

VERMONT SUICIDE PREVENTION IN EMERGENCY DEPARTMENTS QUALITY IMPROVEMENT INITIATIVE

VERMONT HAS THE HIGHEST RATE OF SUICIDE DEATH IN NEW ENGLAND, AND SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR VERMONTERS UNDER THE AGE OF 44¹

VERMONT SUICIDE PREVENTION CENTER



According to national data, 44% of individuals who go on to die by suicide have visited the emergency department (ED) within the previous year, making the ED a unique setting for preventing deaths by suicide.² With funding support from public and private partners, in March 2022, VPQHC began an initiative with all 14 Vermont acute care hospitals to work towards improving the quality of care for individuals presenting to EDs with suicidal ideation. In order to participate in this statewide initiative, hospitals had to commit to meeting the participation requirements of the project, which are outlined in Table 1. Over the project period, all hospitals received: an organizational assessment tool to identify the current state of their suicide prevention practices in relation to leading and evidence-based best practices (100% of hospitals completed this assessment), tailored comparative

data reports, coaching and consultation from national subject matter experts and the VPQHC team, and access to quarterly networking meetings. Networking meetings were facilitated by VPQHC and national subject matter experts, and during each meeting, hospitals volunteered to present on the progress made on their quality improvement projects, as well as on any barriers encountered, and successes. Meetings provided the opportunity for hospitals to learn from one another, and validate or refine their projects, and provided space for continued learning about evidence-based suicide prevention practices in the ED setting. The meetings also provided the platform for the sharing of policies, procedures, and tools across sites. Satisfaction surveys were sent out after each networking meeting and 100% of attendees indicated they were satisfied or very satisfied with the meetings.

TABLE 1: HOSPITAL PARTICIPATION REQUIREMENTS FOR THE SUICIDE PREVENTION IN THE ED QUALITY IMPROVEMENT INITIATIVE:

- Submitted a letter of intent to participate
- Establish a suicide prevention in the ED implementation team
- Complete a suicide prevention in the ED organizational assessment
- Train core ED staff on Counseling on Access to Lethal Means
- Identify a suicide prevention quality improvement project in the ED, metrics to impact, and report out on progress in a “Plan, Do, Study, Act” format
- Participate in quarterly networking meetings

1. Vermont Suicide Prevention Center & Vermont Department of Health. Suicide Is Preventable: Zero Suicide in Vermont.

2. Belinda Sims, Eric Murphy, Jane Pearson, Stephen O'Connor, PhD, NIMH Priorities in Suicide Prevention Research, Suicide Prevention Research Symposium [PowerPoint slides] 2022.

For the workforce development component of initiative, hospitals committed to training their core ED staff on Counseling on Access to Lethal Means (CALM). CALM is a training focused on how to reduce access to the methods people could use in a suicide; reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies.³ Nearly 300 hospital staff across 14 hospitals have completed the CALM training. Feedback on the training was overwhelmingly positive. In some cases, the training was immediately applicable:

“A staff member [at our hospital] who had completed CALM training was very quickly able to intervene and assess for access to lethal means. This allowed the care team the ability to ensure these items were secured for safety and education was provided to the patient and family. The staff member indicates that prior to completing CALM training they would not have been comfortable or thought to conduct this assessment.”

As a benefit of participating in the initiative, hospitals were eligible for an onsite suicide prevention focused mock survey, guided by The Joint Commission standards, and carried out by nurses at VPQHC. Over the project period, 86% (12/14) of hospitals engaged in this opportunity. After each mock survey, VPQHC produced a written report which included its findings, a copy of the audit tool, as well as recommendations for improvement.

“As participants in the suicide prevention grant, [our hospital] most recently welcomed VPQHC staff onsite for an in depth survey of our physical spaces as well as our policies and procedures. This visit identified opportunities that were immediately addressed and provided recommendations to enhance the safety of this vulnerable patient population.”

- Travis Kumph, Director of Quality, Patient Safety, MBA, CPHQ, CHC,
Brattleboro Memorial Hospital

Hospitals received a \$12,500 minigrant for their participation in the project, and also had access to a \$1,500 educational stipend throughout the project period, which could be used to support any activity that advanced suicide prevention work in their EDs.

VPQHC has partnered with a consultant to carry out an independent evaluation of this project, which will be available in early 2023. The evaluation will contain additional data on the impact and outcomes of the work. Looking to the future, in order for continued and sustainable change to take place, allocating funding and resources to support hospitals with this work is essential. VPQHC is currently in discussions with funders to extend this project into a second year, and we are eager to continue partnering with Vermont hospitals on this important initiative.

FUNDERS

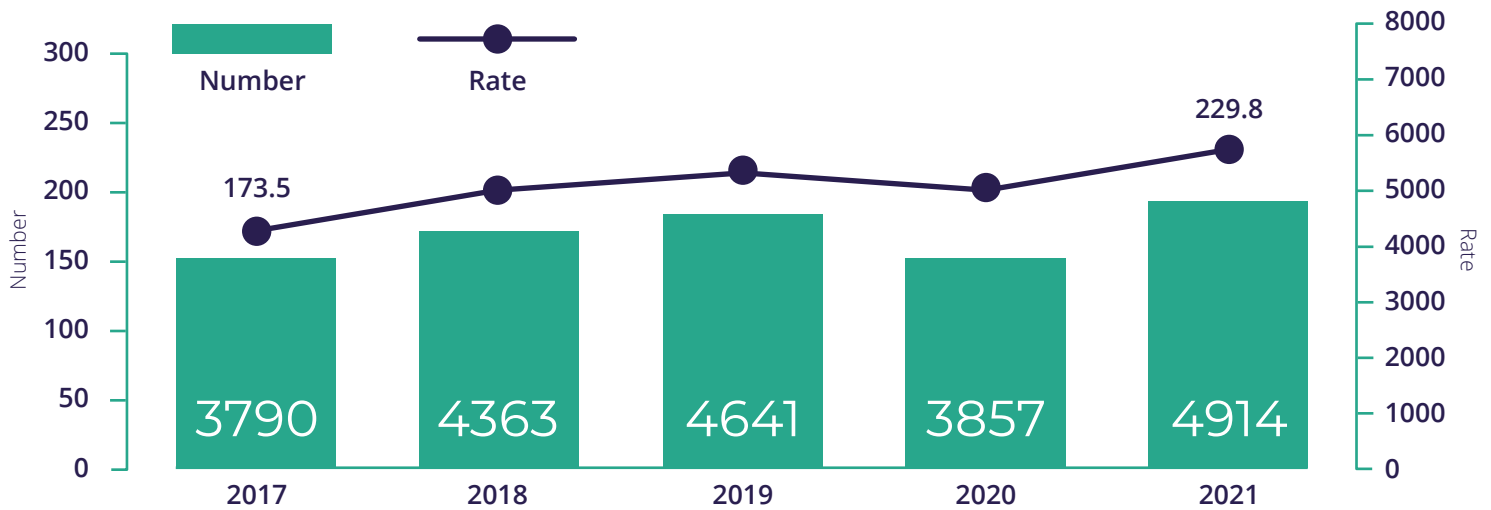
Vermont Department of Health - State Office of Rural Health, Vermont Department of Health
- CDC Suicide Prevention Grant, VT COVID-19 Response Fund of The Vermont Community
Foundation, The Four Pines Fund of The Vermont Community Foundation

3. Suicide Prevention Resource Center. CALM: Counseling on Access to Lethal Means. n.d. November 2022.

SUICIDE-RELATED
EMERGENCY
DEPARTMENT
VISITS ARE
INCREASING 

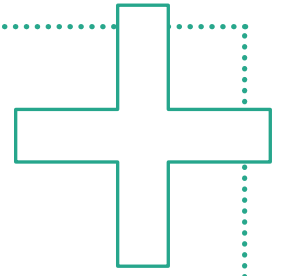
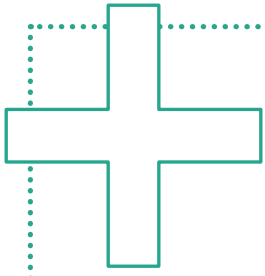
// SUICIDAL IDEATION AND/OR
SELF-DIRECTED ED VISITS
Rate per 10,000 ED Visits

Data Source: Vermont Department of Health (July 2022).
Suicide Morbidity and Mortality in Vermont
[Slideshow]. Burlington, Vermont.



“Emergency Departments are well-known to be hotspots for individuals with suicide risk. Yet, many EDs simply don’t do a very good job screening, assessing, and treating that risk. This can have dire consequences, with missed opportunities leading to avoidable morbidity and mortality. This affects not only the suicidal individual but the people who love them and the communities they live in. It is literally a matter of life and death, which is why it is so important for EDs to work toward improving the quality of suicide-related care provided to patients. The EDs participating in Vermont through the VPQHC project have taken up the banner! They have committed time, resources, and effort to implement improvements that have been demonstrated to make a difference, like lethal means safety counseling. Changing how healthcare systems work is really challenging, yet each ED has pulled together a multi-disciplinary team to do just that. They are working hard to make sure these vulnerable patients are accurately identified and get the life-saving resources they need.”

Dr. Edwin Boudreaux, Ph.D., Professor, Departments of Emergency Medicine, Psychiatry, and Population and Quantitative Health Sciences University of Massachusetts Medical School



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