Improving Implementation of Recommendations from Serious Adverse Incident (SAI) Reviews of Patient Deaths by Suicide: A Qualitative Analysis

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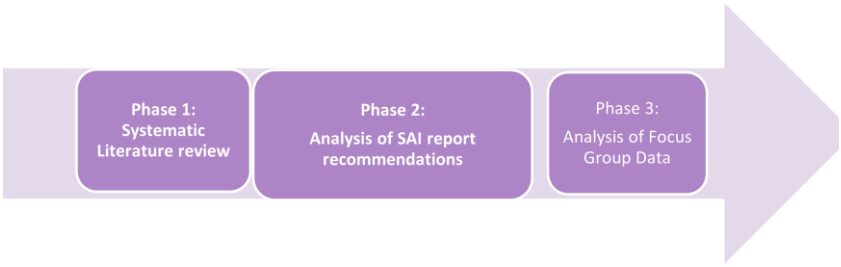
Background

During 2004-2014, 27% of general population suicides were identified as patient suicides, (NCISH, 2016). A Serious Adverse Incident (SAI) review is completed following every patient suicide.

Methods

This study was completed in 3 stages.



Phase I: Systematic Literature Review

35 studies/reports were selected for inclusion and 4 key themes identified:

- Creating recommendations is common
- Dissemination of recommendations is a challenge
- Evaluation of implementation is rare, and
- Leadership and culture are important

Phase II: Analysis of recommendations

SAI reports 2015-2016 (n=188). 7 Key themes identified in recommendations:

- Quality Improvement, development & implementation of systems, policies, protocols, & services
- Record keeping, information sharing & quality of patient records
- Staff related issues: structures, roles & responsibilities, training & resources
- Care & treatment planning
- Risk assessment, management & review
- Communication within & between HSCTs, & and other services
- Family & carer communication, involvement with & support

Phase III: Focus groups Staff in MH Services

Staff views on the implementation of recommendations and how this could be improved (n=5 groups). 5 key themes to improve implementation:

- Information sharing, record keeping and quality of patient records
- Collaboration with and support for families and carers
- Effective dissemination of recommendations from SAI review reports
- Implementation and evaluation of implementation of recommendations,
- Leadership & culture

6 Key Findings

Overarching themes identified: Strategic and operational aspects of Mental Health Services

1. Improved structure of recommendations would enhance clarity and reduce barriers to implementation.

2. Efficient and effective processes for dissemination of recommendations from SAI reviews would support improved implementation.

3. Consistent evaluation processes for the effectiveness of implemented recommendations would support improved implementation.

4. Improved efficiency and effectiveness of information sharing processes and the quality of patient records in MH services would reduce barriers to implementation of recommendations.

5. Development of clear policies and protocols for collaboration with families/carers throughout the care and treatment process would support implementation of recommendations.

6.Improvement in the leadership and culture of mental health services would support improved implementation of recommendations from SAI

"No one brave enough to seek care for a mental disorder should die from suicide. Yet many do."

Michael Hogan, Commissioner, Office of Mental Health, NY State, 2013.

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