

Bridging the Gap:
Suicide Screening in Ambulatory Surgical Patients to Enhance Patient Safety

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Introduction: To enhance patient safety and provide necessary care, ambulatory perioperative units at UI Health identified the need for a standardized day-of-surgery process to screen patients for suicide risk.

Identification of the Problem: Perioperative services lacked a standardized process for screening and intervening with patients at risk for self-harm, a critical gap since suicidal ideation is a healthcare emergency. This project addressed the issue by creating a necessary screening and intervention protocol.

QI Question/Purpose of the Study: The project aimed to create a screening process for identifying ambulatory perioperative patients at risk for suicidal ideation and providing interventions to prevent self-harm, thereby aligning with The Joint Commission's National Patient Safety Goal 15.01.01 Reduce the Risk of Suicide.

Methods: In collaboration with an interprofessional team, a new suicide risk screening process was developed and implemented. Key actions included tool integration. A cascading, evidence-based screening model using the PHQ-2, PHQ-9, and C-SSRS tools was built into the Electronic Health Record (EHR). A new preoperative workflow was developed to align with The Joint Commission's National Patient Safety Goal (NPSG) 15.01.01, and a formal perioperative policy was created. Staff nurses were educated on the new process, which was evaluated one-month post-implementation and is sustained through ongoing compliance and quality audits.

Outcomes/Results: Staying aligned with the suicide screening tool criteria; perioperative nurses were able to screen 1,640 patients. We were also able to provide appropriate interventions for 4 patients whom were Moderate to High Suicide risk during the assessed time frame.

Discussion: The EBP project implemented a standardized C-SSRS screening process to align with Joint Commission goals and address high suicide rates. This led to the early identification of high-risk patients and immediate, coordinated interventions, supported by interprofessional collaboration and improved staff satisfaction. Ongoing auditing ensures process sustainability.

Conclusion: The standardized screening process and interprofessional collaboration improved organizational preparedness and enabled the early identification of patients with suicidal ideation. This led to immediate, coordinated interventions, enhanced patient safety, and improved staff satisfaction.

Implications for perianesthesia nurses and future research: Future improvement relies on expanding screening to all ambulatory units for system-wide standardization and

assessing psychiatric expert availability in real-time to prevent procedural delays. These steps are foundational to enhancing safety, efficiency, and compliance with national goals.