

# PATIENT SAFETY MOMENT

Cooper is actively involved in a state-wide initiative to bring best practices to patient safety. One of these best practices is increased communication about safety improvements and recommendations.

To improve communication, we will be posting “Patient Safety Moments” on the Cooper Pulse portal, in Connect the Docs blog, and in Cooper Weekly Rounds. The Patient Safety Moments will be posted as new improvements and recommendations are identified. We will present the updates in an “SBAR” format. The **S**ituation describes of the problem. The **B**ackground describes what we know about the context of the problem. The **A**ssessment describes the risks of the current state. The **R**ecommendations describe possible fixes.

Past Patient Safety Moments can be found on the Pulse portal under the “Quality and Safety” menu. Please send any comments, questions, or suggestions to [PatientSafety@CooperHealth.edu](mailto:PatientSafety@CooperHealth.edu).

**The setting.**

## Dealing with Unexpected Suicidal Ideation

**A PATIENT SAFETY MOMENT**

**Situation**  
After screening, a patient was considered at no risk for suicide. Later, the patient unexpectedly admitted suicidal thoughts to a provider. Upon the provider leaving the room to trigger the appropriate response for suicidal patients, the patient made an attempt at self-harm.

**Background**  
Suicidal risk screening is done on all appropriate patients. While screening for suicidal thoughts hopes to alert staff to suicidal risk, a patient’s condition may change or they may not initially disclose the suicidal thoughts.

**Assessment**  
Patients may disclose suicidal thoughts at any time. Staff and providers should be alert to patients’ disclosure of suicidal thoughts. This is most likely to occur during the discussion of social stressors, psychiatric history, or during behavioral health interviews.

**Recommendations**

- If a patient unexpectedly discloses suicidal thoughts, make every effort to NOT leave the patient unattended.
  - Consider using the call bell to get additional staff in the room.
  - Consider moving to the doorway while maintaining sight of the patient to call for help.
- Behavioral and psychiatric interviews are at the highest risk of unexpected disclosure of suicidal thoughts.
  - If you are about to enter a room for this purpose, consider letting others caring for the patient know why you are in the room. Ask them to listen for any call bell or request for assistance.

**Related Policies**

- [3.203-Suicidal Risk Assessment and Prevention](#)
- [1.216-Adverse Clinical Events](#)
- [1.202-Event Reports](#)

**The take home points.**

**Links to other related information.**

**Important contacts and links.**

Published by the Patient Safety Team. Please remember to enter [EARS](#) reports for any safety event or near miss. EARS reports help us to improve patient care and to make Cooper a safer place. If you have questions or ideas to improve patient safety please email us at [patientsafety@cooperhealth.edu](mailto:patientsafety@cooperhealth.edu).