US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Management of Personally Owned Insulin Pumps for Patients at Risk for Suicide in Emergency Departments and Inpatient Units

National Review | 25-03462-12 | November 20, 2025

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Introduction

This brief report highlights a concern regarding the Veterans Health Administration's (VHA's) lack of national guidance regarding patients who use personally owned insulin pumps to manage their diabetes and present to emergency departments or inpatient units with suicidal ideation and are at risk for suicide.

Scope

The Office of Inspector General (OIG) conducted an inspection involving a patient with suicidal ideation who used a personally owned insulin pump to attempt suicide while admitted to an inpatient unit.[1] During an interview and through review of the electronic health record, the OIG learned that multiple clinical staff did not recognize the patient's personally owned insulin pump as a lethal means and did not remove the pump as a safety measure.[2] The OIG identified this as a concern and made one recommendation to the Under Secretary for Health.[3]

Background

Suicidal Ideation and Lethal Means

VHA refers to suicidal ideation as "thoughts of engaging in suicide-related behavior."[4] Suicidal behavior is "self-directed and deliberately results in injury or the potential for injury."[5] For patients who screen positive for suicide risk, VHA requires licensed independent practitioners assess patients for access to lethal means.[6] VHA defines lethal means as objects, including medications, that could be used for "suicidal … self-directed violence."[7] Additionally, although

[1] The OIG conducted a healthcare inspection at the Lexington VA Healthcare System in Kentucky. VA OIG, *Review of Quality of Care for Patients Seeking Acute Mental Health Care at the Lexington VA Healthcare System in Kentucky*, Report No. 25-00349-10, November 20, 2025. Of note, the patient's blood glucose (sugar) was in normal range shortly after administering the insulin.

[2] Insulin treatment can be managed in the healthcare setting without an insulin pump.

[3] The recommendation addressed to the Under Secretary for Health is directed to anyone in an acting status or performing the delegable duties of the position.

[4] VHA Directive 1160.07, *Suicide Prevention Program*, May 24, 2021.

[5] VHA Directive 1160.07.

[6] Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, "Eliminating Veteran Suicide: Suicide Risk Screening and Evaluation Requirements and Implementation Update (Risk ID Strategy)," memorandum to Veterans Integrated Service Network (VISN) Directors (10N1-23) et al., November 23, 2022; VHA Directive 1160.07; VHA Directive 1100.21(1) *Privileging*, March 2, 2023, amended April 26, 2023; "[A] licensed independent practitioner (LIP) is an individual permitted by law and the VA medical facility, through its Medical Staff Bylaws to provide patient care services independently, without supervision or direction."

[7] VHA Directive 1160.07.

not specific to insulin pumps, a VHA directive requires emergency department staff remove "all objects that could pose a risk of harm to self or others."[8] Further, the Joint Commission requires hospitals to implement procedures to mitigate the risk of suicide, including the removal of items that pose a risk for self-harm.[9]

Insulin Pump as a Lethal Means

Insulin is a hormone produced by the body to control blood glucose (sugar). Providers can prescribe synthetic insulin when the body is unable to produce the amount needed. Insulin can be administered as injections or via an insulin pump.[10] Insulin pumps are wearable medical devices, about the size of a deck of cards, that can fit into a pocket or clip on to clothing and supply patients with insulin underneath their skin. An insulin pump holds a cartridge of insulin that allows for up to two or three days of insulin administration.[11]

The administration of too much insulin can lead to hypoglycemia (low blood sugar).[12] Symptoms of hypoglycemia may include blurred vision, shaking, sweating, faster heart rate, confusion, and loss of consciousness.[13] "Insulin overdose may lead to severe and prolonged hypoglycemia, hypoglycemic coma, and death."[14] Patients with and without diabetes have attempted and completed suicide using insulin to overdose.[15]

[8] VHA Directive 1101.14(1), *Emergency Medicine*, March 20, 2023, amended March 7, 2025. The directives contain the same language regarding removal of "all objects that could pose a risk of harm to self or others." This statement refers to patients in an acute mental health emergency and their need to be placed in an environmentally safe room.

[9] The Joint Commission, *E-dition Standards and Elements of Performance,* NPSG [National Patient Safety Goal] 15.01.01, July 1, 2025.

[10] Cleveland Clinic, "Insulin." accessed March 14, 2025, https://my.clevelandclinic.org/health/body/22601-insulin.

[11] Cleveland Clinic, "Insulin pumps." accessed March 14, 2025, https://my.clevelandclinic.org/health/articles/insulin-pumps.

[12] Cleveland Clinic, "Insulin."

[13] Cleveland Clinic, "Hypoglycemia (Low Blood Sugar)" accessed May 1, 2025. https://my.clevelandclinic.org/health/diseases/11647-hypoglycemia-low-blood-sugar.

[14] A hypoglycemic coma is "a life-threatening complication that can result from…low blood sugar (hypoglycemia). A coma is a prolonged, deep state of unconsciousness." Cleveland Clinic, "Diabetes-Related Coma" accessed July 28, 2025. https://my.clevelandclinic.org/health/diseases/16628-diabetic-coma; Evanthia Gouveri, et al., "Intentional Insulin Overdose and Depression in Subjects with and Without Diabetes Mellitus: A Commentary," *Diabetes Therapy*, Vol. 15,9 (July 24, 2024): 1845-1854, doi:10.1007/s13300-024-01623-5.

[15] Gouveri, et al., "Intentional Insulin Overdose and Depression in Subjects with and Without Diabetes Mellitus: A Commentary."

Findings

Lack of National VHA Guidance

VHA does not have national guidance regarding patients with suicidal ideation and at risk for suicide who use personally owned insulin pumps. The Institute for Safe Medication Practices reports suicidal ideation as a contraindication "to self-management of the pump during hospitalization."[16]

The OIG sought input from leaders of VHA National Emergency Medicine Office, VA Office of Specialty Care, National Endocrinology and Diabetes Program, Office of Nursing Service, Office of Suicide Prevention, and Pharmacy Benefits Management Services regarding patients using personally owned insulin pumps who present with suicidal ideation in VHA emergency departments and inpatient units. The responses confirmed there are no VHA policies or guidance specific to patients with personally owned insulin pumps and suicidal ideation.

A staff member from the Office of Nursing Service referred to VHA Directive 1101.14, *Emergency Medicine,* and the requirement for staff to remove objects that could pose a risk of harm to self or others.[17] The VA Office of Specialty Care, Endocrinology and Diabetes Program's Acting Co-National Executive Program Directors stated a standard of care is to transition patients who are not capable of operating an insulin pump safely to insulin injection therapy and referenced the Diabetes Technology Society recommendation that patients with suicidal ideation should not self-manage their insulin pump while in the hospital.[18]

The OIG determined the absence of national guidance may have contributed to multiple clinical staff from various disciplines and specialties completing assessments for the patient with suicidal ideation without identifying a personally owned insulin pump as a lethal means. Emergency department and mental health staff members acknowledged having overlooked the insulin pump as a lethal means.

Conclusion

The OIG concluded that VHA facilities would benefit from national guidance regarding staff recognition of insulin pumps as a lethal means and the management of personally owned insulin

[16] Institute for Safe Medication Practices, "Guidelines for the use of insulin pumps during hospitalization," part 2 in *Managing hospitalized patients with ambulatory pumps,* https://www.ismp.org/sites/default/files/attachments/2018-03/20161020.pdf.

[17] VHA Directive 1101.14 (1).

[18] The VA Office of Specialty Care, Endocrinology and Diabetes Program provided this response, and the OIG verified the Diabetes Technology Society article referenced in the statement. Bithika Thompson et al., "Consensus Statement on Use of Continuous Subcutaneous Insulin Infusion Therapy in the Hospital," *Journal of Diabetes Science and Technology*, Vol. 12, Issue 4 (2018) 880-889, https://doi.org/10.1177/1932296818769933.

pumps for patients with suicidal ideation and at risk for suicide receiving care in emergency departments and inpatient units. Guidance could decrease the risk of patient harm, improve quality of care, and prevent patients from attempting suicide using a personally owned insulin pump in these settings.

Recommendation

1. The Under Secretary for Health considers specific VHA guidance related to the recognition of personally owned insulin pumps as a lethal means for patients with suicidal ideation and at risk for suicide in emergency departments and inpatient units to mitigate risk and improve patient safety.[19]

VA Comment and OIG Response

The Under Secretary for Health concurred in principle with the OIG recommendation noting VHA has existing guidance within VHA Directive 1101.14, *Emergency Medicine*. VHA will convene stakeholders from the Office of Suicide Prevention, the Office of Mental Health, National Emergency Medicine Office, Specialty Care Program Office, and National Center for Patient Safety to determine what specific national guidance related to the management of personally owned insulin pumps in patients experiencing suicidal ideation or at high risk of suicide in emergency department and acute inpatient care units may be necessary, including processes to distribute any such guidance. The full text of the Under Secretary for Health's response is included in Appendix A.

The Under Secretary for Health provided an acceptable action plan. The OIG will follow up on the planned action until it is completed.

JULIE KROVIAK, MD
Principal Deputy Assistant Inspector General,
in the role of Acting Assistant Inspector General,
for Healthcare Inspections

[19] The recommendation addressed to the Under Secretary for Health is directed to anyone in an acting status or performing the delegable duties of the position.

Appendix A: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: September 25, 2025

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, Management of Personally Owned Insulin Pumps for Patients at Risk for Suicide in Emergency Departments and Inpatient Units

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG's draft report on Management of Personally Owned Insulin Pumps for Patients at Risk for Suicide in Emergency Departments and Inpatient Units. The Veterans Health Administration (VHA) concurs in principle with the recommendation made to the Under Secretary for Health and provides an action plan in the attachment.

2. VHA greatly values the OIG's assistance in recognizing an opportunity to enhance our national policy guidance. Your collaboration is instrumental in helping us achieve our commitment to excellence in health care services for Veterans.

3. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at vacovha10oicoig@va.gov.

(Original signed by:)

Steven L. Lieberman, M.D., MBA, FACHE

[OIG comment: The OIG received the above memorandum from VHA on September 25, 2025.]

Office of the Under Secretary for Health Response

VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan

OIG Draft Report –Management of Personally Owned Insulin Pumps for Patients at Risk for Suicide in Emergency Departments and Inpatient Units (OIG Project Number 2025-03462-HI-1562)

Recommendation 1: The OIG recommends the Under Secretary for Health consider specific VHA guidance related to the recognition of personally owned insulin pumps as a lethal means for patients at elevated risk for suicide in emergency departments and inpatient units to mitigate risk and improve patient safety.

VHA Comments: Concur in Principle. There is already existing guidance in VHA Directive 1101.14, Emergency Medicine, that staff shall "remove all objects that could pose a risk for harm to self or others, provided they can be easily removed without adversely affecting the ability to deliver medical care." As there can be numerous patient-controlled medical devices necessary for appropriate medical care, now and in the future, it is not practical nor reasonable for VHA to issue device-specific guidance in each instance. Rather, such decisions must take into consideration individual patient- and context-specific parameters when following the existing national policy guidance that all objects that could pose a risk of harm to self or others will be removed, provided that doing so would not adversely impact the ability to deliver medical care.

VHA will convene stakeholders from the Office of Suicide Prevention, the Office of Mental Health, National Emergency Medicine Office, Specialty Care Program Office, and National Center for Patient Safety to determine what specific national guidance related to the management of personally owned insulin pumps in patients experiencing suicidal ideation or at high risk of suicide in emergency department and acute inpatient care units may be necessary, including processes to distribute any such guidance.

Status: In Progress **Target Completion Date: March 2026**

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