

**Using the Zero Suicide *Safety Plan* on an Inpatient Psychiatric Unit:  
A Quality Improvement Initiative**

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**Purpose:** To measure patients' confidence for using the Zero Suicide Safety Plan as a tool to reduce death by suicide after discharge

**Question:** Are patients confident in using the Safety Plan after education and practice in a group setting?

**Synthesis of Review of Literature:** Suicide rates are rising<sup>1</sup> and psychiatric patients – particularly those with chronic mental illness-- are particularly vulnerable. Patients with schizophrenia have a 50% attempt rate in a life-time with a death by suicide rate of 10–15%. Although nurses can reduce suicide attempts in the hospital, we have little control over post discharge. The Safety Plan is a validated tool endorsed by the Zero Suicide Academy, provider of best practice standards in reducing suicide. While hospitalized, the patient is able to complete an individualized plan in a supportive environment and after discharge, refer to personalized interventions to use during a life-threatening crisis.

**Methods/Procedure:** The Suicide Plan was adapted from the Zero Suicide Academy. The investigators found the wording more suitable for a clinician. Since the tool was intended for patients, the language was modified. During group, the leaders explained each section of the plan and asked patients to complete it with personal interventions. At the end, the members talked about their responses. A survey of six items, corresponding to the six steps of the Safety Plan was distributed to patients to capture their level of confidence for doing each of the steps. Patients responded to each item using an 11-point scale ranging from 0, not at all confident to 10, very confident. Confidence in using the tool was assessed because confidence is a predictor of successful behavior.<sup>2</sup> The pilot was conducted on a 24 bed short term inpatient unit for patients with chronic mental illness and thought disorders. Due to the level of suicide risk in this population, no patient who wished to participate was excluded, regardless of level of functioning. Some patients chose to attend the group more than once. Nursing staff were trained through a professionally available online program from the Academy. The goal was to have 20 patients participate. The final number of patients responding to each question was either 34 or 35. Frequencies and percentages of patients selecting each option were calculated for each item.

**Results:** Two thirds or more of the patients scored above 5 on all six questions indicating confidence. For questions 1 and 3, 83% of respondents scored above 5. For question 6 regarding identifying the professionals to call, two patients scored it a zero indicating they were not at all confident. Two other patients scored a 1 on this same question. Questions 4 and 5 about identifying who they can talk to and who they can call for help each had one patient scoring a 1, indicating very little confidence. Because this quality improvement project was so unique, Suicide Prevention of Washington DC teleconferenced with the team so we could share best practices nationally.

**Application to Practice** All clinical disciplines at the IOL will be in-serviced using the Academy's on line tutorial and the tool will be used in all our inpatient and ambulatory areas. Patient confidence will continue to be assessed. Efforts should be directed at helping patients to feel confident. Those scoring 5 or below will need special attention.

## References

1. American Foundation for Suicide Prevention (2015). Retrieved from <http://www.afsp.org/understanding-suicide/facts-and-figures>.
2. Bandura A. Social foundations of thought and action: a social cognitive theory. Englewood Cliffs, NJ: Prentice Hall; 1986.