Pediatric Suicide Risk Screening and Management: Outcomes from Implementation of a National Clinical Pathway

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Background: Youth suicide is the 2nd leading cause of death worldwide. In the United States it is 2nd for 15-24 year olds and 3rd for 10-14 year-olds as the reason for death. Of those who complete suicide, nearly 40% seek medical care in the month prior to death and 80% have received health care services in the year prior. Suicide risk screening is the top reason for child and adolescent psychiatry consultation. The US Joint Commission has set forth recommendations regarding suicide screening and response for all hospitalized patients. However, many challenges remain in operationalizing this. Pathways in clinical care (PaCC) is a workgroup of the Physically Ill Child Committee of the American Academy of Child and Adolescent Psychiatry (AACAP). PaCC created and published evidence driven, consensus based suicide risk screening clinical pathways for pediatric hospitals to address this gap. These pathways were implemented at the UCSF Benioff Children’s Hospital.

Methods: The suicide risk screening pathway uses the ASK Suicide Questionnaire (ASQ) for initial assessment. Appropriate next steps are outlined in the PaCC pathway below. This was adopted at the UCSF Benioff Children’s hospital and implemented starting Nov 1st 2018. Implementation metrics were collected in a retrospective fashion from electronic medical records. Descriptive analysis was used to evaluate outcomes.

Results: Nearly 80% of patients were screened for suicide risk. 0.4% screened as positive for thoughts of wanting to harm themselves “right now”. Further 6.3% had suicidal thoughts without current wish to harm themselves. The screening program led to ~13 new social work consults/month and <1 new child and adolescent psychiatry consultation/month. The pre-implementation target of 75% implementation was reached in 2 months.

Benioff Children’s Hospital Year to Date Totals		
Screened	1513	79.3%
Not Screened	395	20.7%
Acute +	8	0.4%
Non Acute +	121	6.3%

Unit Compliance Year to Date			
	Screened	Not Screened	# Patients
Pediatric Cardiac ICU	39%	61%	23
Pediatric ICU	61%	39%	95
Cardiac Transitional Care Unit	44%	56%	124
Medical/Surgical Pediatrics	90%	10%	913
Transitional Care Unit	70%	18%	209
Hematology/Oncology	72%	28%	482
Bone Marrow Transplant	79%	16%	62

Medical/ Surgical Floor

Screened	Acute Positive	NonAcute Positive
Nov 2018: 70%	Nov 2018: 1	Nov 2018: 2
Mar 2019: 89%	Mar 2019: 1	Mar 2019: 7
July 2019: 97%	July 2019: 2	July 2019: 7

Discussion: It was feasible to implement the hospital wide suicide risk screening pathway. Screening led to an evaluation by a social worker and/or child psychiatry specialist. These evaluations informed the need for connecting patients with appropriate mental health services, when indicated. Primary pediatricians were informed about the results of the screening and evaluation/s to facilitate follow-up. Future, prospective, longitudinal studies to evaluate mental health outcomes of patients who screened positive are important. Gaps in screening were identified in intensive care settings. Many factors may account for this and need to be further explored to inform future iterations of unit specific pathway elements. Other hospital systems may need to adapt the pathway to account for local cultures, systems and resources.

Conclusion: Hospital wide suicide risk screening pathways were successfully implemented at Benioff Children’s Hospital.