Improving Suicide Screening in Oncology: High-Risk Older Adults and Males

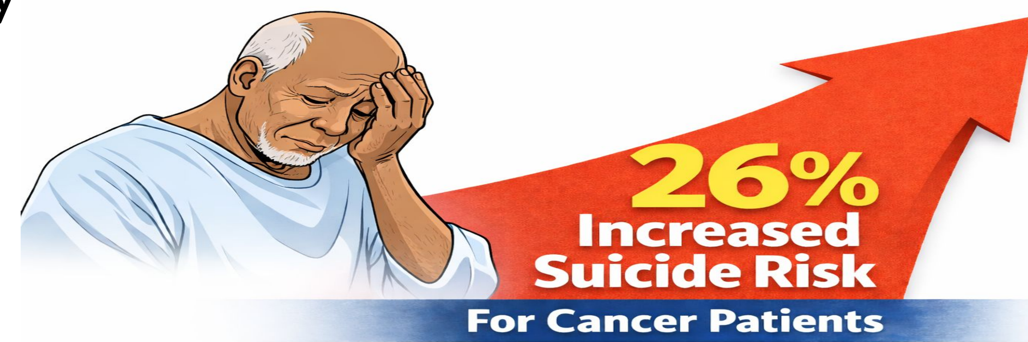
Reality

Background

Suicide risk is 26% higher among individuals diagnosed with cancer with the highest risk occuring within first few months after diagnosis

Older adults and males are particularly high-risk populations and often underreport or express indirectly

Screening in inpatient oncology is often limited to admission only



Importance of Issue

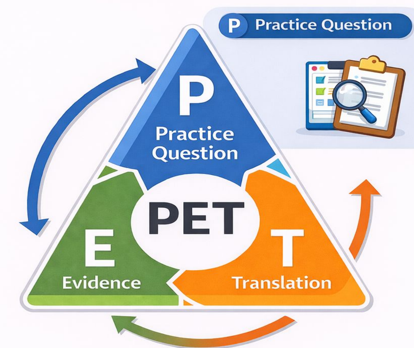
Missed suicide risk = delayed intervention and potential harm
Oncology patients experience both physical and psychological distress
Older adults and males less likely to seek help

Impacts:

Patient safety	Healthcare outcomes
Quality of care	Family well-being

Framework

Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Model



- Practice Question → Identify screening gap
- Evidence → Review oncology + suicide risk research
- Translation → Implement standardized screening + evaluation

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Theoretical

Key Concepts & Outcomes

Goal: Improve early identification and management of suicide risk in inpatient oncology patients

SMART Goal:

- 90% screened at admission
- 90% reassessed within 72 hrs

Outcomes:

- Improved detection of distress
- Increased mental health referrals
- Decreased missed suicide risks
- Improved patient safety

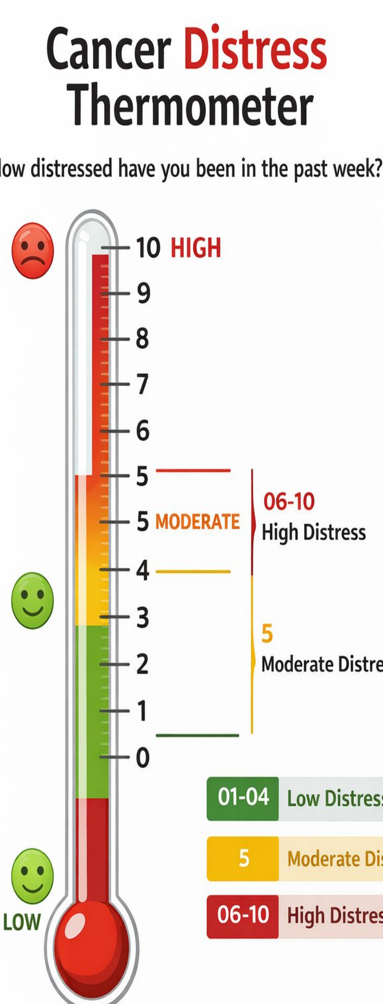
Interventions & Solutions

INDIVIDUAL INTERVENTIONS

- NCCN Distress Thermometer (Donovan et al., 2022)
- Safety planning for positive screens
- SPIKES protocol for difficult conversations
- Family involvement for older adults

UNIT / COMMUNITY INTERVENTIONS

- EHR-integrated screening + reassessments
- Staff education on suicide risk (older adults, males)
- Interdisciplinary collaboration
- Discharge planning with mental health referrals



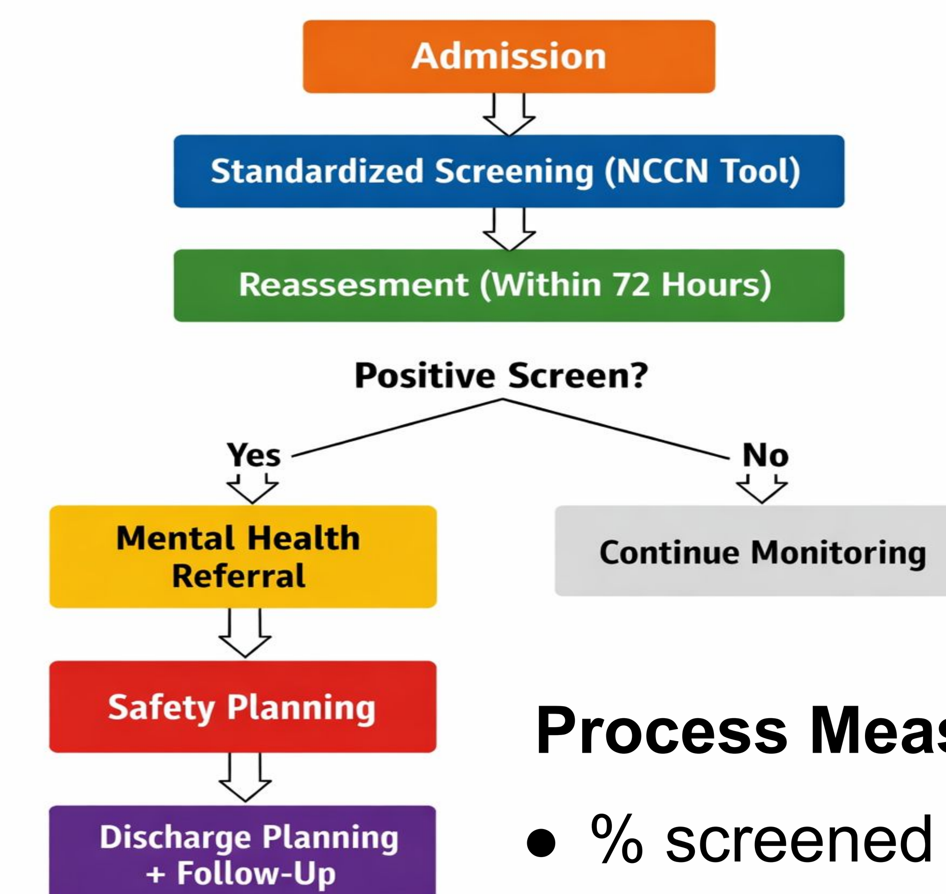
POLICY INTERVENTIONS

- Standardized screening protocol
- Required reassessment (within 72 hrs)
- Response algorithm for positive screens
- Joint Commission alignment

Key Players

- Oncology nurses → screening + monitoring
- Physicians → care coordination
- Mental health providers → evaluation + intervention
- Social workers → resources + discharge planning
- Case managers → continuity of care
- Patients & families → participatory care
- QI/administration → policy + implementation

Evaluation



Process Measures

- % screened at admission
- % reassessed within 72 hrs
- % referrals completed
- % staff trained

Impact Measures

- Change in distress scores (NCCN tool)
- Increased identification of high-risk patients
- Decreased missed screenings
- Increased timely interventions

References

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