JC Regulation NPSG 15.01.01, revised November 2018, requires the identification of patients at risk for suicide. Adventist Health has implemented the Columbia Suicide Severity Rating Scale- CSSRS to meet the need for an evidence-based process to better identify people at risk for suicide. This will provide interventions that are appropriate to their risk level assigned by the screening tool.

**Practice Change:**

If the risk level for a patient after their initial CSSRS screen is completed is moderate or high, a *Columbia Suicide Severity Rating Scale Lifetime/Recent Assessment* form will need to be completed by a competent clinician, unless the assessment is completed by a community behavioral health clinician per sites policy. This assessment should be completed within 24 hours of the initial CSSRS screen.

If you will be conducting the *Columbia Suicide Severity Rating Scale Lifetime/Recent Assessment* form for a moderate or high-risk patient, you will access this form by clicking on the tasks from consult tab or CM/Social Tab.

**Note:** Social Workers will get a task in their task list to perform the CSSRS Lifetime Assessment. All other staff performing the CSSRS Lifetime Assessment will have a task on their consult tab.

The CSSRS Lifetime/Recent - forms are in-depth assessments consisting of 5 sections: Suicidal Ideation, Intensity of Ideation, Suicidal Behavior, Actual - Potential Lethality and Risk Factors. The form is built with conditional formatting. As you select your patient's response the form will guide you through the questions.

**Note:** If the assessment is being completed by a community behavioral health clinician then you will want to make sure to mark *Yes* in the very first question. You can then sign the form and no further documentation needs to be completed.
Suicidal Ideation: this section asks questions about ideation and intensity of ideation. Depending on the answers, the form will guide you to the next section that needs to be completed. In addition, it will have some comment boxes for you to describe the patient’s response.

Intensity of Ideation: if there is any ideation, you’re going to ask a few follow-up questions, only about the most severe thought they may have experienced.
Suicidal Behavior section: this section is designed to interpret whether a behavior is an actual suicide attempt. Notice that there are at least 4 questions that need to be answered in this section. The patient’s response will determine what other questions will open.

Actual, Potential Lethality section - It’s a zero through five, and what we answer this based on is, if there's any medical damage. Refer to the blue reference text at the bottom to help you understand how to answer the questions based on the patient’s response.
**ChRisk Factors:** Last section of the form.

- Once the Columbia Suicide Severity Rating Scale Lifetime/Recent Assessment form has been completed the task will come off the task list.
- If your site does not have a social worker than the nurse is responsible for completing this form.
- This job aid is intended to supplement the HealthStream videos that have detailed information and evidence-based examples on how to ask these questions to patients.