VANDERBILT UNIVERSITY MEDICAL CENTER

VANDERBILT UNIVERSITY School of Medicine

Department of **Psychiatry and Behavioral Sciences**

Codes for Today's Session

March 11, 2022

CME Attendance Code 48216

Trainee QR Code

Code must be texted to 855-776-6263 within 24 hours.

AMA PRA Category 1 (1.00) | **CE (APA) (1.00)** | **Attendance (1.00)**

This talk is sponsored by the Department of Psychiatry and Behavioral Sciences.

Stephan Heckers, MD, CME Activity Director, has no financial relationships related to the content of this activity to disclose.
The presenter has no financial relationships related to the content of this activity to disclose.

This educational activity received no commercial support.

VANDERBILT UNIVERSITY
MEDICAL CENTER

Mortality, Morbidity, and Improvement:

Suicide and the impact on providers

Bradley Freeman, MD
Quality and Patient Safety Officer
Department of Psychiatry and Behavioral Science
Vanderbilt Psychiatric Hospital
March 11, 2022

VANDERBILT UNIVERSITY
MEDICAL CENTER

CONFIDENTIAL QUALITY IMPROVEMENT PRIVILEGED INFORMATION - This material is confidential and privileged information under the provisions set forth in T.C.A. § § 63-1-150 and 68-11-272 and one of its purposes is to improve the quality and safety of patient care. Do not copy, record, forward or otherwise share this information.

For teleconferences, please ensure that you are in a secure area, that no unauthorized individuals can view or hear the presentations. Utilize headphones when able. Disable listening internet devices.

VANDERBILT UNIVERSITY
MEDICAL CENTER

Agenda

- MM&I Introduction
- Quality Update
- Case Presentations
- Discussion

VANDERBILT UNIVERSITY MEDICAL CENTER

Speakers

- David Steadman, MD
  - Chief Resident
- David Conklin, MD
  - Psychiatrist, Mind Springs Health
- Stacy Stark, MSN, RN, NE-BC
  - Senior Quality & Safety Advisor - Behavioral Health
- Bradley Freeman, MD
  - Quality and Patient Safety Director, VBH

VANDERBILT UNIVERSITY
MEDICAL CENTER

Learning Objectives

- Identify and discuss issues with loss/grief as they pertain to patient suicide.
- Explain the utility of having support networks and other resources for providers.
- Prepare to adjust practice to avoid provider burn out.

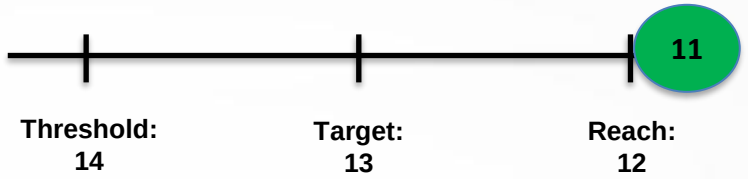
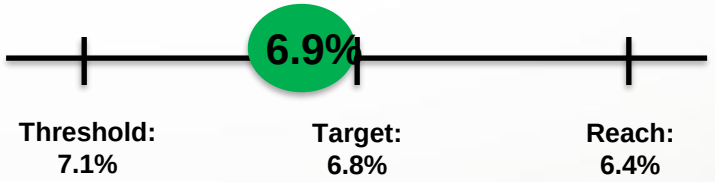
VANDERBILT UNIVERSITY
MEDICAL CENTER

Quality Update

- Stacy Stark, MSN, RN, NE-BC

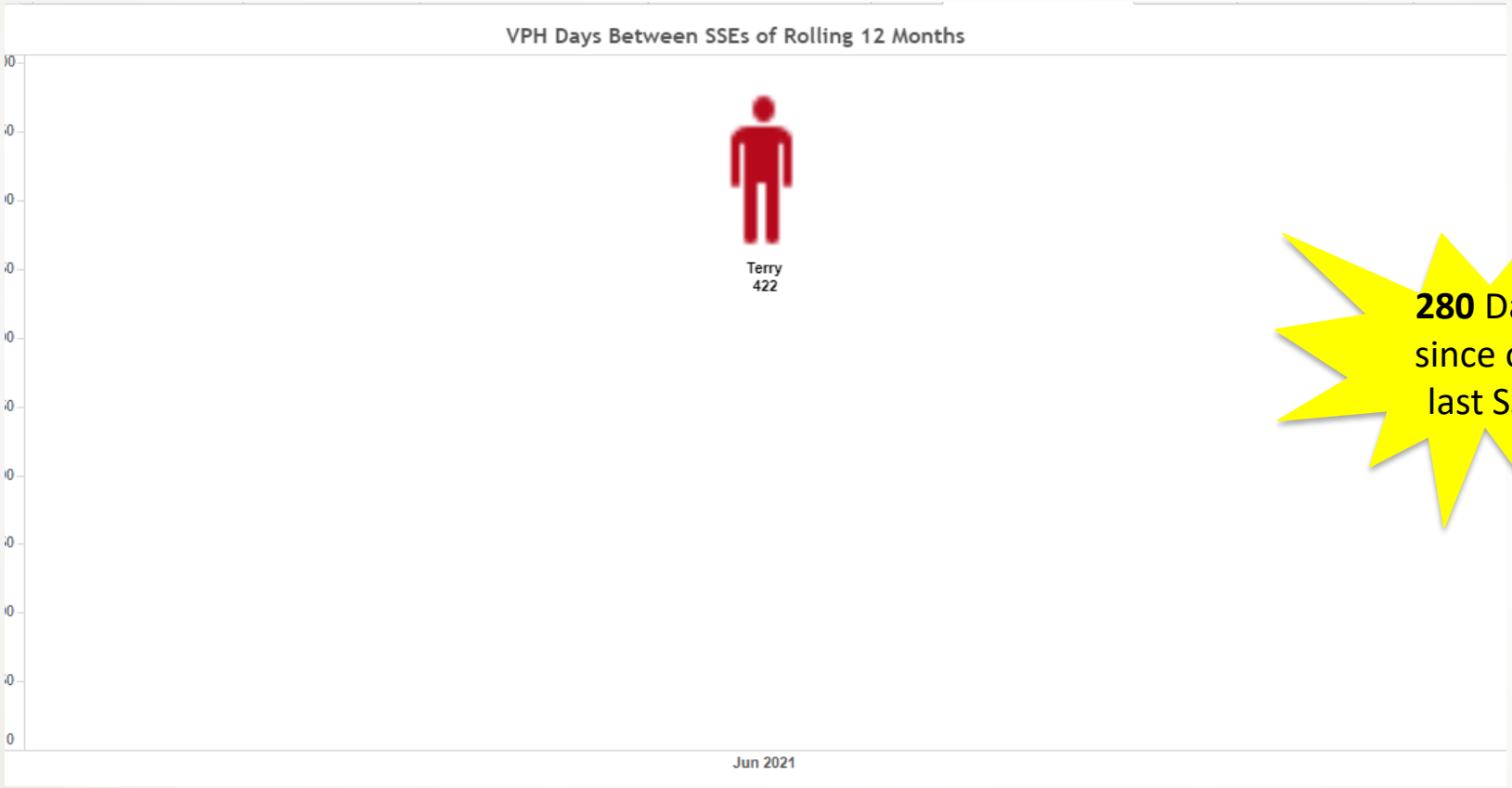
VANDERBILT UNIVERSITY MEDICAL CENTER

FY22 VPH Quality Pillar Goals

Measure	FYTD Performance
Falls with Harm (July – February)	
30 Day Readmissions (December)	

VANDERBILT UNIVERSITY MEDICAL CENTER

VPH Serious Safety Events



280 Days since our last SSE

VANDERBILT UNIVERSITY MEDICAL CENTER

Quality Updates

Recent Event Analyses:

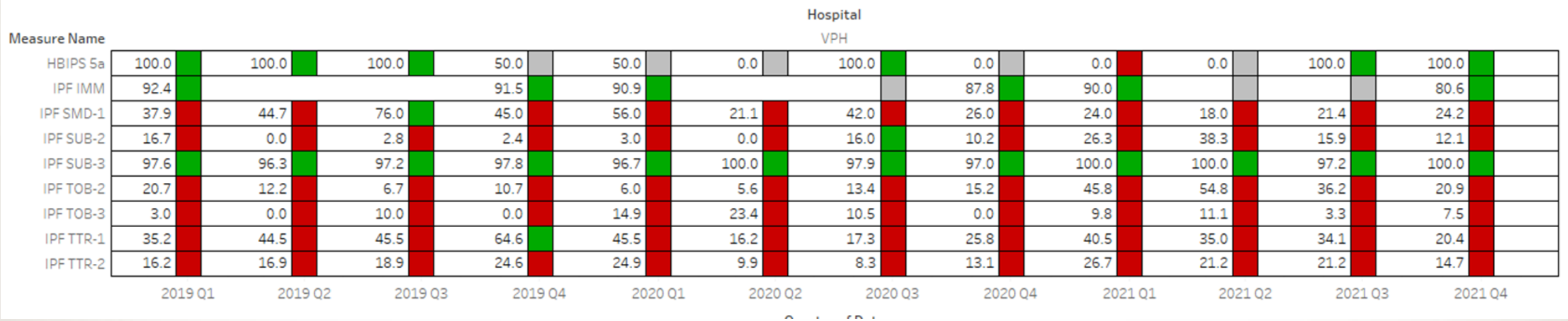
- Insulin Med Error
- Non-Formulary Eye Drops and POM
- PAS Assault
- Post PAS DC Suicide

Additional Updates:

- Seclusion & Restraint Documentation Education
- IPFQR Measures – Awareness and Education

VANDERBILT UNIVERSITY MEDICAL CENTER

IPFQR/HBIPS Measures



Hospital

VPH

Measure Name	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
HBIPS 5a	100.0	100.0	100.0	50.0	50.0	0.0	100.0	0.0	0.0	0.0	100.0	100.0
IPF IMM	92.4			91.5	90.9			87.8	90.0			80.6
IPF SMD-1	37.9	44.7	76.0	45.0	56.0	21.1	42.0	26.0	24.0	18.0	21.4	24.2
IPF SUB-2	16.7	0.0	2.8	2.4	3.0	0.0	16.0	10.2	26.3	38.3	15.9	12.1
IPF SUB-3	97.6	96.3	97.2	97.8	96.7	100.0	97.9	97.0	100.0	100.0	97.2	100.0
IPF TOB-2	20.7	12.2	6.7	10.7	6.0	5.6	13.4	15.2	45.8	54.8	36.2	20.9
IPF TOB-3	3.0	0.0	10.0	0.0	14.9	23.4	10.5	0.0	9.8	11.1	3.3	7.5
IPF TTR-1	35.2	44.5	45.5	64.6	45.5	16.2	17.3	25.8	40.5	35.0	34.1	20.4
IPF TTR-2	16.2	16.9	18.9	24.6	24.9	9.9	8.3	13.1	26.7	21.2	21.2	14.7

HBIPS-5a – Patients discharged on 2 or more antipsychotic medications with justification for clinical appropriateness
IPF-IMM – Patients were assessed and given flu vaccination
IPF-SMD-1 – Patients at high risk (BMI, BP, BG, Lipid) screened for metabolic disorders
IPF SUB-2 – Alcohol Use Brief Intervention provided
IPF SUB-3 – ETOH/Other drug use treatment provided or offered at discharge
IPF TOB-2 – Tobacco use treatment provided or offered
IPF TOB-3 – Tobacco use treatment provided or offered at discharge
IPF TTR-1 – Patients received a complete record of care at discharge
IPF TTR-2 – Pt follow up provider received a complete record of care within 24 hours of discharge

VANDERBILT UNIVERSITY
MEDICAL CENTER

Ground Rules

- The information presented today is to be held in the strictest confidence
- The information presented today is solely for the benefit of our patients and to betterment of ourselves as practicing health care providers
- The case will be presented in anonymity
- Please do not “defend the case”
- No finger pointing

VANDERBILT UNIVERSITY
MEDICAL CENTER

Discussion

- David Conklin, MD

VANDERBILT UNIVERSITY
MEDICAL CENTER

Clinical Case Conference

A Psychiatrist's Reaction to a Patient's Suicide

Michael J. Gitlin, M.D.

Education and Training

Effects of patient suicide on psychiatrists: survey of experiences and support required

Rachel Gibbons,[1] Fiona Brand,[2,3] Anne Carbonnier,[2] Alison Croft,[2] Karen Lascelles,[2,3] Gislene Wolfart,[4] Keith Hawton[2,3]

Table 2 What helped and what didn't help after the death

What helped	What didn't help
Support from colleagues who had been through similar experiences (43; 48%)	A serious incident process that was experienced as insensitive or persecutory 15 (19%)
Being able to engage with the families of the deceased and not feeling blamed by them (16; 18%)	Coroner's court was cited as unhelpful by nine (11%), owing to the stress of giving evidence, or long delay prolonging the distress and fear of attending. Coroner was seen as having a challenging attitude
Nothing (14; 16%)	Four (5%) reported that if the families were angry or took legal action this made it worse.

Table 3 Support wanted after a patient suicide ($N = 137$)

A senior clinician with a role as suicide lead to give confidential advice and support	102 (75%)
Support for the formal processes following a patient's suicide	97 (70%)
A confidential reflective practice group or space specifically for processing the effects of a patient suicide	92 (67%)
Personal debriefing	86 (63%)
Information about the process following patients' death by suicide	86 (62%)
Information about resources for families affected by suicide	84 (61%)
Help in communicating or meeting the family/friends of the patient who has died (e.g. Public Health England's *Help is at Hand*)	81 (59%)
Access to a general reflective practice/Balint group	74 (54%)
Organised peer support	75 (55%)
A training session about this topic	53 (39%)
Information about support for the community (including schools)	48 (35%)
Workshop to share experiences	45 (33%)
Counselling and therapy	38 (28%)

VANDERBILT UNIVERSITY
MEDICAL CENTER

ARTICLE

Supporting Residents in the Wake of Patient Suicide

Charles A. Whitmore, M.D., M.P.H.
Jenna Cook, M.D.
Lucas Salg, M.D.

- Intern Orientation Course
  - Risk assessments
  - Conversation about potential for patient suicide
  - Resident resources
  - Institutional Response
    - Who do you report a suicide to?
    - Who informs the care team?
    - What case review occurs?
    - What happens to me?

VANDERBILT UNIVERSITY MEDICAL CENTER

What can I do for me?

- Talk to others:
  - Respected Colleagues
  - Patient Family
  - Support System

- Talk to yourself
  - Positive Self-Talk
    - "I treated this person with dignity and respect"

  - "How can I learn from this without trivializing the loss of life?"
    - Allow for suffering

VANDERBILT UNIVERSITY
MEDICAL CENTER

What can I do for others?

- Check-In
- Be available and be present
- Extend empathy
- Destigmatize

VANDERBILT UNIVERSITY MEDICAL CENTER

Is There a Natural Suicide Rate for a Society?

Bijou Yang, David Lester

First Published February 1, 1991 | Research Article | Find in PubMed
https://doi.org/10.2466/pr0.1991.68.1.322

Article information

Article Information

Volume: 68 issue: 1, page(s): 322-322
Issue published: February 1, 1991

Bijou Yang
Drexel University
David Lester
Richard Stockton State College

Corresponding Author:

Address reprint requests to Dr. B. Yang, Department of Economics, Drexel University, Philadelphia, PA 19104

A Natural Rate of Suicide for the U.S., Revisited

Mitch Kunce, April L. Anderson

First Published May 1, 2002 | Research Article
https://doi.org/10.2190/B5TP-BAXF-T0TJ-FFW7

Article information

Article Information

Volume: 44 issue: 3, page(s): 215-222
Issue published: May 1, 2002

Mitch Kunce, April L. Anderson
University of Wyoming

Corresponding Author:

Direct reprint requests to: Mitch Kunce, P.O. Box 3985, University Station, Laramie, WY 82071-3985, e-mail: mkunce@uwyo.edu

ZERO SUICIDE

PRACTITIONER'S CORNER

Inevitable Suicide

A New Paradigm in Psychiatry

SADOCK, BENJAMIN J. MD

Author Information

Journal of Psychiatric Practice: May 2012 - Volume 18 - Issue 3 - p 221-224
doi: 10.1097/01.pra.0000415080.51368.cf

VANDERBILT UNIVERSITY MEDICAL CENTER

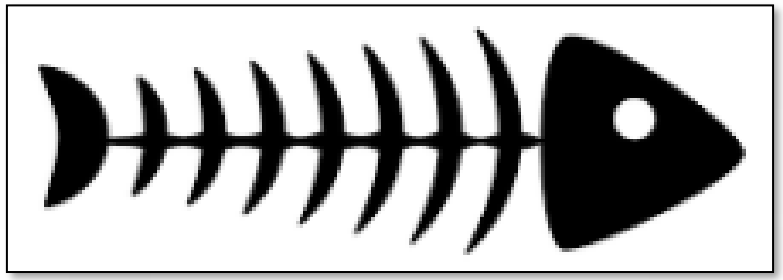
What can my institution do?

- Have a plan
  - Have a known protocol for reporting
  - Provide resources for emotional support
- Be kind
  - Sensitive event analysis process
  - Reassure provider institutional support if contentious

VANDERBILT UNIVERSITY
MEDICAL CENTER

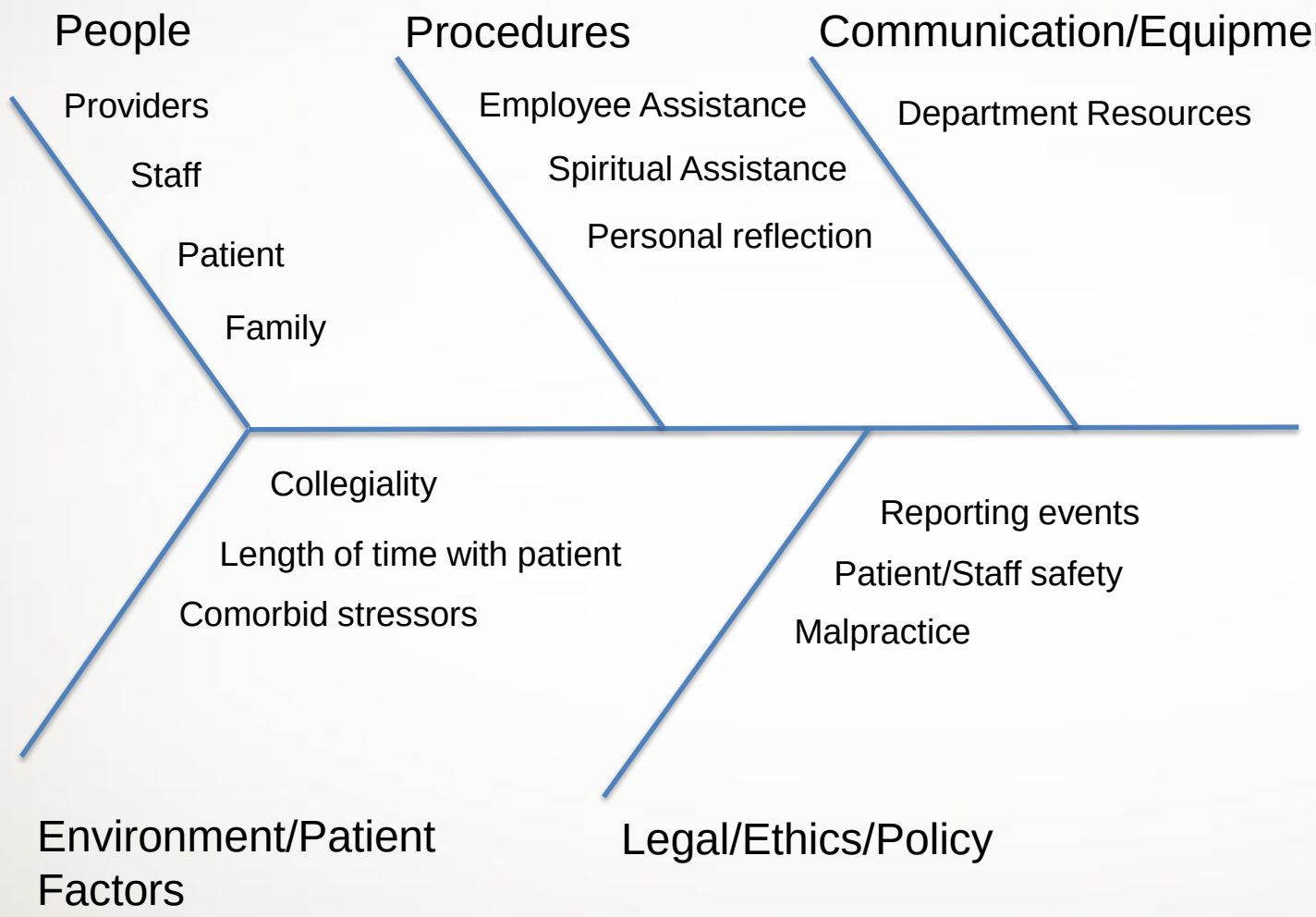
Discussion

Ishikawa (Fishbone) Diagram



- A visual tool to help identify a possible cause for a problem
- Agree on a problem statement
- Brainstorm major categories of the cause of the problem
- Brainstorm all the causes of the problem

Nancy R Tague, The Quality Toolbox, ASQ Press, 2004, pp 247-9.



Potential adverse outcomes:
- Lack of confidence
- Burnout
- Depression/Anxiety
- Feeling ostracized
- Legal issues
- Professional problems

Additional Questions

VANDERBILT UNIVERSITY MEDICAL CENTER

MM&I Schedule 2021-2022

1. ~~September 17, 2021~~
2. ~~November 5, 2021~~
3. ~~March 11, 2022~~
4. May 27, 2022 ← changed from April

- **You must attend at least two (2) MM&I presentations this academic year**

VANDERBILT UNIVERSITY MEDICAL CENTER

VANDERBILT UNIVERSITY School of Medicine

Department of **Psychiatry and Behavioral Sciences**

Codes for Today's Session

March 11, 2022

CME Attendance Code 48216

Trainee QR Code

Code must be texted to 855-776-6263 within 24 hours.

AMA PRA Category 1 (1.00) | **CE (APA) (1.00)** | **Attendance (1.00)**

This talk is sponsored by the Department of Psychiatry and Behavioral Sciences.

Stephan Heckers, MD, CME Activity Director, has no financial relationships related to the content of this activity to disclose.
The presenter has no financial relationships related to the content of this activity to disclose.

This educational activity received no commercial support.