

UVM Health Network Suicide Prevention Pathway

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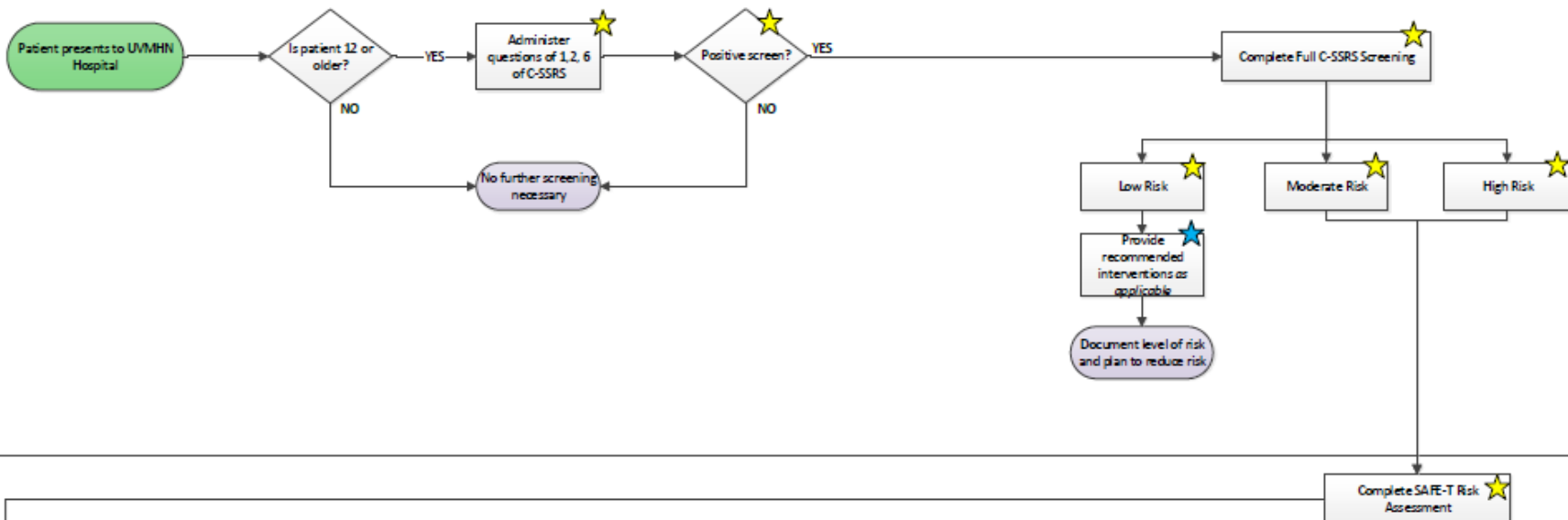


High Level Overview: Process

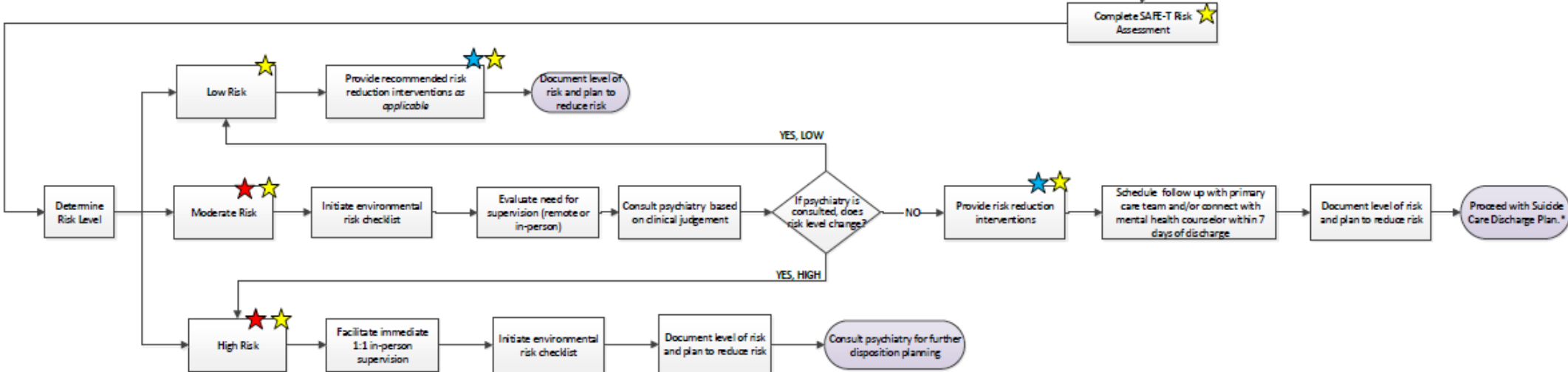
- Aim
- Scope
- Leadership support
- Charter
- Workgroup
- Stakeholder Feedback



MA/Nursing



Physician/Advanced Practice Provider/Mental Health Clinician/Social Worker



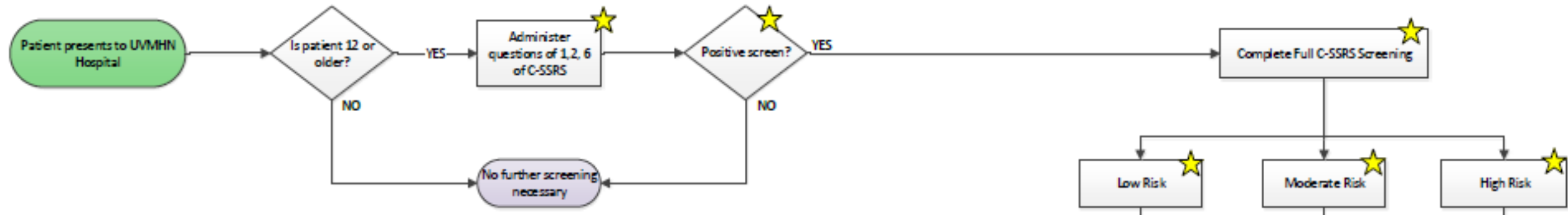
LEGEND

- Automated and/or supported via Epic
- Recommended Risk Reduction Interventions:
 - Complete and provide Safety Plan (i.e. Stanley Brown)
 - * Provide lethal means education
 - * Provide local crisis info
 - Schedule follow up to address suicide risk with primary care team and/or mental health services
- Patients assessed as moderate or high risk to be reassessed at shift change per policy (single question).

*TBD Suicide Care Discharge Plan (i.e. Caring Contacts Epic flag)

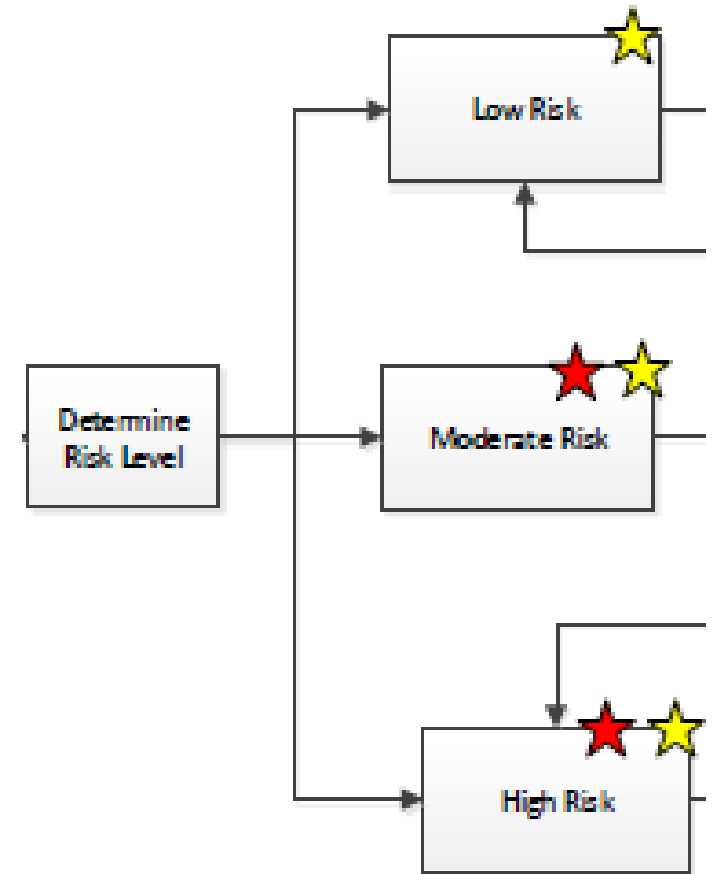
Elements of Performance: Screening

- Columbia Suicide Severity Rating Scale (CSSRS)
 - 6 questions
 - Validated for age 6 and up (JC requires 12 and up)
 - Stratifies to low, moderate, high risk



Elements of Performance: Assessment

- Further evaluation of suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors
- In order to stratify based on risk (low, moderate, high)
- In order to identify appropriate risk reduction interventions
- SAFE-T Pocket Card and Checklist



Elements of Performance: Low Risk Interventions

- Safety Planning: Stanley Brown template
 - Crisis contacts
 - Lethal means assessment
 - Mental health supports/appointments
 - Coping strategies
 - Warning signs
 - Reasons to live
- Apps: Safety Plan, Virtual Hopebox
- Living Document, not One-and-Done



Stanley Brown Safety Plan

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

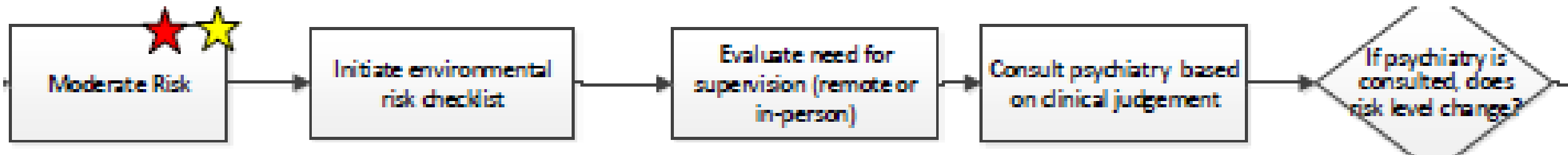
1. _____
2. _____

Safety Plan Template ©2006 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express permission. Completing and submitting the form on this web page http://www.suicide-safetyplan.com/Page_6.html constitutes permission to use the template.

The one thing that is most important to me and worth living for is:

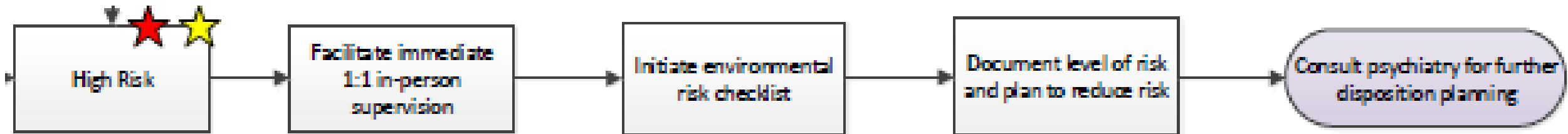
Elements of Performance: Moderate Risk Interventions: All of the above plus...

- Environmental Risk
 - Self-harm risks: ligature points, dangerous objects (e.g., sharps, clothes, personal belongings)
 - Checklist
- Monitoring
 - Tele-monitoring
 - 1:1 at-the-elbow
 - Training & policy



Elements of Performance: High Risk Interventions: All of the above plus...

- 1:1 at-the-elbow
- Mental health consultation (e.g., psychiatry) for consideration of intensive psychiatric care



Elements of Performance: Transitions— Discharge/Outpatient Interventions

- Risk Flag in EMR
 - Criteria for adding and removing
 - Communication with PCP
- Caring Contacts protocol for transitions
- Missed appointments protocol, emergency contacts plan



Thank you!



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