Codes for Today’s Session
March 11, 2022

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.

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.

CONFIDENTIAL PEER REVIEW PRIVILEGED INFORMATION - This information is confidential and privileged pursuant to Tenn. Code Ann. §§ 63-1-150, and 68-11-272 et seq., and one of its purposes is to improve the quality and safety of patient care. Do not forward or otherwise share this information external to Vanderbilt.
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
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.
Agenda

• MM&I Introduction
• Quality Update
• Case Presentations
• Discussion
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
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.
Quality Update

- Stacy Stark, MSN, RN, NE-BC
# FY22 VPH Quality Pillar Goals

<table>
<thead>
<tr>
<th>Measure</th>
<th>FYTD Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Falls with Harm (July – February)</strong></td>
<td></td>
</tr>
<tr>
<td>Threshold: 14</td>
<td>Target: 13</td>
</tr>
<tr>
<td>Reach: 12</td>
<td></td>
</tr>
<tr>
<td><strong>30 Day Readmissions (December)</strong></td>
<td></td>
</tr>
<tr>
<td>Threshold: 7.1%</td>
<td>Target: 6.8%</td>
</tr>
<tr>
<td>Reach: 6.4%</td>
<td></td>
</tr>
</tbody>
</table>

Reach: 6.9%
VPH Serious Safety Events

280 Days since our last SSE
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
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
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
Discussion

• David Conklin, MD
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, Fiona Brand, Anne Carbonnier, Alison Croft, Karen Lascelles, Gislene Wolfart, Keith Hawton

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

<table>
<thead>
<tr>
<th>What helped</th>
<th>What didn’t help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from colleagues who had been through similar experiences (43; 48%)</td>
<td>A serious incident process that was experienced as insensitive or persecutory (19%)</td>
</tr>
<tr>
<td>Being able to engage with the families of the deceased and not feeling blamed by them (16; 18%)</td>
<td>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</td>
</tr>
<tr>
<td>Nothing (14; 16%)</td>
<td>Four (5%) reported that if the families were angry or took legal action this made it worse.</td>
</tr>
</tbody>
</table>

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

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

• 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?
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
What can I do for others?

• Check-In

• Be available and be present

• Extend empathy

• Destigmatize
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/10.2190/BSTP-BAXF-T0TJ-PPW7

Article Information
Volume: 88 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 Kuncer, April L. Anderson

First Published May 1, 2002 | Research Article
https://doi.org/10.2190/BSTP-BAXF-T0TJ-PPW7

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

Mitch Kuncer, April L. Anderson
University of Wyoming

Corresponding Author:
Direct reprint requests to: Mitch Kuncer, P.O. Box 3985, University Station, Laramie, WY 82071-3985, e-mail: mkuncer@uwyo.edu

---

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.0000415605.51368.cf
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
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

People
- Providers
- Staff
- Patient
- Family

Procedures
- Employee Assistance
- Spiritual Assistance
- Personal reflection

Communication/Equipment
- Department Resources
- Reporting events
- Patient/Staff safety
- Malpractice

Environment/Patient Factors
- Collegiality
- Length of time with patient
- Comorbid stressors

Legal/Ethics/Policy
- Personal reflection
- Reporting events
- Patient/Staff safety
- Malpractice

Potential adverse outcomes:
- Lack of confidence
- Burnout
- Depression/Anxiety
- Feeling ostracized
- Legal issues
- Professional problems
Additional Questions
MM&I Schedule 2021-2022

1. September 17, 2021
2. November 5, 2021
3. March 11, 2022
4. May 27, 2022 \(\iff\) changed from April

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

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.