

Suicide Prevention in Emergency Departments – Statewide Quality Improvement Initiative Year 2

Welcome!

Please put your name, position title,
and organization in the chat box

Thank you to our funders

The Four Pines Fund, The Vermont Department of Health – CDC Suicide Prevention Grant, The Vermont Department of Health – State Office of Rural Health, The Vermont Community Foundation

Agenda

9:00 a.m.– 9:05 a.m.: Welcome & Agenda Scan

9:05 a.m. – 9:20 a.m.: Status of Year 2 Project: Suicide Prevention in Emergency Departments Quality Improvement Initiative

Hillary Wolfley, Associate Director, Vermont Program for Quality in Health Care, Inc. (VPQHC)

Patrice Knapp, Strategic Quality Improvement Consultant, Vermont Program for Quality in Health Care, Inc. (VPQHC)

9:20 a.m. – 10:00 a.m.: *HOSPITAL SPOTLIGHT* Brattleboro Memorial Hospital - Suicide Care Pathway Current State Development – overview, challenges, next steps

Michelle Wright, RN, BSN, MAS, Quality Project Manager, Infection Prevention Manager, Brattleboro Memorial Hospital

Dr. Edwin Boudreaux, Executive Vice Chair for Research, Dept. of Emergency Medicine University of Massachusetts Chan Medical School & Professor, Depts. of Emergency Medicine, Population & Quantitative Health Sciences, and Psychiatry PhD [Click here to access Dr. Boudreaux's bio](#)

10:00 a.m. – 10:30 a.m.: Next Steps, Questions & Discussion

Housekeeping

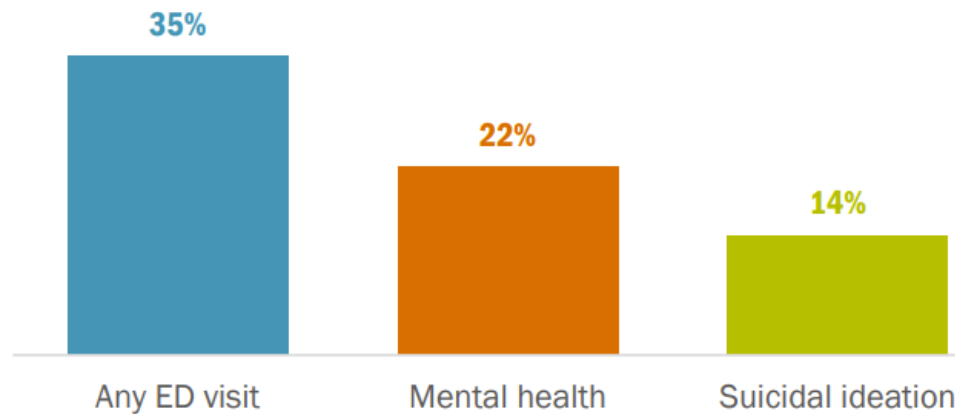
- **Please stay on mute if not speaking**
- **Questions:** chat box, or raise hand/unmute yourself
- **This meeting is being recorded**
- **Recording and resources will be posted on the VPQHC website: <https://www.vpqhc.org/edsp>**

Suicide Data-Linkage Project

Emergency Department Visit

The next most common healthcare encounter was with the Emergency Department (ED), where 35% of those who died had an ED visit within a year of death. Nearly a quarter of people who died had an ED visit related to mental health or suicide (24%). Twenty-two percent had two or more ED visits within a year. Within a month of death, 11% of people visited an ED and 8% visited an ED with mental health, suicidal ideation or intentional self-harm.^{4,5}

Some people who died by suicide had an ED visit related to mental health or suicide within a year of death.



Recommendations

The following recommendations were developed based on the data in this report:

1. Establish and enhance linkages to care.

- **Increase Zero Suicide framework implementation in healthcare settings including:** primary care, emergency departments, inpatient programs, emergency medical services, mental health services, substance use services, pharmacies, geriatric specialists and telehealth/telemental health providers. The [Zero Suicide Framework](#) is a practical framework for system-wide transformation to [safer suicide care](#) and works to ensure providers have access to and the capacity to implement evidence-based protocols for suicide risk screening, assessments, safety planning, and postvention. There is also a strong focus on follow-up and transitions of care for individuals identified as at-risk for suicide.

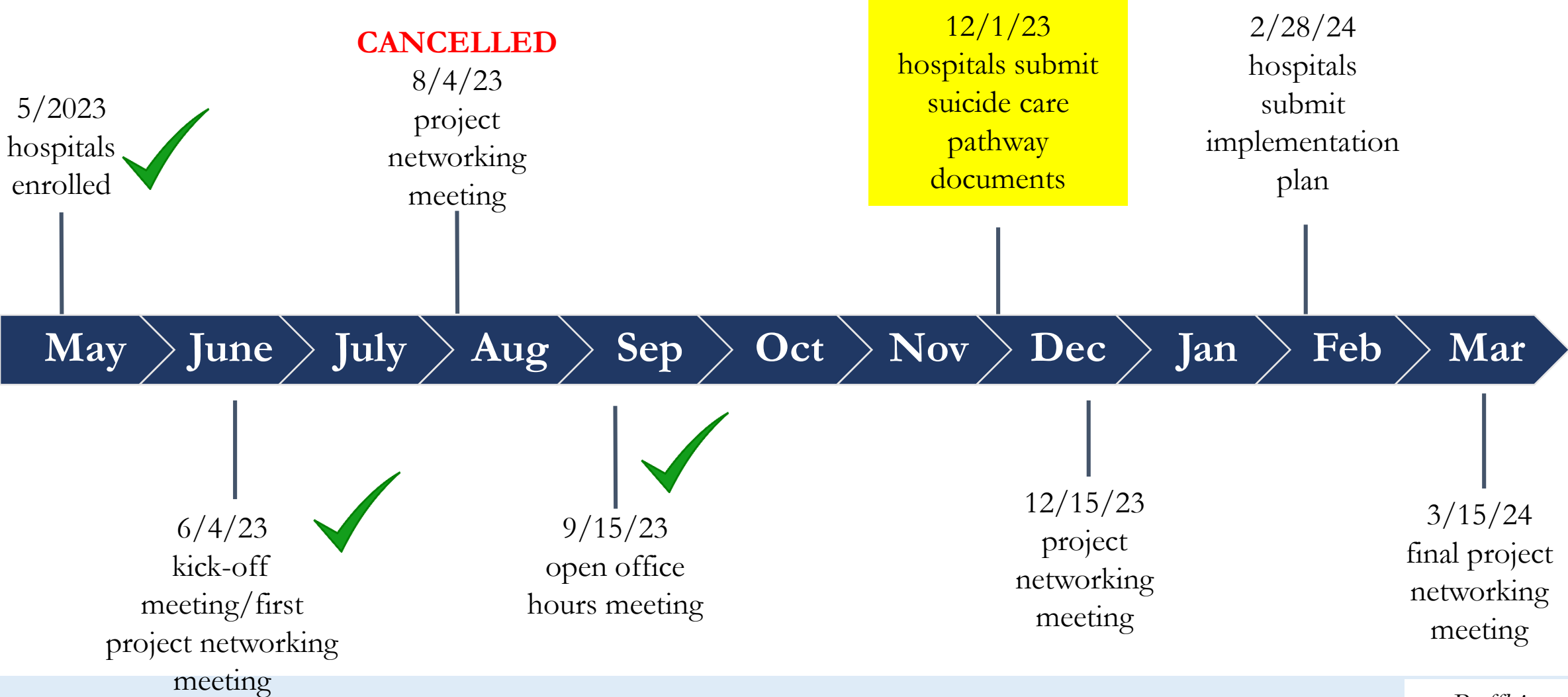
Suicide Surveillance Dashboard

Suicide Surveillance Dashboard

Summary of 2023 Suicide-Related Emergency Department Visits and Deaths

- As of the end of September, the rate of suicide-related ED visits are statistically higher than the previous 3-year average.
- So far this year, Rutland and Windham County residents have experienced statistically higher rates of suicide-related ED visits than the rest of the state.

Project Timeline



CALM training
Mock survey

Raffle!
Minigrants!

Date	Activity	Notes
Throughout project	Counseling on Access to Lethal Means (CALM) training *voluntary*	Highly encouraged for all ED staff to be trained in CALM ; voluntary; raffle at end of year
Throughout project	Mock survey *voluntary*	Suicide prevention in the ED mock survey as well as mock survey in another unit of choice Notify VPQHC ASAP about interest!
9/15/2023	Open office hours with Dr. Boudreaux *voluntary*	9:30 am – 10:30 am https://us06web.zoom.us/j/84440224409?pwd=UUhWcVVaWkhYMEdPa1lhbGREOXVHQQT09
10/27/2023	Project networking meeting *required*	9:00 am – 10:30 am https://us06web.zoom.us/j/85325328791?pwd=Vk1VTHBjVG9YcWlONlo4TElIOXhEQT09
12/1/2023	Submit suicide care pathway mapping documents to VPQHC *required*	Step 1: Map current state of suicide care pathway in the ED Step 2: Identify gaps using the Essential Elements of a Suicide Care Pathway Guide Step 3: Map future, ideal, state of suicide care pathway in the ED aligning with recommended best practice outlined in the Essential Elements Guide Guidance, resources, templates, and recorded trainings can be found here <ul style="list-style-type: none"> • Suicide care pathway workflow template • Essential Elements of a Suicide Care Pathway Guide
12/15/2023	Project networking meeting *required*	9:00 am – 10:30 am https://us06web.zoom.us/j/89833843190?pwd=WGFZV1V5bUZ3OVhaOExHUXNzTWpiQT09
2/28/24	Submit updated (future, ideal) suicide care pathway implementation plan *required*	Can submit one month in advance for prior review; use VPQ-provided template or other
3/15/2024	Project networking meeting *required*	9:00 am – 10:30 am https://us06web.zoom.us/j/89009766721?pwd=c0dmeDNSWlFSdHlCdExmaFpUdXV5QT09

Mock Survey & Regulatory Standards Technical Assistance Opportunity Overview

- **Onsite mock survey opportunity**
 - Suicide prevention-focused mock survey in the ED
 - Mock survey of another department of choice
- **Availability for regulatory standards questions**

Mock survey details: ED suicide prevention focus

- **Environmental Risks for Suicide Assessment Checklist (ED)**
 - Review Year 1 findings and improvements if previously conducted or;
 - Assess environmental risks in the ED if not previously assessed in year 1
- **Essential Element Audit tool and chart review to evaluate:**
 - use of a valid screening tool
 - use of an evidence based suicide risk assessment for those who screen positive
 - level of risk and mitigation strategies
 - policies and tools related to care of the patient at risk for suicide
 - policies for counseling and follow up care
 - staff competency, training and “second victims” support
 - Improvement activities

Mock survey details cont.: other department of choice

- CMS/TJC standards
- Surveyed using a standard survey tool based on most common citations

Mock survey: hospitals currently enrolled

- **Brattleboro Memorial Hospital:** completed 8/1/2023
- **Southwestern VT Medical Center:** considering 11/14/2023
- **Grace Cottage Hospital:** booked for 11/29/2023
- **Gifford Medical Center:** booked for 12/21/2023

Hospital Spotlight
Brattleboro Memorial Hospital

**Mapping Current State of Suicide Care
Pathway**

Hospital Profile



Mission: Brattleboro Memorial Hospital will provide community-based, quality health services delivered with compassion and respect.

Number of Beds: 61

ED visits/month: ~1000

Culture of Safety scores: 51.9-65.4%

VPQHC

Vermont Program for Quality in Health Care, Inc.

Process

1. Identify Stakeholders
2. Discuss why
3. Outline current state workflow (process map)
4. Participate in Mock Survey of ED and Med-Surg unit
5. Identify gaps
6. Determine workgroups for closing gaps

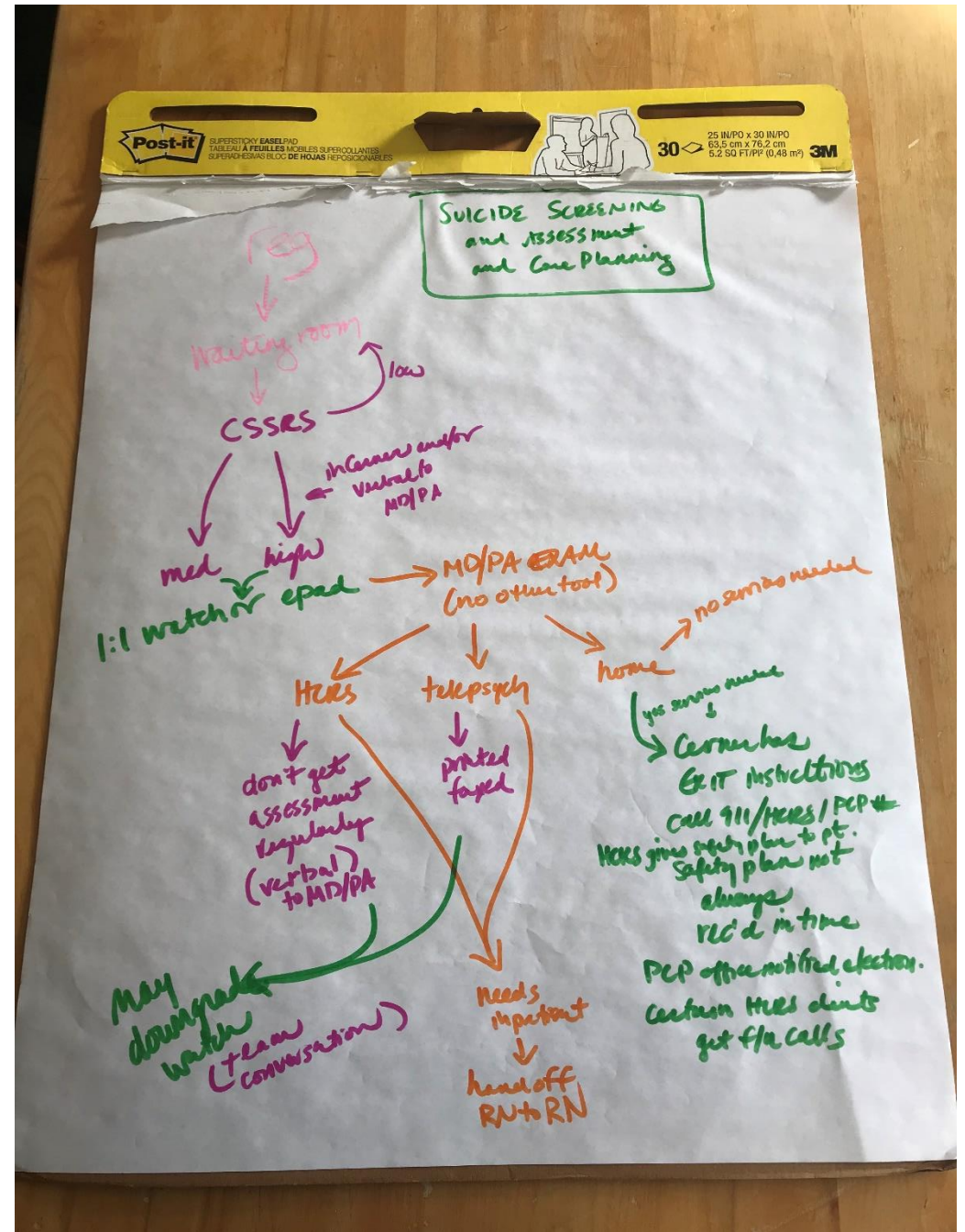
Identify Stakeholders

1. Verbal communication with potential stakeholders to discuss project, provide information and gauge interest/barriers
2. ED Medical Director,
ED Medical Quality/Safety Officer,
ED RN Director,
ED RN Manager,
IS specialist,
Director of Quality and Patient Safety,
Quality Project Manager (me).

Two meetings to map out current workflow

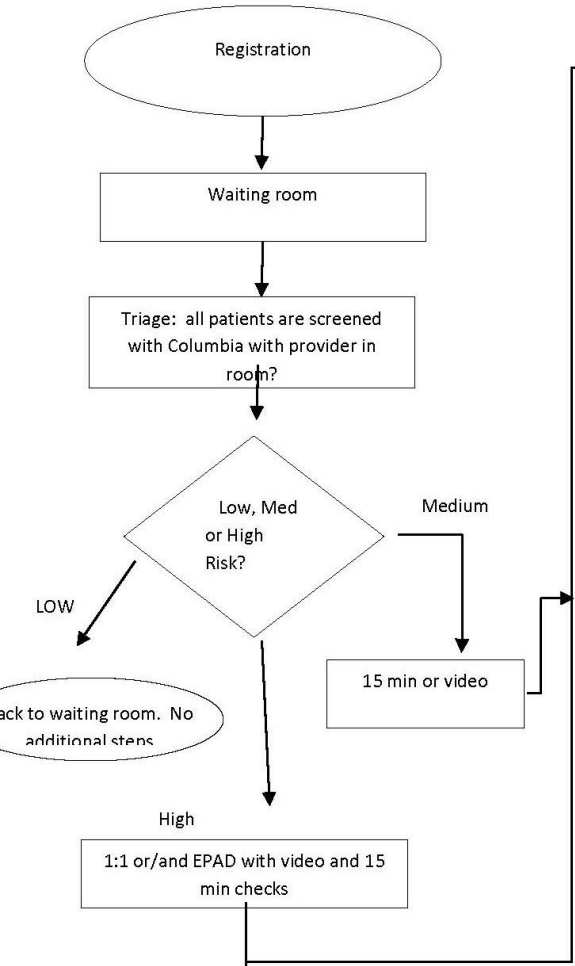


Always review the “why?”

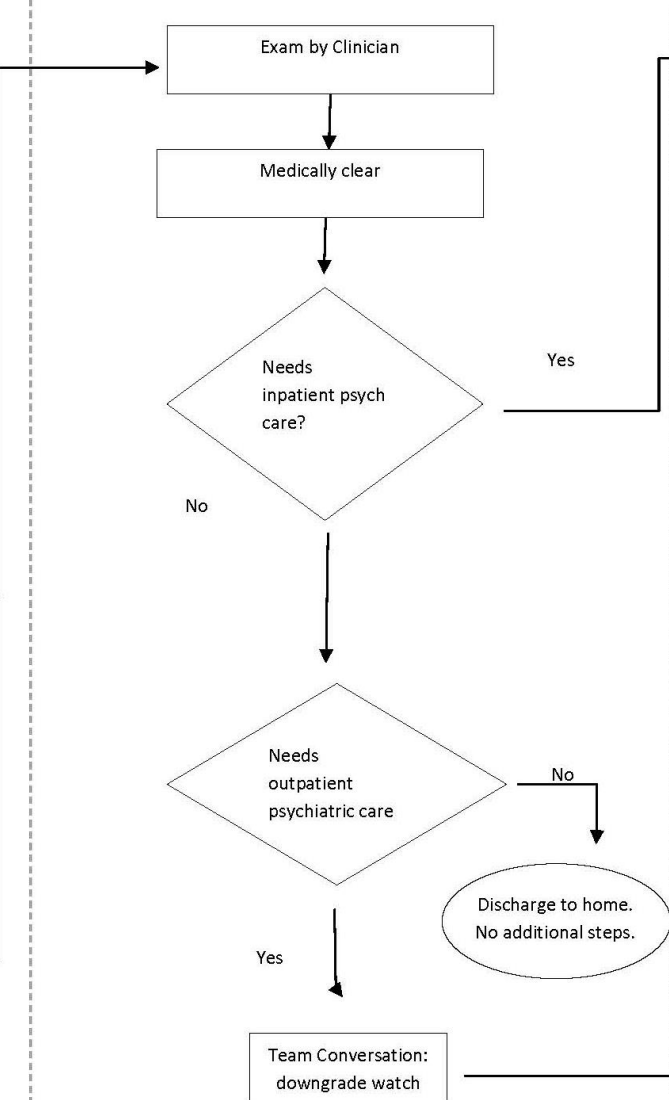


Suicide Screening, Assessment, Intervention Workflow

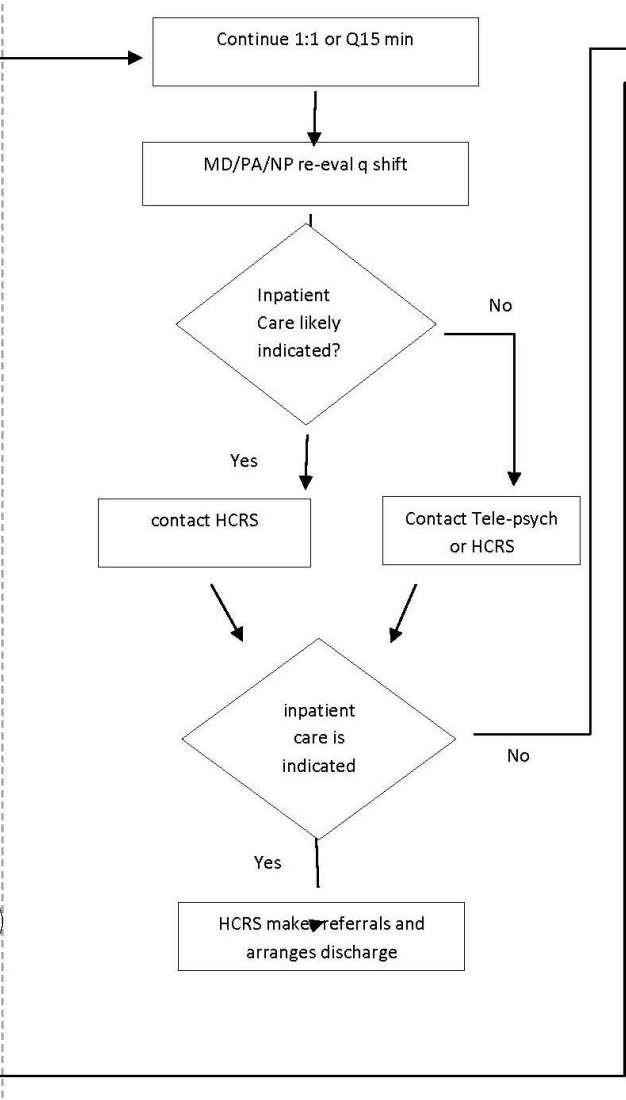
Screening (Mitigation)



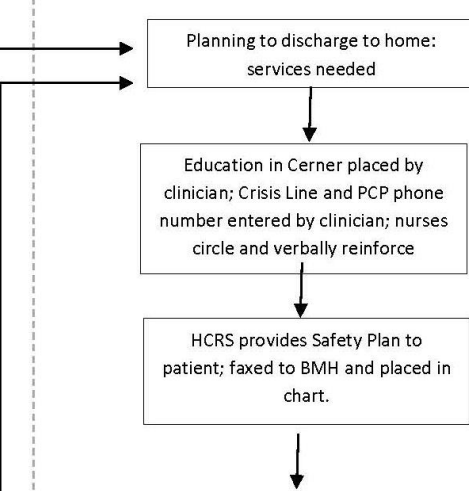
Assessment



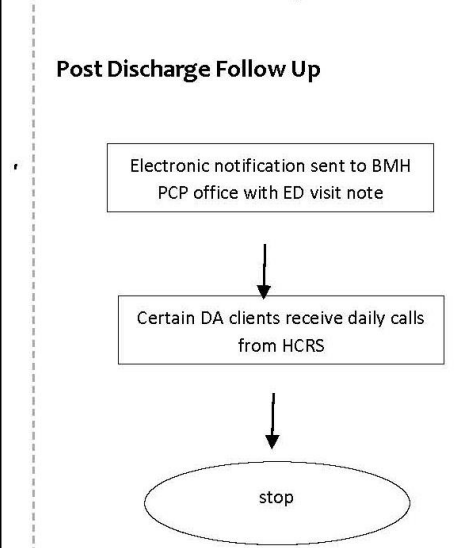
Interventions



Care Transitions



Post Discharge Follow Up



Mock Survey—August 1st, 2023

1. Room and Unit layout
2. Policy review
3. Chart Audits

CSSRS in Cerner

*Performed on: 10/23/2023 11:55 EDT By: Kennedy, Emily M RN

CSSRS ED Version

Columbia Suicide Severity Rating Scale - ED Version

<p>1. Have you wished you were dead or wished you could go to sleep and not wake up?</p> <p><input type="radio"/> Past month, yes <input type="radio"/> Past month, no</p>	<p>2. Have you actually had thoughts about killing yourself? (ref)</p> <p><input type="radio"/> Past month, yes <input type="radio"/> Past month, no</p>	<p>3. Have you been thinking about how you might kill yourself? (ref)</p> <p><input type="radio"/> Past month, yes <input type="radio"/> Past month, no</p>	<p>Low Risk Moderate Risk High Risk</p>
<p>4. Have you had these thoughts and had some intention of acting on them? (ref)</p> <p><input type="radio"/> Past month, yes <input type="radio"/> Past month, no</p>	<p>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? (ref)</p> <p><input type="radio"/> Past month, yes <input type="radio"/> Past month, no</p>	<p>6a. Have you ever done anything, started to do anything, or prepared to do anything to end your life? (ref)</p> <p><input type="radio"/> Lifetime, yes <input type="radio"/> Lifetime, no</p>	

If YES to 2, ask questions 3, 4, 5, and 6a.
If NO to 2, go directly to question 6a.

If YES, complete the last question

6b. If YES, was this within the past three months?

Past 3 months, yes
 Past 3 months, no

Level of Suicide Risk

High risk
 Moderate risk
 Low risk

Response Protocol to C-SSRS Screening (Linked to last item marked "YES")

- Item 1 Behavioral Health Referral at Discharge
- Item 2 Behavioral Health Referral at Discharge
- Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
- Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
- Item 6a Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 6b 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

In Progress

Identify gaps we can address

SUICIDE PREVENTION GRANT YEAR 2		
survey 8/1/23	comments	actions to take
Screening/Assess/ Mitigate		
Review how we measure the results with an emphasis for a short-term feedback	What are your goals for the completion rate of the assessment and the achievement of level of risk. Consider existing data for what the goal is and how you will measure the goal. Review the data for the completion rate of the assessment.	review staff to ensure the assessment is completed
Development of level of risk and identification of risk	Work with Suzanne to implement an assessment tool that is user-friendly for the staff. Develop a process for the completion of the assessment tool and the identification of risk. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Identify what is missing	4. The State of Vermont's Risk for Suicide, Self-Harm or Abuse of Violence policy is completed for all patients in the presence of assessment. Identification and assessment of risk for suicide, self-harm or abuse of violence is completed for all patients in the presence of assessment. Identification and assessment of risk for suicide, self-harm or abuse of violence is completed for all patients in the presence of assessment. Identification and assessment of risk for suicide, self-harm or abuse of violence is completed for all patients in the presence of assessment.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Discharge and Care Transitions		
When Follow-up for level of risk	Review the assessment tool to ensure it is user-friendly for the staff. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Review and provide for the patient's follow-up care	Consider how we measure the results with an emphasis for a short-term feedback. Review the data for the completion rate of the assessment and the achievement of level of risk. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Case manager/Referral services	Review the assessment tool to ensure it is user-friendly for the staff. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Follow-up care	Review the assessment tool to ensure it is user-friendly for the staff. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Staff assessment	Review the assessment tool to ensure it is user-friendly for the staff. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
Staff assessment to be evaluated	Review the assessment tool to ensure it is user-friendly for the staff. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.
evaluate	Review the assessment tool to ensure it is user-friendly for the staff. Consider existing data for what the goal is and how you will measure the goal.	Review existing data for the completion rate of the assessment tool and the identification of risk.



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Determine Workgroups for Closing Gaps

	ScreeningAssessment/Mitigation		Care Transitions			
2	Cerner	Cerner solution to autofill		Cerner: add 988		
3	CM			?? Reinstatement monthly CM/ED meetings with SI patients as standing agenda item?	determine which follow up appointments will be standard. Who will schedule?	Standardize post discharge follow up contact
4	HCRS	work with HCRS for complete assessments		work with HCRS on comprehensive safety plan		
5	workflow	screening/brief assessment in workflow	update Suicide Care Pathway with these elements	further update current state to include uncommon situations	Pathway with discharge plan expectations	develop future state pathway
5	Policy	update policy on timeline and frequency of assessments		update policy with these elements		
7	staff education	educate staff on manually choosing risk level		develop hand-off language for risk level and behaviors to note	consider Observer training including what to report	MW added: Educate staff on new PATHWAY
3	Quality/Patient Safety	develop reporting plan of improvement efforts to leadership				

Barriers and Next Steps

- Competing projects/priorities
escalate when needed
- Turnover
keep notes
- Designated Agency
nurture relationships

Next Steps: meeting to approve policies and assign workgroups November 10th

Questions?

**Reminder 12/1
deadline**

***Please take post-
meeting survey!***