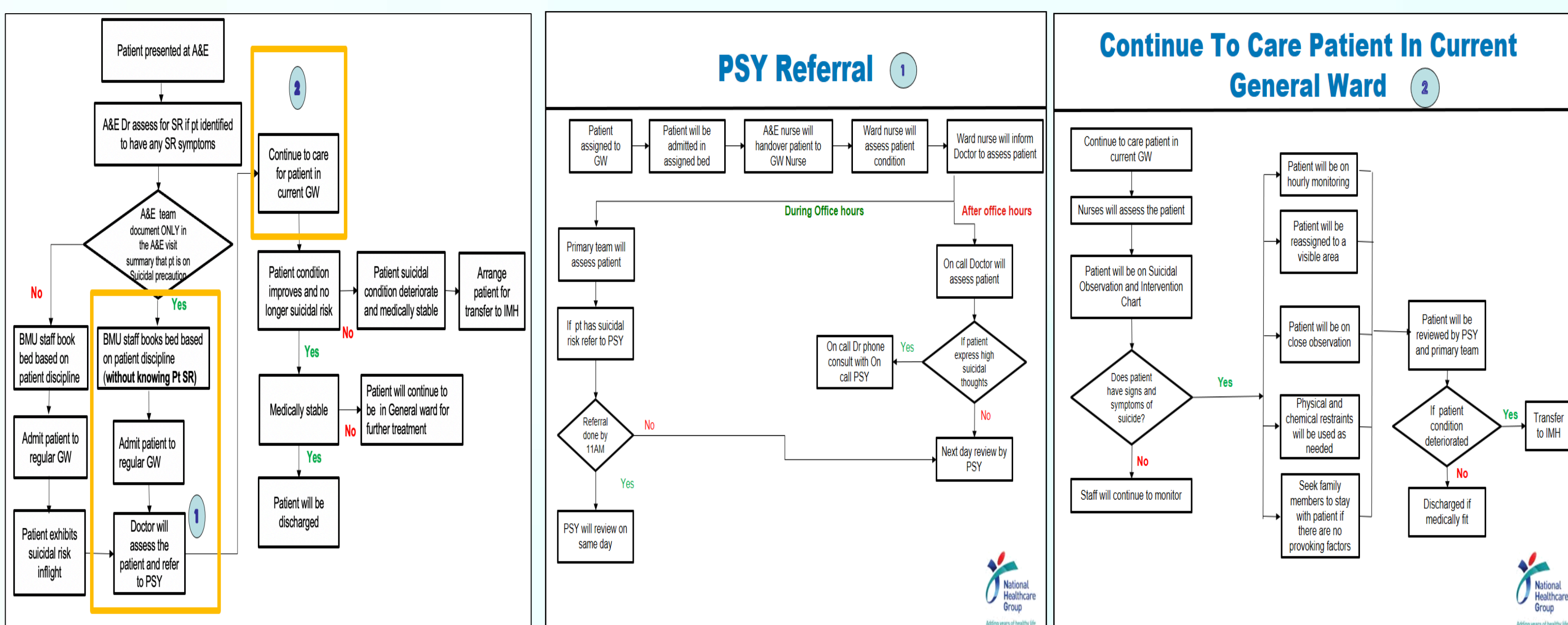
BASELINE DATA (Jan to March 2021)



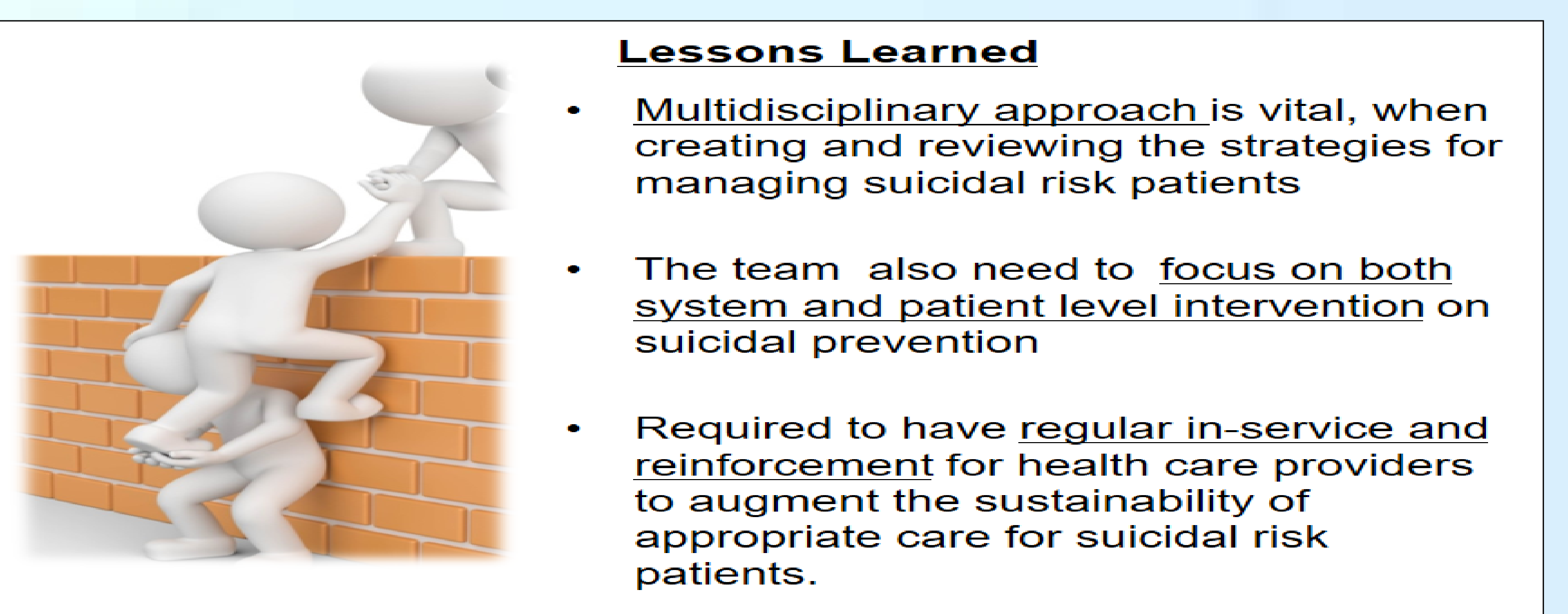
Cost Savings



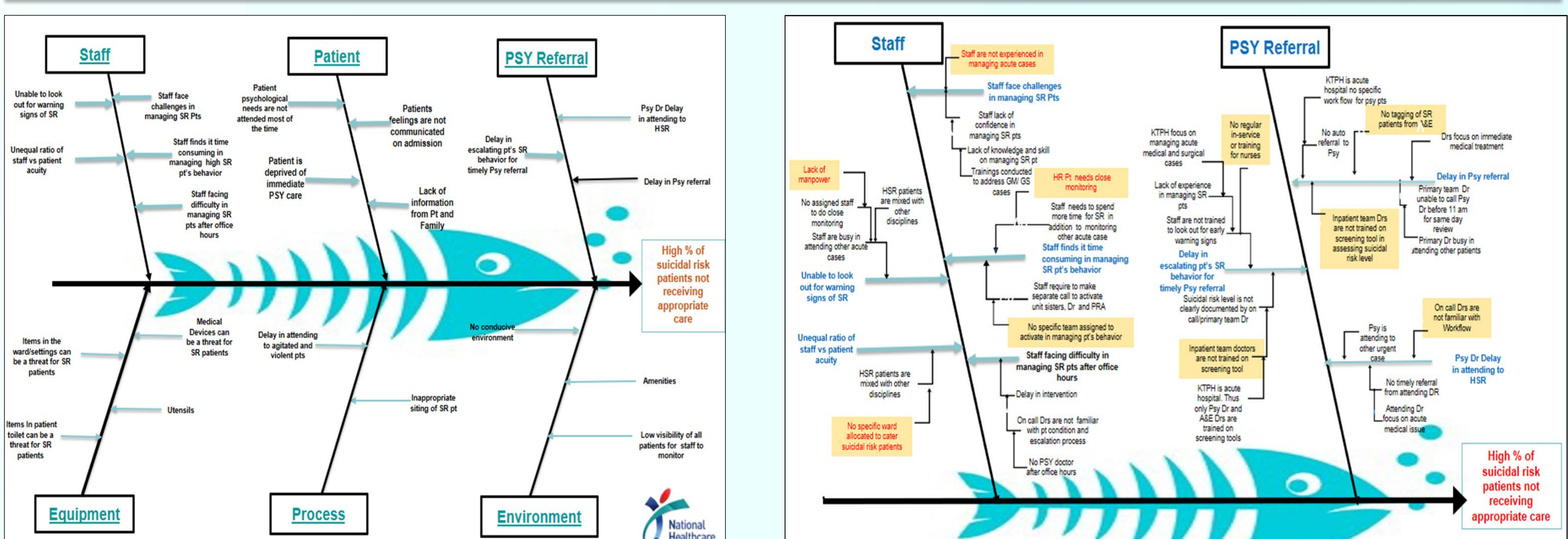
Flow Chart of Process



Problems Encountered



Cause and Effect Diagram



Strategies to Sustain

