

Suicide Risk Assessment in Personal Care Homes Policy Implementation Audit Summary Form

Name of Personal Care Home:

Instructions for completion:

- A Suicide Risk Assessment PCH chart audit is conducted in the PCH every two (2) years, in odd years in the month of May.
- Audit 10% of the total PCH population or a minimum of five (5) residents, whichever is greater.
- Audit information from the Suicide Risk Assessment in PCH Audit Tool are to be compiled and entered into the chart below.
- Information from the Suicide Risk Assessment in Personal Care Homes Audit Summary Form are to be inputted into the MS Teams spreadsheet by *February 28*th.

		Total "Yes" for the site	Total "No" for the site	Total "N\A" for the site
1.	The Suicide Risk Screening Tool (CLI.6410.PL.021.FORM.01) is completed when a resident moves into the Personal Care Home.			
2.	The resident is screened for depression risk quarterly using either the Geriatric Depression Scale (CLI.6410.PL.021.FORM.03) (no to mild cognitive impairment) or SIG-E-CAPS (CLI.6410.PL.021.FORM.04) (moderate to severe cognitive impairment).			
3.	From the audited charts, what was the total number of residents identified as at risk for suicide?			
		Total "Yes" for the site	Total "No" for the site	Total "N\A" for the site
4.	If the resident is identified as at risk for suicide, at any time , the Risk Assessment for Suicide Tool (RAST) (CLI.6410.PL.021.FORM.02) is completed.			
5.	The resident is screened for depression risk quarterly using either the Geriatric Depression Scale (CLI.6410.PL.021.FORM.03) (no to mild cognitive impairment) or SIG-E-CAPS (CLI.6410.PL.021.FORM.04) (moderate to severe cognitive impairment).			
6.	The resident who is at risk for suicide has a goal of care on the Integrated Care Plan regarding depression, altered well-being, suicide risk or other appropriate goal.			
7.	The resident who is at risk for suicide has interventions (treatments and/or monitoring strategies) pertaining to the identified risk documented on the Integrated Care Plan.			
	TOTAL			

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CLI.6410.PL.021.FORM.06

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Recommendations for Improvement:					
Improvement Completion Date:					
Completed by:	Date:				