

# PHQ-9 + C-SSRS Safely Decreases Suicide Precautions and Consults on Medical Units

## Assessing Suicidal Ideation: Augmenting the Patient Health Questionnaire-9 with the Columbia-Suicide Severity Rating Scale

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### Introduction

- In our facility, the PHQ-9 depression screening questionnaire is used to screen all patients for suicide risk upon admission to medical units.
- Positive PHQ-9 Question #9 (thoughts of suicide or self harm) results in the implementation of high risk suicide precautions including removal of patient's personal belongings and assigning a 1-1 staff until evaluation by consultation-liaison psychiatry service (CLPS) with Columbia-Suicide Severity Rating Scale (C-SSRS).
- This results in a high number of CLPS consults for patients who may be ultimately be assessed not to require suicide precautions.
- Primary aims of this project are increased safety, improved efficiency, and reduced resource burden.

### Goal

To safely reduce the number of patients unnecessarily placed on suicide precautions and reserve precious resources for those patients identified as high risk as determined through the use of a more comprehensive screening tool. Ultimately, the goal is to keep patients safe and improve their hospital experience.

### Method

- Retrospective chart review performed to evaluate number of CLPS consults resulting from PHQ-9 scores (6/1/20 - 5/16/20).
- Trial of RN-administered PHQ-9 + C-SSRS on a medical unit with nephrology/urology and transplant patients (5/17/2021 - 12/01/2021).
- If a patient scored > 0 on PHQ-9 item 9, RN completed the C-SSRS with patient.
- If patient scored moderate to high risk on C-SSRS, suicide precautions implemented and CLPS consult obtained.
- Compared numbers of patients requiring CLPS consults and suicide precautions when using PHQ-9 alone to use of PHQ-9 + C-SSRS using retrospective review of electronic medical record.

### Results

Table 1.

Date	Admit to Medical Unit N	HR by PHQ-9 n (%)	H/MR by PHQ-9 + C-SSRS	LR by PHQ-9 + C-SSRS n (%)	Eval by CLPS n (%)	HR by CLPS n (%)	HR and no CLPS n (%)
6/1/2020 - 5/16/2021	2428	45/2428 (1.9%)	N/A	N/A	36/45 (80%)	2/45 (4.4%)	7/45 (15.6%)
5/17/2021 - 12/1/2021	1363	29/1363 (2.1%)	3/28* (10.7%)	25/28 (89.3%)	15/28 (53.6%)	1/28 (3.4%)	0/3 (0%)

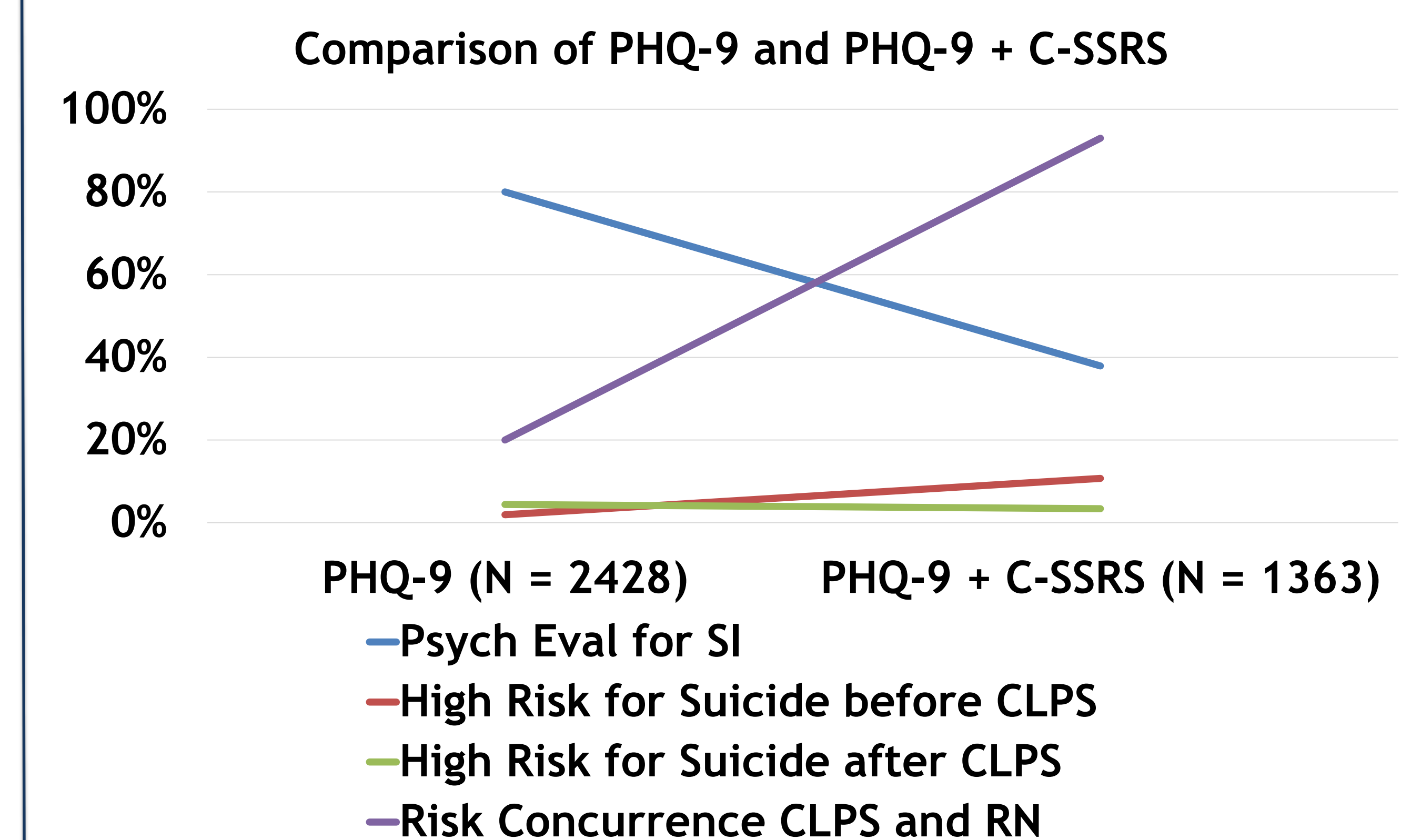
HR: high risk; MR: moderate risk; LR: low risk; PHQ-9: Patient Health Questionnaire – 9  
C-SSRS: Columbia-Suicide Severity Rating Scale; CLPS; Consultative-Liaison Psychiatry Service  
\* 1 patient not evaluated with C-SSRS

- PHQ-9 + C-SSRS led to fewer patients unnecessarily placed on suicide precautions and fewer CLPS evaluations, safely reducing resource burden.
- There was a reduction in “missed” patients; all patients moderate/high risk with PHQ-9 + C-SSRS were seen by CLPS.
- RNs and CLPS had high rate of concurrence in risk assessment with addition of C-SSRS.

### Discussion

- Goal of reducing number of patients unnecessarily placed on suicide precautions met by “fine-tuning” our SI screening with the addition of the C-SSRS.
- CLPS consults reduced in number but more consistent for patients at risk for suicide. Allowed CLPS providers to concentrate efforts on patients in greater need of their expertise.
- Hours of 1 - 1 staff time were greatly reduced freeing staff to care for other patients.
- Future work could involve assigning all patients a suicide risk score following C-SSRS screening hospital-wide.

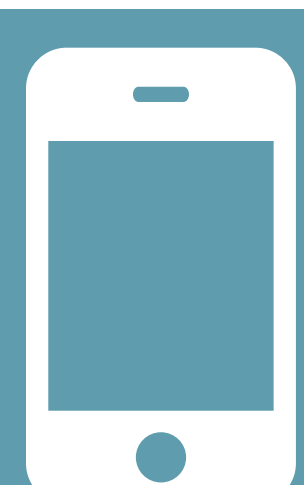
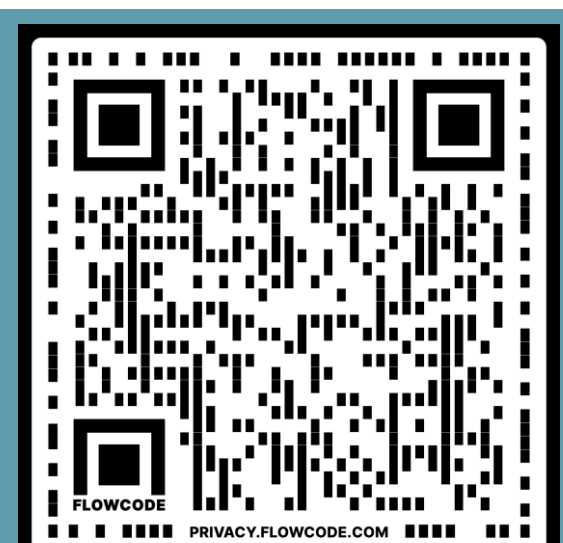
Figure 1.



### References:

Na PJ, Yaramala SR, Kim JA, Kim H, Goes FS, Zandi PP, Van de Voort JL, Sutor B, Croarkin P, Bobo WV (2018). The PHQ-9 Item 9 based screening for suicide risk: a validation study of the Patient Health Questionnaire (PHQ)-9 Item 9 with the Columbia Suicide Severity Rating Scale (C-SSRS). *J Affect Disord.* 232:34-40. doi: 10.1016/j.jad.2018.02.045

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