# The Indian Health Service (IHS) Division of Behavioral Health

## Clinical Practice Related to Suicide

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# Objectives

1. Importance of appropriate documentation protocol.
2. Gain knowledge on suicide as a malpractice and negligence situation.
3. Gain knowledge on type of errors in clinical practice.
4. Importance of provider consultation.

# Fundamentals of Documentation

If it isn’t written down, it didn’t happen.

(T. Gutheil, 1980)

# Basic Principles

- Adhere to standards of care.
- Write efficiently by:
  - Record the risk-benefit analysis of important decisions in the clinical care of the patient.
  - Document the use of clinical judgment at critical decision points.
    - Clinical judgment is an assessment of the clinical situation and a response congruent to that assessment.
  - Document the patient's capacity to participate in his or her own care.
    - Including who to call in the event of an emergency.

# Who is your reader?

- Keep in mind your audience:
  - Utilization reviewers
  - Professional Standards Review Organizations
  - Insurers
  - Quality Assurance reviewers
  - Attorneys and Courts of Law
  - Patients and possible family members of patients.

# Burden of Documentation

- Documentation should reflect skilled professional care.
- Convey tact observations.
- Utilization of objective language.
  - Sounds less judgmental.

# Transparency

- Never attempt to change an existing record.
- Do not insert, use little arrows, add interlineations, etc.
- Keep to the facts.
- Clearly mark errors or to correct through usage of addendums or additions by clearly marking when the documentation is completed and when corrected or additions completed.

# Entries

- Use a professional tone.
- When referring to a patient A in the medical record of patient B, remember to use the other patient's initials, hospital number or first name and last initial. Limited information will supply sufficient evidence to guide the care while preserving confidentiality.
- When recording staff names give the staff's name and discipline.

# Malpractice

- Duty
- Dereliction
- Direct Causation
- Damages

# Nature of Claims

- Outpatient
- Inpatient
- After discharge
- On escape status
- After outpatient termination

# Duty to Protect

- Suicide is difficult to predict, but prediction is never the issue. Foreseeability is the issue. Mental Healthcare Providers have a duty to protect a patient by properly assess suicide risk.
  - Provision of services include reasonable precautions:
    - Frequent monitoring.
    - Follow up upon discharge.
    - Providing families emergency and crisis information.

# Providing Care

- Be a trained and skilled provider.
- Document succinctly and objectively.
- Routinely ask about suicide.
- Document your suicide risk assessments.
- Collaborate with the patient on establishing a treatment plan.
- Document why you did what you did and why you didn’t do something that is a standard of practice.

# Providers Interacting with Patients

- Be sensitive and caring with staff, patients and family members of patients.
- Be reasonable and competent in the steps taken while providing assessments and care.
- Be knowledgeable and understand standards of care.
- Document and consult.

# Citations


- Gutheil TG. Paranoia and progress notes: A guide to forensically informed psychiatric record keeping. Hosp Community Psychiatry. 1980;31:479–82.
- Gutheil TG, Appelbaum PS. Clinical Handbook of Psychiatry and the Law. Third Edition. Baltimore, MD: Lippincott, Williams, and Wilkins; 2000.
- Gutheil TG. The medical record in the acute care setting and issues of confidentiality. In: Sederer LL, Rothschild AJ, editors. Acute care psychiatry: Diagnosis and treatment. Baltimore: Lippincott, Williams and Wilkins; 1997.
- Gutheil TG. The psychiatric expert witness. Washington, DC: American Psychiatric Press; 1998.

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