



Service Priorities and Programmes Electronic Presentations

Convention ID: 109

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No in-patient suicide in an oncology department over ten years: an integrated multidisciplinary approach

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Keywords:

in-patient
suicide
oncology
integrated
multidisciplinary
over ten years

Introduction

Suicide rates and ideation in patients with cancer are 1.5 – 12 and four times higher than general population respectively. Routine screening for suicidal intention is useful to identify high risk patient who require urgent clinical care.

Objectives

To report our experience of prevention of inpatient suicide in our clinical oncology department (COD) through an integrated approach management.

Methodology

We followed the policy and guidelines at the HA and hospital level, and implemented measures at department level to prevent suicide in phases over years. 1. Universal risk assessment Before admission, history was reviewed. On admission, we used the universal assessment form to assess patients' psychological and physical status. To enhance early detection of problems, we i) evaluated and reassessed patients through multidiscipline teams, and ii) implemented staff rotation scheme to establish patients' rapport during their treatment journey. Before discharge, we reassessed their psychological state. 2. Precautions We implemented universal environmental precaution including i) CCTV monitoring, ii) removal of potential hazard objects, iii) no home leave policy, and iv) monitoring in and out of ward. We facilitated i) family support by flexible visiting hours, ii) staff support by building rapport, iii) religion support by designated rooms and teams, and iv) volunteers support by MSW. For high risk patients, extra care included i) alert label and handover ii) referrals to psychologists and palliative care nurses, iii) ensure safe environment, iv) provide music therapy, and v) frequent nursing team round. 3. Staff training and wellness We strengthened staffs' counseling skill through i) orientation and preceptorship plus buddy program, ii) certificate courses, iii) CNE program, and v) attachment program to clinical psychology department in 2011. We formed two small teams of 'staff

wellness and communication', appointed two team heads in early 2015, and arrange activities including staff oasis, communication board and staff newsletter.

Result

There were no inpatient suicides among 50,944 discharges from our COD from 2005 to 2015. One patient committed suicide during home leave after transfer to another hospital in 2014. From August to December 2015, we screened 4,000 patients with cancer, identified six at-risk patients and provided them additional care to prevent suicide. In Aug 2015, group internal audit conducted and audit in our department, and appreciated our preventive measures on inpatient suicides. In conclude, We reported our successful experiences in the prevention of inpatient suicide in COD through an integrated and multidisciplinary approach.