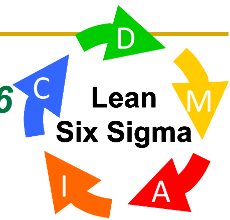
SMV Outpatient Zero Suicide Initiative *Oct '14 to Dec '16*



Problem: Between 2011 and 2014, of patients attending the SMV Outpatient programs, there were recorded suicide attempts or deaths by suicide.

Goal Statement

Zero suicide attempts or deaths by suicide.

Team

Larkin Hoyt, Psy D.; Lindsay Kramer, MFT; Christiana Paul, MFT

Nancy Burlak, Serene Carruthers, Veronica Campbell, Jacqueline Ruvo, Jen Wojciechowski, Jen McWaters, Christina Huang, Suzanne Johnson, Suzanne Whittemore, Caroline Atterton, Nasim Bavar, Dara Schwartz, Lisa McJunkin, Charles Westfall, Ryan McDade, Matt Hayden

SHARP
National Quality Award
2007 Award Recipient

Measure / Analyze

- Retrospective analysis of 16 identified outpatient events; 50 data points examined.
  - Qualitative & Quantitative did not result in a clear root cause(s)

- Findings Included:
  - High variability in workflow and documentation
  - No effective risk prioritization of outpatient population
  - Current Assessment was task, not value added

Need for Standard Work & Evidence-Based Practice

Need to Ask Like We Monitor for Blood Pressure

- Nearly **50%** of people who die by suicide see their **primary care** doctor the **month** before they die (Luoma et al., 2002)
  - 70% of older adults
  - 90% adolescents in the year prior
- Many adolescent attempters in the ER **do not** present for psychiatric reasons (King et al., 2009)
- **25%** of all people who die by suicide are seen in ER in past 12 months for **non-psychiatric** reasons (Gairin et al., 2003)

A GREAT OPPORTUNITY FOR PRVENTION !

If we ask we can find them!!

Center for Suicide Risk Assessment Slide used with permission

Columbia-Suicide Severity Rating Scale

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Zelazny, J.; Fisher, P.; Burke, A.; Oquendo, M.; Mann, J.

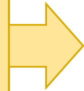
- Developed by leading experts in response to the need for a measure to:
  1. Assess ***both*** behavior and ideation together
  2. Look at density/severity
  3. Track change
- Evidence-based, structured interview and supported
- Feasible, low-burden: Short administration time

Includes only the most essential, evidence-based items needed

Center for Suicide Risk Assessment Slide used with permission

C-SSRS is Simply…

- 1-5 Rating of increasing severity for suicidal ideation



Two Screening Questions for Ideation

- *Have you wished you were dead or wished you could go to sleep and not wake up?*
- *Have you actually had any thoughts of killing yourself?*

- ***If answer is "No" to both, no more questions on ideation***

- All relevant behaviors assessed
- All items include ***definitions*** for each term and ***standardized questions for each category*** are included to guide the interviewer for facilitating improved identification.

Find all versions of C-SSRS at
http://cssrs.columbia.edu/

Center for Suicide Risk Assessment Slide used with permission

C-SSRS in Psychiatric Outpatient Setting

- Cultural Change Regarding Suicide Assessment
  - Needs to be value added
  - Middle out, not top down
  - Asking can Save A Life; Ask every time, like BP
- Common Definitions
- Develop clinical pathways and expectations
  - Using our resources where they are needed most
- Link C-SSRS Rating to EBP Treatment Interventions

Key was staff involvement

C-SSRS in Psychiatric Outpatient Setting

- Support for Clinicians
  - Discern between suicidal behavior, ideation, and non-suicidal self injurious behaviors
  - Standardizes & Structures the clinical interview
  - Reduces liability

> “Standards of practice do not require perfect outcomes. They do, however, require that we act reasonably.”

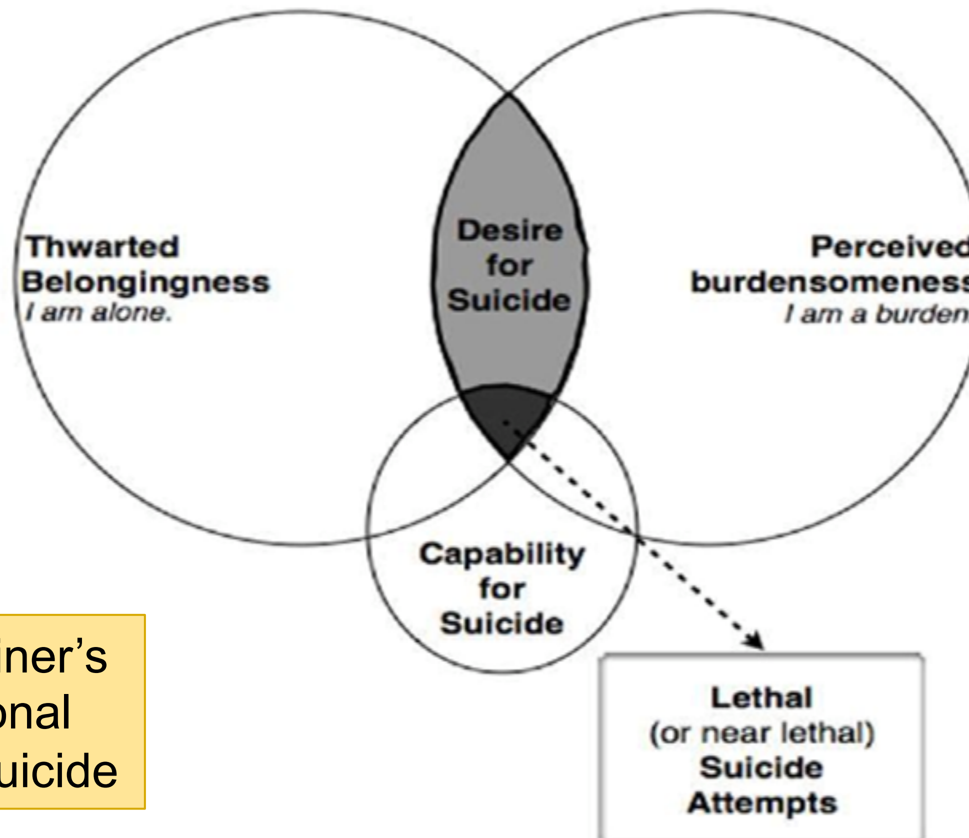
FOLLOWING COMPLETION OF C-SSRS
CLINICAL JUDGEMENT & RATING

REFER FOR INPATIENT ADMISSION	CONTINUE TREATMENT IN OUTPATIENT SETTING			
➢ Day of Admission or Reassessment/Change of Risk				
5	**4**	**3**	**2**	**1**
Active SI w/ Plan & Intent • Pt not left alone • RN reports plan & intent to another licensed clinician to validate severity • If validated: Begin **Inpatient Admission** including assessing for current access to lethal means	**Active SI w/ some Intent but no plan** • RN reports specific thoughts and why pt's been assessed to go home to the program designated clinician • If validated, **Safety Session** is initiated • Notify MD and Primary Therapist	**Active SI without Intent or Plan** • RN reports pt's specific thoughts about SI to program designated clinician • If validated, **Safety Plan** is introduced, instructions given for symptom exacerbation • Components of **Safety Session** completed by 2nd program day	**Non-Specific, Active SI without Intent/Plan** • RN hands off non-specific SI assessment to program designated clinician • Within 1st week: Primary Therapist to develop **Safety Plan** and follow Treatment Recommendations • Obtain ROI	**Wish to Die or IOP LOC** • Within 1st week: Primary Therapist will complete CSSRS Risk Assessment, develop **Safety Plan** and follow Treatment Recommendations • Obtain ROI
➢ Community Assessment (Walk In, Phone Screen, Intake Evaluation) ✓ Use C-SSRS Screener and document in BH Pre-Admission				
• Refer for **Inpatient Admission**	• Refer to Program Lead or designee • Prioritize patient admission • Complete **Safety Plan**	• Refer to Program Lead or designee • Prioritize patient admission • Complete **Safety Plan**	• Schedule Program admission as usual	• Schedule Program admission as usual
➢ Reassessment				
• Inpatient referral	• Reassess at least every treatment day	• Reassess at least weekly	• Reassess at least monthly	• Reassess at least monthly

Safety Session Components

- C-SSRS Risk Assessment
- Safety Plan developed to include means restriction
- Assess access to lethal means
- ROI, confirm emergency contact/patient address
- Safety Plan communicated to Care Partner and referring provider, if applicable
- Treatment plan initiated to include TX Recommendations and goal for regular reassessment via CSSRS Screener
- Can be documented as individual session

Linking C-SSRS Rating to Evidence Based Practice Treatment Interventions



Thomas Joiner's Interpersonal Theory of Suicide

SMV Outpatient Zero Suicide Initiative *Oct '14 to Dec'16*

C-SSRS in our EMR

CSSRS Adult - Berkley, Liz

*Performed on: 02/17/2016 1537 CST By: Remley , Liz

- Suicidal Ideation
- Intensity of Ideation
- Suicidal Behavior
- Actual, Potential Lethality
- Clinical Risk Assessment

Suicidal Ideation

Ask questions 1 and 2. If both are negative, proceed to Suicidal Behavior section. If the answer to 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete Intensity of Ideation section.

Question	Lifetime	Past month	
1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref)	○ Lifetime, yes ○ Lifetime, no	○ Past month, yes ○ Past month, no	If yes, describe:
2. Have you actually had any thoughts of killing yourself? (ref)	○ Lifetime, yes ○ Lifetime, no	○ Past month, yes ○ Past month, no	If yes, describe:

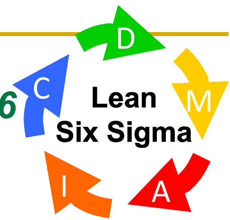
If answers to question 1 and 2 are "no", proceed to Intensity of Ideation section and mark "Not applicable".

Question	Lifetime	Past month	
3. Have you been thinking about how you might do this? (ref)	○ Lifetime, yes ○ Lifetime, no	○ Past month, yes ○ Past month, no	If yes, describe:
4. Have you had these thoughts and had some intention of acting on them? (ref)	○ Lifetime, yes ○ Lifetime, no	○ Past month, yes ○ Past month, no	If yes, describe:
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)	○ Lifetime, yes ○ Lifetime, no	○ Past month, yes ○ Past month, no	If yes, describe:

Allows for information to flow from one encounter to another

SHARP

Malcolm Baldrige National Quality Award 2007 Award Recipient

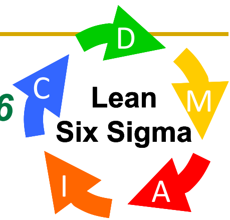


Using C-SSRS in Other Settings

- The key to triage…operationalized criteria for next steps
  - Allows for setting parameters for triggering next steps whatever they may be (e.g. referral to mental health, one-to-one, etc.)
    - 4 or 5 recent ideation indicates need for immediate action
    - Decreases unnecessary referrals, interventions
  - Provides the best available information to inform your clinical judgment

In the past, people didn't know what to manage, so they would hear ***any*** wish to die and intervene…

Center for Suicide Risk Assessment Slide used with permission



The Clinician's Perspective

- What worked well
- Lessons Learned

Next Steps

- Continuing Education opportunities
- Sharing Success in the Community
- Explore opportunities to expand Sharp-wide…Great opportunity to use in EDs
- Continued efforts and projects towards:

Zero suicide attempts or deaths by suicide

What we do makes a difference!