Identifying Adult Perianesthesia Patients at Risk for Suicide

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Abstract Background Information: Mental health is a growing concern in our country and throughout the world. In 2022 over 49,000 people died by suicide, with over 18 million adults seriously thinking about, making a plan or attempting suicide (CDC, July 2024). ASPAN identifies the need for addressing patient safety preoperatively. Assessing patients at risk for suicide preoperatively varies throughout organizations. Our organization screens all patients upon entry, including preoperative patients for suicide. The organizations screening tool was changed in February of 2024, identifying opportunities for assessment and resources in the perianesthesia setting.

Objectives of Project: The goal of this project was to develop a perianesthesia specific process to identify adult preoperative patients at risk for suicide and enhance staff understanding of assessment and resources available.

Process of Implementation: A group of mental health experts, perianesthesia practice and leaders, along with providers evaluated current state, patient screening and assessment aspects, resources in place and gaps. Regular meetings were held with a small work group to update the system suicide policy for perianesthesia and electronic health record aspects. Changes were vetted through the system perianesthesia leadership group and perioperative domain. Staff were engaged in the process and educated on changes.

Statement of Successful Practice: A consistent process was developed to identify patients at acute risk for suicide prior to elective surgeries. A system policy reflecting the perioperative specific aspects was developed to help ensure patients were assessed, could safely be cared for and had the appropriate interventions and resources. In addition, staff nurses were educated on the process, interventions, and documentation.

Implications for Advancing the Practice of Perianesthesia Nursing: Given the current state of mental health throughout our country, when nurses are assessing patients preoperatively, they may identify patients with suicide concerns. Not having a perioperative specific policy and processes in place led to many questions and unclear understanding on steps and interventions to take for preoperative patients at risk for suicide, including cancellation of procedures. Working collaboratively with mental health and perianesthesia leaders led to standardization of workflows and resources. This included updating perianesthesia aspects in a system suicide policy. The project helped improve patient safety and provided support for perianesthesia nurses with patients at acute risk for suicide.