



Expediting Care and Preventing Elopement for Patients Presenting to the Emergency Department with Suicidal Ideation

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ABSTRACT



Problem Statement: Suicide is a leading cause of death in the United States and a serious public health problem. The Centers for Disease Control and Prevention reports that 48,000 people died by suicide in 2021. Emergency Departments (EDs) have seen an increase in patients presenting with suicidal ideation. However, the ED can be a challenging setting to receive optimal mental health care, and EDs may not be able to prevent elopements of this vulnerable population because they are not locked units.

Aims: The purpose of this project is to improve access to and delivery of suicide care while preventing elopement of patients presenting with suicidal ideation.

Approach: An interdepartmental care model titled “Direct to CPEP” was developed in collaboration between the ED, the Comprehensive Psychiatric Emergency Program (CPEP), and the security department at Mount Sinai Beth Israel in order to expedite care of patients with chief complaints of suicidal ideation upon arrival. The project started in March of 2022 and consisted of developing the following criteria for direct access and immediate transfer to CPEP: patients presenting with suicidal ideation between the ages of 18–50, without drug/chemical ingestion, not intoxicated, not agitated, and no suicide attempts in the last 24 hours, without other chief medical complaints. Further project implementations included creating a sub-field within the electronic medical record’s triage note with the aforementioned criteria, which allows for documentation of a rapid assessment by the emergency nurse upon arrival to the ED. After the rapid assessment and verbal report from the ED nurse to the CPEP nurse, a security member escorts the patient along with a patient care associate directly to CPEP. Additionally, CPEP nurses were trained to perform triage for completion once the patient arrives in the CPEP area.

Findings: There was a 60% decrease of elopements by patients presenting to the ED with a chief complaint of suicidal ideation from 2021 to 2022. There were no elopements related to suicidal ideation for quarters 1–2 in 2023.

Conclusions and Implications for Clinical Practice: The project highlighted the importance of interdisciplinary collaborations through a clinical care model that expedites transition of care to improve access to and delivery of suicide care, while also preventing elopement through consideration of environmental factors.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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