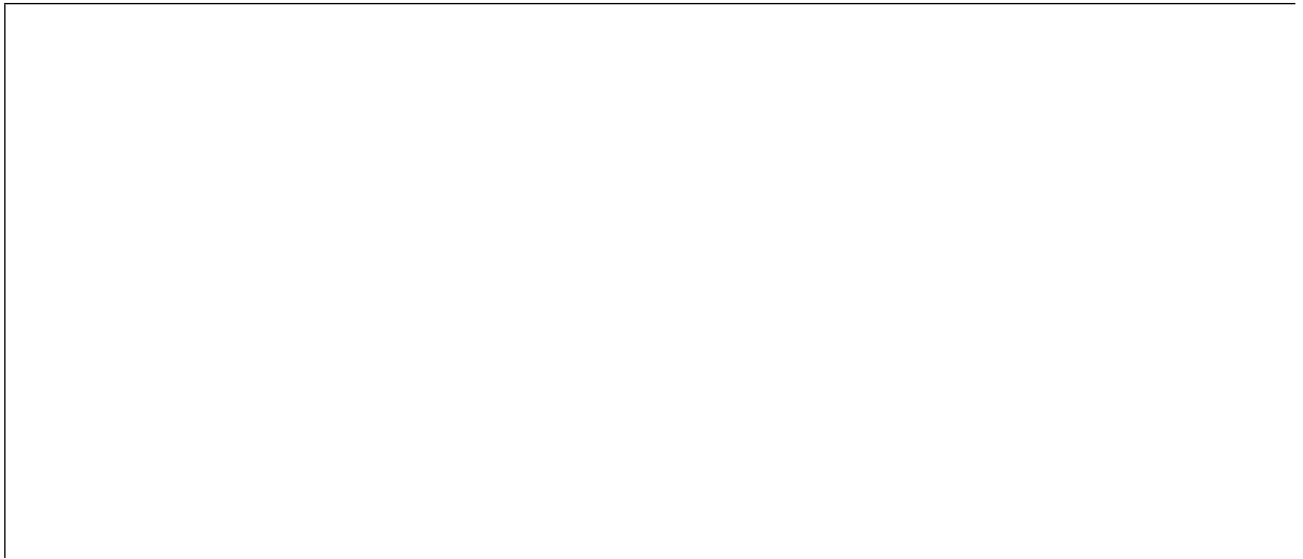


Incidence and Method of Suicide in Hospitals in the United States

Scot C. Williams, PsyD; Stephen R. Schmalz, PhD; Gerard M. Castro, PhD, MPH; David W. Baker, MD, MPH



This cross-sectional study

Table 1. Coding Variables Used to Identify Hospital Inpatient Suicide Events

National Violent Death Reporting System (NVDRS)
Restricted Access Database (RAD)

Sentinel Event (SE) Database

Health Care–Associated Suicides: The NVDRS file was restricted to suicides only. Only those suicides associated with the variable **InjuryLocationPlace** coded as 23 (health-related facility) were selected for the research data file.

Health Care–Associated

Table 4. Suicides Reported as Sentinel Events (SEs) from 2010 to 2016* for All States[†] and for National Violent Death Reporting System (NVDRS)–Reporting States[‡]

	All Suicide Deaths Reported to SE Database	All Hospital-Associated Suicides [§]	Hospital Inpatients			Suicides Occurring Within an Emergency Department [#]
			Hospital	Psychiatric	Total	
All States [†]						
2010	65	59	5	21	26	2
2011	125	107	7	34	41	4
2012	83	69	6	13	19	1
2013	90					

Table 5. Suicide Method During Hospital Inpatient Treatment for Cases Reported to the National Violent Death Reporting System (NVDRS)* and the Joint Commission Sentinel Event (SE) Database

NVDRS*	SE
2014–2015	

hospital has important implications for the allocation of resources to address suicide prevention within healthcare and the broader population. The Joint Commission established suicide prevention as a National Patient Safety goal in 2007 and has released the released

Joint Commission plans to enhance its