

### *Organizational Suicide Risk Assessment Tool*

	<b>Organizational Responsibility</b>	<b>Yes</b>	<b>No</b>	<b>Action Plan</b>
1	Written policy/procedure on assessment and treatment of patients at risk for suicide that applies to the entire organization			
2	Policy includes levels of observation, including one-to-one monitoring			
3	Policy includes the modification of the patient's environment to assure their safety			
4	The environment is assessed for hazards that can potentially cause self harm.			
5	Staff receive education and have documented competencies in assessing patients at risk for suicide			
6	All behavioral health patients are screened/assessed for risk upon admission. The screening/assessment is documented			
7	A Behavioral Health Professional is notified for comprehensive assessment if indicated			
8	Observation and other precautions are implemented for suicidal patients at risk			
9	Observation level and precautions are only modified after clinical re-assessment			
10	Suicide risk re-assessment is documented in the patient record (at least every shift)			
11	Treatment plan reflects the interventions implemented and there effectiveness for suicidal patients			
12	Staff acting as "sitters" for one-to-one's are trained in their monitoring responsibilities			
13	Documentation is completed at least Every 15 Minutes on patient's at high risk for suicide (i.e., flow-sheet)			
14	Hands-off communication is provided to the next care given during transitions (shift report, testing off the unit, etc...)			
15	Visitor precautions for suicidal patients are established			
16	Interdisciplinary communication occurs at least daily to discuss/evaluate patient status			

(This SAMPLE tool is provided as a courtesy of Quality Plus Solutions LLC. It has not been validated and may be adapted to meet the organization's specific needs/requirements). *Questions/Comments: monicacooke@Qualityplussolutions.com*