



COMPUTERIZED FEEDBACK TO EMERGENCY PHYSICIANS IMPROVES RATES OF IDENTIFICATION AND PSYCHOSOCIAL REFERRAL FOR SUICIDAL IDEATION

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BACKGROUND

Our prior work identified high rates of silent (occult) suicidality in non-psychiatric emergency department (ED) patients that were otherwise missed by trained emergency physicians.

OBJECTIVE

To improve rates of identification and referral of silent suicidal ideators and suicidal planners who present to the ED for other reasons.

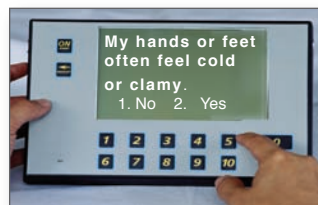
METHODS

This was a before and after quasi-experiment using the Quick PsychoDiagnostics Panel (QPD) (Shedler, 2000) computer screening tool on non-psychiatric adult ED patients with and without providing clinical feedback to ED staff.

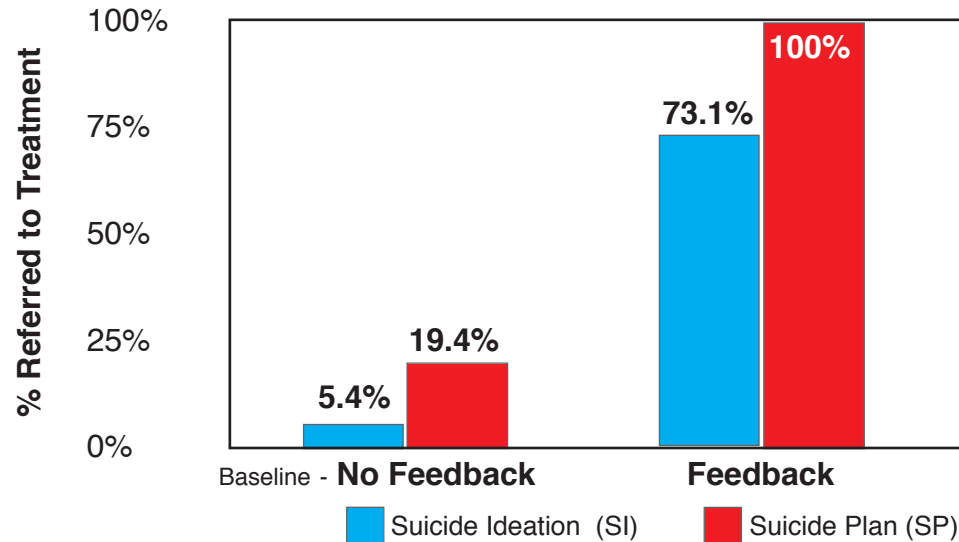
The QPD has been validated against the Structured Clinical Interview for DSM-IV (SCID; First et al. 1995). A baseline study was conducted in June and July of 2005 with no feedback given to physicians (Claassen & Larkin, 2005).

The current study, conducted in June & July of 2006, was a repeat of the baseline study with the addition of immediate oral and written feedback given to physicians.

Patients were recruited during random time blocks from the emergency department at Parkland Memorial Hospital in Dallas, Texas.



Referral To Treatment: No feedback vs. Feedback



RESULTS

Baseline screening without feedback was conducted on 1590 patients, of whom 185 (11.6%) acknowledged suicidal ideation (SI) and 31 (2.0%) endorsed a specific plan to kill themselves.

Clinicians missed 94.6% of SI patients and 80.6% of planners. When repeated in the same setting with QPD feedback on 768 patients, SI was present in 52 (6.8%) and 13 (1.7%) had a suicide plan (SP), resulting in 38 (73.1%) and 13 (100%) referrals for SI and SP, respectively.

Documentation of mental health diagnoses increased to 21.2% for SI and 38.5% for SP patients from baseline rates less than 6%.



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CONCLUSIONS

Mental health patients, in general, and suicidal ideators /planers, in particular, increasingly rely on emergency departments for both basic and acute healthcare needs (Larkin et al., 2004).

This study suggests computerized SI/SP screening with-provider feedback significantly improves the rates of psychosocial referral for occultly suicidal patients in the ED.

LIMITATIONS/FUTURE QUESTIONS

The external validity/generalizability of this approach to other settings/populations has yet to be tested, although both English and Spanish-speaking patients readily accepted being screened.

While feasible and acceptable to most emergency physician participants, a minority were concerned with legal exposure and “opening Pandora’s box”.

Future work examining the long term impact and effectiveness of ED referrals for mental health treatment is needed.

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First, M.B., Spitzer, R.L., Gibbon, M., & Williams, J.B.W. Structured clinical interview for DSM-IV Axis I Disorders (SCID) Washington, DC: American Psychiatric Press, 1995. Larkin, G.L., Claassen, C.A., Emond, J.A., Pelletier, A.J., & Camargo, C.A. (2005). Trends in U.S. emergency department visits for mental health conditions, 1992 to 2001.

Shedler, J., Beck, A., & Bensen, S. (2000). Practical mental health assessment in primary care: Validity and utility of the Quick Psychodiagnostics panel. *The Journal of Family Practice*, 49, 7, 614-621.

Table 1. Characteristics of patients with suicidal ideation (SI) & suicide plans (SP) recruited from the Parkland Hospital emergency department.

Characteristic	No. in sample (n=768)	% of all participants	% within SP (n=13)	% with SP within strata	SP OR (95% CI)	% within SI (n=52)	% with SI within strata	SI OR (95% CI)
Age								
29 or less	144	18.8%	15.4%	1.4%	*	21.2%	7.6%	3.9 (0.8-17.9)
30-39	153	19.9%	30.8%	2.6%	*	11.5%	3.9%	1.9 (0.4-9.7)
40-49	220	28.6%	30.8%	1.8%	*	48.1%	11.4%	6.0 (1.4-26.0)
50-59	155	20.2%	23.1%	1.9%	*	15.4%	5.2%	2.6 (0.5-12.3)
60+	96	12.5%	0.0%	0.0%	*	3.8%	2.1%	1.0
Gender								
Male	325	49.7%	58.3%	2.2%	1.4 (0.5-4.5)	56.5%	8.0%	1.3 (0.7-2.5)
Female	329	50.3%	41.7%	1.5%	1.0	43.5%	6.1%	1.0
Race/ethnicity								
White & other	237	32.0%	53.8%	3.0%	*	42.3%	9.3%	2.0 (0.9-4.4)
Black	322	43.5%	38.5%	1.6%	*	40.4%	6.5%	1.3 (0.6-3.0)
Hispanic	182	24.6%	7.7%	0.5%	*	17.3%	4.9%	1.0
Employment Status								
Employed	269	36.9%	15.4%	0.7%	3.3 (0.7-14.9)	27.5%	5.2%	1.0
Unemployed	460	63.1%	84.6%	2.4%	1.0	72.5%	8.0%	1.6 (0.8-3.0)
Education								
High school/ GED or less	417	65.1%	50.0%	1.4%	*	67.3%	7.9%	1.0
Some college	150	23.4%	33.3%	2.7%	*	22.4%	7.3%	0.9 (0.5-1.9)
Finished college	74	11.5%	16.7%	2.7%	*	10.2%	6.8%	0.8 (0.3-2.2)
Marital Status								
Single	311	41.6%	30.8%	1.3%	*	42.3%	7.1%	1.0
Married	245	32.8%	38.5%	2.0%	*	32.7%	6.9%	1.0 (0.5-1.9)
Divorced	108	14.5%	30.8%	3.7%	*	15.4%	7.4%	1.1 (0.5-2.4)
Widowed	46	6.2%	0.0%	0.0%	*	0.0%	0.0%	---
Cohabiting	37	5.0%	0.0%	0.0%	*	9.6%	13.5%	2.1 (0.7-5.8)
Illicit Drug Use Past Month								
Yes	147	19.1%	38.5%	3.4%	2.7 (0.9-8.4)	36.5%	12.9%	2.6 (1.5-4.8)
No	621	80.9%	61.5%	1.3%	1.0	63.5%	5.3%	1.0
Heavy Drinking (5+ per occasion, past 12 months)								
Yes	94	12.2%	46.2%	6.4%	6.5 (2.1-19.8)	28.8%	16.0%	3.3 (1.7-6.2)
No	674	87.8%	53.8%	1.0%	1.0	71.2%	5.5%	1.0
# ER visits Past 24 Months								
1	439	57.6%	61.5%	1.8%	*	51.9%	6.2%	1.0
2-4	251	32.9%	15.4%	0.8%	*	32.7%	6.8%	1.1 (0.6-2.1)
5+	72	9.4%	23.1%	4.2%	*	15.4%	11.1%	1.9 (0.8-4.4)

* OR could not be computed due to small sample size.



Please contact us for more information
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