ZEROSuicide

Transforming systems for safer suicide care.

www.zerosuicideinstitute.com
www.zerosuicide.com
2012 National Strategy for Suicide Prevention:

GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

8. Promote suicide prevention as a core component of health care services.

9. Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.
Why focus on health care?

» 84% of those who die by suicide have a health care visit in the year before their death. (1)

» 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt. (1)

» Almost 40% of individuals who died by suicide had an ED visit but not a mental health diagnosis. (2)


ZERO Suicide

Lead
Train
Identify
Treat
Engage
Transition
Improve
Zero Suicide

» Is an aspirational goal

» Focuses on error reduction and continuous quality improvement

» Fills in the gaps that exist in suicide care

» Centers evidence-based practices
“When you design for zero, you surface different ideas and approaches that, if you’re only designing for 90 percent, may not materialize. It’s about purposefully aiming for a higher level of performance.”

Thomas M. Priselac
Cedars-Sinai Medical Center
The Joint Commission National Patient Safety Goal 15.01.01: Reduce the Risk for Suicide

“The new and revised requirements address:

» Environmental risk assessment and action to minimize suicide risk

» Use of a validated screening tool to assess patients at risk

» Evidence-based process for conducting suicide risk assessments of patients screened positive for suicidal ideation

» Documentation of patients’ risk and the plan to mitigate

» Written policies and procedures addressing care of at-risk patients, and evidence they are followed

» Policies and procedures for counseling and follow-up care for at-risk patients at discharge

» Monitoring of implementation and effectiveness, with action taken as needed to improve compliance”
A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION
Without improved suicide care, people slip through gaps.

Adapted from James Reason’s “Swiss Cheese framework of Accidents”
THE TOOLS OF ZERO SUICIDE FILL THE GAPS

- Screening
- Assessment
- Risk Formulation
- Collaborative Safety Plan
- Treat Suicidal Thoughts and Behavior
- Continuity of Care

Avoid Serious Injury or Death

SUICIDAL PERSON

Adapted from James Reason’s “Swiss Cheese framework of Accidents”
What’s different about Zero Suicide?

» Suicide prevention is accepted as a core responsibility of health care

» Patient deaths by suicides are not treated as inevitable

» Emphasizes data, best practices, and continuous quality improvement

» A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
What’s in a Name?

× A marketing campaign
× An approach looking to place blame
× A quick fix
The National Action Alliance for Suicide Prevention outlined seven core components necessary to transform suicide prevention in health care systems:

**LEAD**  Lead system-wide culture change committed to reducing suicide.

**TRAIN**  Train a competent, confident, and caring workforce.

**IDENTIFY**  Identify individuals at-risk of suicide via comprehensive screening and assessment.

**ENGAGE**  Engage all individuals at-risk of suicide using a suicide care management plan.

**TREAT**  Treat suicidal thoughts and behaviors using evidence-based treatments.

**TRANSITION**  Transition individuals through care with warm hand-offs and supportive contacts.

**IMPROVE**  Improve policies and procedures through continuous quality improvement.
LEAD

Lead system-wide culture change committed to reducing suicides.
Linking Zero Suicide with Existing Leadership Groups

- Behavioral Integration Group that includes a subgroup for Zero Suicide

- Zero Suicide Data will be collected and assessed with Quality Improvement Team.
Train a competent, confident, and caring workforce.
All employees and new hires to receive mandatory training in suicide prevention within the first 60 to 90 days of employment.
Identify individuals with suicide risk via comprehensive screening and assessment.
Policy and Procedure describing AGE, FREQUENCY & EXPECTATION

*Example wording:* Following intake, the PHQ-3/9 to be completed at least once annually for all patients aged 12 and older who do not have an exclusionary diagnosis (e.g. bipolar disorder, dementia, etc.) For those with ongoing depression, the PHQ-9 is completed at each visit, at least once a month, for all patients with an active depression diagnosis.
Screening and Identification Workflow

Primary Care Depression and Suicide Care Pathway

Pt is roomed at Clinic

Rooming staff will ask for ages 12 and up: PHQ-3/9

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Thought that you would be better off dead or of hurting yourself in some way

If NO for all three questions, stop screening and continue with rooming process

If 1, 2, or the 3rd question is other than zero have Pt complete PHQ-9

If PHQ-9 score is 9 or less no further action needed

PHQ 9 score is 9 or less no further action needed

If the 3rd question is Yes, Pt to complete the C-SSRS

Request Warm Hand Off to BHC. If no BHC, notify PCP

BHC and or PCP will review PHQ-9 score. Educate on BHC services and refer as appropriate. PCP will assess for medication interventions

Option 1
If 1: Yes and 2: No
If Pt is low risk. No Safety Plan needed BHC will

Option 2
If 1: Yes, 2: Yes, 3: Yes
With 4 and below NO
If Pt is moderate risk

Option 3
If 1: Yes and or 2: Yes, 3-5 No, and 6: Yes
PCP or BHC will evaluate

Option 4
If questions 4, 5, and or 6 Yes Clarify #6 to verify behaviors in the past month. Consider
Engage all individuals at-risk of suicide using a suicide care management plan.
Adding Alerts in EHR for Patients Screening Positive for Suicide Risk
Safety Planning Intervention for Suicide Prevention

Counseling on Access to Means (CALM) online training

Securing Weapons for Suicidal/Homicidal Clients procedure by Centerstone
TREAT

Treat suicidal thoughts and behaviors using evidence-based treatments.
Use effective Evidence-Based Practices

Adapting Evidence-Based Practices in Tribal Communities
Transition individuals through care with warm hand-offs and supportive contacts.
find something you love and never let it go.
IMPROVE

Improve policies and procedures through continuous quality improvement.
Zero Suicide Data Elements Worksheet

Today's date: 

Three-month reporting period (DD/MM/YY to DD/MM/YY): 

Name of organization: 

Name of person completing worksheet: 

**Recommended Measures:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Screening</td>
<td>Number of clients who received a suicide screening during the reporting period</td>
<td>Number of clients enrolled during the reporting period</td>
</tr>
<tr>
<td>2 Assessment</td>
<td>Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period</td>
<td>Number of clients who screened positive for suicide risk during the reporting period</td>
</tr>
<tr>
<td>3 Safety Plan Development</td>
<td>Number of clients with a safety plan developed (same day as screening) during the reporting period</td>
<td>Number of clients who screened and assessed positive for suicide risk during the reporting period</td>
</tr>
<tr>
<td>4 Lethal Means Counseling</td>
<td>Number of clients who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting period</td>
<td>Number of clients who screened and assessed positive for suicide risk during the reporting period</td>
</tr>
</tbody>
</table>

http://zerosuicide.sprc.org/toolkit/improve
Random Chart Reviews
A System-Wide Approach for Health Care: Henry Ford Health System

Suicide Deaths/100k HMO Members
Zero Suicide at Centerstone: Results

Annual Suicides per 10,000 Clients Seen 2013-2017
Getting Started

» Who will be the face of Zero Suicide for your System?

» Who are the other champions in your agency?

» What data do you have to tell you how you’re doing today?

» Create an Implementation Team

» Use the Organizational Self-Study as a needs assessment and base line measure
The online Zero Suicide Toolkit offers free and publicly available tools, strategies, and resources, plus links and information to:

» Get key implementation steps and research information
» Explore tools, readings, webinars and other public resources
» Access templates from implementers across the country
» Connect with national implementers on the Zero Suicide email list
Zero Suicide in the Indian Health Service


» Zero Suicide Implementation at Lawton Indian Hospital in Lawton, Oklahoma

» Tsehootsooi Medical Center in Fort Defiance, AZ
Zero Suicide in Oregon

Meghan Crane
Zero Suicide Program Coordinator
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Zero Suicide in Oregon

» Started state level Zero Suicide work in 2015 through state SAMHSA Garrett Lee Smith Youth Suicide Prevention (GLS) funding

» 2015-2019: Engagement with healthcare entities through GLS counties and state suicide prevention efforts

» Washington County (GLS granted county) starts work with LifeWorks NW on Zero Suicide

» Zero Suicide included as a guiding principle with objectives in the 2016-2020 Oregon Youth Suicide Intervention and Prevention Plan

» 2016 Oregon Suicide Prevention Conference:
  » David Covington provides plenary on Zero Suicide and meets with healthcare leaders
  » Breakout session on Oregon efforts

» 2018 Oregon Suicide Prevention Conference:
  » Becky Stoll (plenary session, introduction of Zero Suicide Academy to healthcare leaders, breakout sessions)
  » Breakout session on Oregon and Oregon healthcare system efforts
Zero Suicide in Oregon

» 2015-2019: Engagement with healthcare entities through GLS counties and state coordinator

» September 2018: Oregon Zero Suicide Academy:
  » 16 organizations participate including hospitals, youth serving organizations, Tribal entities, county services, behavioral health focused organizations and primary care representing a geographically diverse group.

» November 2018 – Sept. 2019
  » Facilitated Community of Practice with 9 organizations that attended Zero Suicide Academy with the purpose to:
    » Gain knowledge and ideas to address on-the-ground challenges
    » Have opportunities to share expertise in a particular topic area
    » Share peer learning opportunities with other healthcare organizations in the state

» June – September 2019
  » Provided mini-grants ($15,000 or under) to organizations that attended the Zero Suicide Academy through competitive application process
Zero Suicide in Oregon

» 2019-2024: Oregon awarded new GLS funds allowing for continuation and expansion of state Zero Suicide program

» Facilitate another Oregon Zero Suicide Academy in 2021 or 2022 to support healthcare organizations newer to Zero Suicide

» Determine “Zero Suicide Academy 2.0” structure and learning objectives to support organizations who attended the 2018 Zero Suicide Academy or have started Zero Suicide implementation

» Provide TA and learning opportunities through state Suicide Prevention Conferences and other platforms (i.e., Community of Practice, quarterly webinars, etc.)

» Include Zero Suicide goals and objectives in the revision to the Oregon Youth Suicide Intervention and Prevention Plan as well as OHA emerging adult suicide prevention efforts

» Support implementation of evidence-based and best practice suicide assessment, management and treatment training in Oregon healthcare organizations implementing Zero Suicide
Evaluation of Oregon Zero Suicide Efforts

» OHA modified Zero Suicide Organizational Self-Assessment to monitor and provide results-based statewide and individual healthcare system to show change over time related to Zero Suicide implementation.

» Scores were analyzed between the Zero Suicide Academy and September 2019

![Chart showing Zero Suicide Implementation in Oregon: Average Change in Implementation by Element from 2018 to 2019.](chart)

(Data sources: 10 Healthcare Systems: Organizational Self Study. Zero Suicide Metrics. Conversations with staff)

Scale: 1=Routine care or care as usual. 3=Several steps towards improvement made. 5=Comprehensive practices in place.

*Note: Change in self-reported score at follow-up may be due in part to the addition of a related metric from the data elements worksheet rather than a change in practice.*
Evaluation of Oregon Zero Suicide Efforts

Zero Suicide Implementation in Oregon
Rate of Change from 2018 to 2019
(Sorted in descending order by rate of change)

<table>
<thead>
<tr>
<th>Element</th>
<th>2018</th>
<th>2019</th>
<th>Rate of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2: Train</td>
<td>2.3</td>
<td>3.1</td>
<td>34.3%</td>
</tr>
<tr>
<td>6: Transition</td>
<td>2.5</td>
<td>3.3</td>
<td>32.7%</td>
</tr>
<tr>
<td>1: Lead</td>
<td>3.0</td>
<td>3.9</td>
<td>31.8%</td>
</tr>
<tr>
<td>7: Improve</td>
<td>2.5</td>
<td>3.1</td>
<td>25.3%</td>
</tr>
<tr>
<td>4: Engage</td>
<td>2.7</td>
<td>3.4</td>
<td>24.7%</td>
</tr>
<tr>
<td>3: Identify</td>
<td>3.3</td>
<td>3.9</td>
<td>20.4%</td>
</tr>
<tr>
<td>5: Treat</td>
<td>3.1</td>
<td>3.4</td>
<td>9.7%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>2.8</strong></td>
<td><strong>3.4</strong></td>
<td><strong>24.9%</strong></td>
</tr>
</tbody>
</table>

Average Change in Zero Suicide Implementation across 10 Health Systems from 2018 to 2019

- 1: Lead: 31.8%
- 2: Train: 34.3%
- 3: Identify: 20.4%
- 4: Engage: 24.7%
- 5: Treat: 9.7%
- 6: Transition: 32.7%
- 7: Improve: 25.3%
- All Elements: 24.9%
OHA Assistance for Zero Suicide

- Zero Suicide Academy (2021 or 2022)
- Oregon Suicide Prevention Conference (Fall 2020)
- Oregon Suicide Prevention website with Zero Suicide section (coming soon!)
- Funding to support training in suicide assessment, management and treatment for healthcare professionals
- Meeting the needs of Oregon healthcare partners:
  - Community of Practice
  - Online quarterly learning opportunity (with state and national presenters)
  - Individual technical assistance/support
OHA Suicide Prevention Updates

» Hiring Adult Suicide Prevention Coordinator

» Received $6.7 million during the 2019 legislative session to support the Youth Suicide Intervention and Prevention Plan implementation. Increased funding to:

  » Coordinate statewide access to suicide prevention, intervention and postvention programs and services supported by OHA
  » Expansion of Sources of Strength, CONNECT, Mental Health First Aid, QPR, safeTALK and ASIST
  » Tribal support: Provide mini-grants that would allow tribes to select projects that would respond to their community need.

» Development of 2021-2026 Youth Suicide Intervention and Prevention Plan
YouthLine
1-877-968-8491
(text teen2teen at 839863)

Resources

- Sign up for the OHA Suicide Prevention Network: http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork
- Oregon Violent Death Data Dashboards
- Oregon Alliance to Prevent Suicide
- 2016-2020 Youth Suicide Intervention and Prevention Plan and Youth Suicide Intervention and Prevention Plan 2018 Annual Report (including youth suicide data)
- OHA HB 3090 Hospital Discharge Planning Fact Sheet and HB 3090 Report on Emergency Department Release Survey (March 2019)
- Oregon Extreme Risk Protection Order Information

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PUBLIC HEALTH DIVISION
Injury and Violence Prevention Program
Questions?
Suicide Prevention Resource Center

Suicide Prevention: We All Have a Role to Play

The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.

www.sprc.org
The Zero Suicide Institute at EDC guides organizations in their implementation of Zero Suicide by providing consultation, training, and resources to make suicide care safer.

www.zerosuicideinstitute.com
ZERO Suicide

Join systems nationwide striving for zero suicide among patients in care.

www.zerosuicideinstitute.com
www.zerosuicide.com
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