

Systematic Suicide Screening in a General Hospital Setting: Process and Updated Results 10-year Data Review

Evan Becker¹, Sarah Williams², Udem Millsaps³, Andres J Pumariega^{4,7}, Kolin Good⁵, Eduardo Espiridion⁶

1. Evan Becker, 4th year medical student, Drexel University, Philadelphia, PA
2. Sarah Williams, DO, PSY1 Psychiatry Resident, Thomas Jefferson University, Philadelphia, PA
3. Udem Millsaps, M.Ed, retired CME and Research Coordinator, Tower Health Reading Hospital, Reading, PA
4. Andres J Pumariega, MD, Professor and Chief, Division of Child and Adolescent Psychiatry, University of Florida College of Medicine, Gainesville, FL
5. Kolin Good, MD, Regional Medical Director, Community Care Behavioral Health, Camp Hill, PA
6. Eduardo Espiridion, MD, Psychiatry Department Chair, Tower Health Reading Hospital, Reading, PA

Introduction: Suicide continues to be one of America’s largest public health concerns. In response to the growing need for screening hospitalized patients for suicidal behavior and ideation, a Northeastern United States Hospital (NEUSH), in conjunction with Columbia University, implemented a screening version of the Columbia Suicide Severity Rating Scale (C-SSRS). The original project, published in 2020, evaluated the feasibility and initial results of using this screening tool in a NEUSH on the inpatient acute care floors. This study aims to update the scientific community on the progression and effectiveness of this C-SSRS screening tool at the same hospital with a larger sample size.

Methods: A total of 261,681 patients aged 18 and over were screened by trained nurses during the time period of July 1st, 2011, to June 30, 2021. Data was collected using the Electronic Medical Record Systems that the hospital was using during that time frame (Clin Doc© and Epic©).

Results: From the 261,681 adult patients who were screened with the C-SSRS Screener, 1,375 (44.6%) scored a Level 3, another 198 (6.4%) scored a Level 4, and 1,509 (49.0%) scored a Level 5. Overall, 1.18% (3,082/261,681) of admissions had a psychiatric consult recommended due to the level indicated by the C-SSRS and a total of 2730 consultations were performed by the psychiatry department as a result of a Level 3 or higher on the C-SSRS screening. Over 99% of the consults performed from C-SSRS score of Level 3 or higher were deemed appropriate. Regarding disposition of patients who scored a Level 3, 4, or 5 on C-SSRS screening, 976 (31.7%) were referred to either start or continue outpatient mental health care, another 689 (22.4%) were discharged to home, and 623 (20.2%) were discharged to the inpatient psychiatric facility of the NEUSH.

Conclusions: These findings suggest that the C-SSRS Screener continues to be a low burden screening tool that can accurately identify suicidal ideation and behavior in high-risk patients admitted to the hospital. Any hospital needing a method to screen for suicidal ideation and behavior should consider the C-SSRS Screener as a possible solution to their needs.