The Adoption & Implementation of the Columbia-Suicide Severity Rating Scale (C-SSRS) in a Psychiatric Emergency Service: Utilizing Roger’s Diffusion of Innovations Model

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Background

- Suicide is in the top 20 leading causes of death worldwide for all ages.
- In the US, on average 1 suicide occurs every 13.7 minutes (1).
- Suicide has now become a major public health problem and the most dreaded patient outcome in psychiatry.
- Patient suicides are one of the top 5 most common sentinel events in healthcare.
- Within 2 months of discharge from an ER; 1 in 10 patients will commit suicide (2).
- Risk assessments in acute care settings are often completed without the use of a clinical instrument to measure future suicide risk.
- Assessment practices vary across institutions and currently there is no universally accepted instrument.

Purpose

The purpose of this Quality Improvement project was to evaluate the adoption and implementation of the C-SSRS in a suburban, tertiary care, psychiatric emergency service utilizing Roger’s Diffusion of Innovations model as a framework.

Theoretical Framework

Roger’s Diffusion of Innovations:
- Provides a context for facilitating an evidenced-based practice change throughout the culture of a clinical unit/organization.
- Assists in transformative practices geared towards a process change involving both clinical staff and an innovation.
- Five Stages: Knowledge, Persuasion, Decision, Implementation & Confirmation

Instrument

Columbia-Suicide Severity Rating Scale (C-SSRS)
- Gold standard for suicide assessment.
- Evidence-based; brief, valid, reliable measure.
  - Prediction of attempts during treatment: odds ratio = 1.45, 95% CI [1.07, 1.98], p = 0.02.
- Semi-structured clinician-administered, consists of 11 items which measures 4 constructs: suicidal ideation, the intensity of the suicidal ideation, suicidal behavior and lethality.
- Each item includes operational definitions with standardized questions to assist the clinician.

Methods

- Quality Improvement Design
- Setting: Academic medical center; tertiary care, Level 1 Trauma Center; 603 beds
- Comprehensive Psychiatric Emergency Program
  - New York State, Office of Mental Health licensed
  - Hospital-based, emergency psychiatric service open 24 hours/day, 7days/week.
  - More than 6,800 patient visits/annually
- IRB approval was attained.
- Registered Nurses completed the C-SSRS on patients who presented to the psychiatric emergency service.
- Educational Activities:
  - Suicide Prevention Training Conference Educational Video/Training
  - Focus Groups
  - Convenience sample of 120 charts were reviewed over a 6 month period to assess the uptake of the C-SSRS instrument.

Results

- Data was aggregated at monthly intervals (N=20) and at the onset, Nurses demonstrated an 85% completion rate of the C-SSRS.
- Findings in the 2nd month revealed a completion rate of 65% and educational initiatives yielded higher completion rates in subsequent months.
- Results indicated a 90% uptake of the intervention was achieved and sustained over 6 months following the implementation.

Implications

- Strategies to mitigate the variations in the assessment of suicide risk through utilizing the evidenced-based C-SSRS offer the potential to foster a culture of safety, patient-centered care and best practices.
- Future studies could address:
  - Accuracy of the recorded C-SSRS data entries across multiple patient visits
  - Impact of the C-SSRS on patient outcomes
  - How C-SSRS data relates to decisions regarding inpatient hospitalizations

References


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