

CLACKAMAS COUNTY ZERO SUICIDE TRAINING PROCESS

STAGES OF IMPLEMENTATION

- Started initiative in separate sections of our Health Centers
 - Primary Care
 - Specialty Mental Health
 - School Based Health Centers
- Stages of Training
 - Discuss Zero Suicide Initiative
 - Show Zero Suicide Workflow
 - Do Hands on Training in training of workflow using our training environment
 - Implement Zero Suicide Workflow
 - Audit Workflow & provide additional training & support
- Complete On-Boarding Documents

WORKFLOWS

- Created an overall Zero Suicide Workflow (*used the Deschutes County packet as a guide*)
- Created specific job roll workflows that complement the full Zero Suicide process (*used the Deschutes County packet as a guide*)
- Identified importance of all doors leading to same level of care
 - Every staff member has a role to play in the initiative

Suicide Prevention Plan Process Primary Care

Step 1: ASSESS 1. PHQ – 2/ 9 (OB patients should use Edinburgh Postnatal Flow sheet to track risk, and move to C-SSRS based on results) 2. If PHQ – 9 is "positive" or suicidal ideation suspected , use C-SSRS assessment (CCROOMINGFLOWSHEETS)			
Step 2: STRATIFY	LOW RISK <ul style="list-style-type: none"> Suicidal ideation No plans No gestures/attempt No intent None or few risk factors Protective factors Patients <18 YJA assessed at low risk are automatically treated as moderate risk. 	MODERATE RISK <ul style="list-style-type: none"> Suicidal ideation Passive plans No gestures/attempt No intent Risk factors Limited protective factors 	HIGH RISK <ul style="list-style-type: none"> Suicidal ideation w/ any active planning Gestures/attempt Intent Significant risk factors Limited protective factors
	Additional Resources: Clackamas Crisis Line: 503-655-8585		
Step 3: TREAT	LOW RISK <ul style="list-style-type: none"> Routine care Provider documents level of risk and tools used in encounter note PHQ, C-SSRS using (CCZSPROGRESSNOTE) Provider adds crisis contacts to after visit summary using dot phrase (CCZSAVSDetails) MA prints AVS for patient Provider consider referral to BHC, MHS, or community MH provider. Provider routes encounter note to ZS Risk Pool and uses "blue arrow" for Low Priority to make follow-up call within one week use dot phrase (CCZSFOLLOWUPNEEDS) Follow up call is at discretion of the provider 	MODERATE RISK <ul style="list-style-type: none"> Provider treats Provider adds dot phrase to Progress note to document all steps (CCZSPROGRESSNOTE) Warm introduction to BHC, MHS or book-up if available Create safety plan Add SI (R45.851) to problem list Add FYI: ***Patient Safety Alert*** in summary use dot phrase (CCZSFYISAFETYFLAGALERT) & indicate "moderate" risk Add Safety Plan, Crisis Contacts, and Client Education Letter to AVS using dot phrase: (CCZSAVSDetails) Ensure phone number, address, and emergency contacts are accurate Get ROI if appropriate for emergency contact Document level of risk and tools used in encounter note 	HIGH RISK <ul style="list-style-type: none"> Provider Treats Provider adds dot phrase to Progress note to document all steps (CCZSPROGRESSNOTE) Warm introduction to BHC or MHS if available (can involve Riverstone if needed) Consider hospital diversion plan, consult with Riverstone when needed If hospitalization not required, based on assessment or Clackamas Crisis Line consultation: <ul style="list-style-type: none"> Create safety plan Add Suicide Risk (R45.89) to problem list Add FYI: ***Patient Safety Alert***, in summary add dot phrase (CCFYISAFETYFLAGALERT) to indicate high risk Add Safety Plan, Crisis Contacts, & Client Education Letter to AVS using (CCZSAVSDetails) Ensure phone number, address and emergency contacts are accurate Get ROI if appropriate for emergency contact Document risk level and tools used in encounter note Create After Hour Crisis Outreach Letter and send to CC Crisis if needed (CC BH AFTER HOURS ALERT) Involve parent or guardian if patient is <18 YJA
	Step 4: FOLLOW - UP/ TRACK		
Step 5: RESOLVE			

Step 3: TREAT (continued)	<ul style="list-style-type: none"> Involve parent or guardian if patient is <18 years Route the encounter to ZS Risk Pool to make follow-up phone call within 3-5 days use dot phrase (CCZSFOLLOWUPNEEDS) Schedule follow-up face to face appt with Provider or BHC within one week Referral to MHS or community MH provider (if external schedule appointment prior to patient leaving) 	<ul style="list-style-type: none"> Route encounter to ZS Risk Pool and use "Red Arrow" to document High Priority to make 24 hr follow-up call use dot phrase (CCZSFOLLOWUPNEEDS) If call fails on weekend/holiday consider hospitalization or request outreach call from Clackamas Crisis Program using (CC BH AFTER HOURS ALERT) letter Schedule follow up face to face appt. with Provider or BHC within 1-3 days Referral to MHS or community MH provider (if external schedule appointment prior to patient leaving)
	LOW RISK <ul style="list-style-type: none"> Follow up call should assess risk (C-SSRS is recommended for standardization purposes) Continue to monitor with PHQ-2/9 at subsequent appointments 	MODERATE RISK <ul style="list-style-type: none"> Reassess with C-SSRS at each contact (phone & in person) Review Safety Plan at each appt. including crisis contacts Continue to monitor with PHQ-2/9 at subsequent appointments To update risk level you must delete the "comment" section of ***Patient Safety Alert*** with the (CCZSFYISAFETYALERT) new details with updated risk level
Resolving BH Moderate Risk: For patients that transition to external MH Providers: <ul style="list-style-type: none"> BHC must coordinate resolution with MH Provider by confirming transition and engagement with external provider. When confirmed: <ul style="list-style-type: none"> BHC edits FYI to "Managed by External Provider" BHC updates "SI" Problem List with comments of who is managing care Patients that are transitioned to care of Clackamas County MH Providers: <ul style="list-style-type: none"> BHC must coordinate resolution with MH Provider Confirm transition to MH provider When confirmed: <ul style="list-style-type: none"> MH provider adds new FYI with current risk status and deactivates original FYI MH Provider now responsible for resolving "Moderate Risk" status 	Resolving BH High Risk For patients that transition to external MH Providers: <ul style="list-style-type: none"> BHC must coordinate resolution with MH Provider by confirming transition and engagement with external provider When confirmed: <ul style="list-style-type: none"> BHC updates "Suicide Risk" on Problem List with comments of who is managing care BHC updates FYI to "Managed by External Provider" Patients that are transitioned to care of Clackamas Health Centers MH Providers: <ul style="list-style-type: none"> BHC must coordinate resolution with MH Provider <ul style="list-style-type: none"> Confirm transition to MH provider When confirmed: <ul style="list-style-type: none"> MH provider adds FYI with current risk status & deactivates original FYI MH Provider now responsible for resolving "High Risk" status 	

Providers Role in Suicide Prevention

Every patient, every visit:
Two Question Screen: PHQ-2

POSITIVE response or clinical concern, administer PHQ-9*

Question #9 is endorsed on PHQ, or clinical judgment has you "Ask the Question"

Assess Level of Risk** using the Columbia Suicide Severity Rating Scale

LOW RISK

- Suicidal ideation
- No plans
- No gestures/attempts
- No intent
- None or few risk factors
- Protective factors

NEXT STEPS

- Provider Treats
- Add Crisis Contacts to AVS using dot phrase (.CCZSAVSDetails)
- Consider referral to BHC, MHS or MH provider
- Route note to ZS Risk Pool and mark with "blue arrow" for low priority for follow-up call w/in 1 week & use dot phrase (.CCZSFOLLOWUPNEEDS)
- Document level of risk and tools used in encounter

MODERATE RISK

- Suicidal ideation
- Passive plans
- No gestures/attempts
- No intent
- Risk factors
- Limited protective factors

NEXT STEPS

- Provider Treats
- Warm intro to BHC or MHS if available
- Complete Progress Note with dot phrase (.CCZSPROGRESSNOTE)
- Complete Safety Plan
- Add SI to Problem List from the Preference Lists
- Add FYI: Patient Safety Alert and complete summary with dot phrase (.CCZSFYISAFETYALERT) to document Moderate Risk
- Add Safety Plan, Client Education Letter, and Crisis Contacts to AVS using (.CCZSAVSDetails)
- Schedule follow-up appt. w/ PCP or BHC w/in 1 week
- Referral to MH Provider
- Route note to ZS Risk Pool for follow-up call w/in 3-5 days using dot phrase (.CCZSFOLLOWUPNEEDS)
- Document level of risk and tools used in encounter

HIGH RISK

- Suicidal ideation w/ any active planning
- Gestures/attempt
- Intent
- Significant risk factors
- Limited protective factors

NEXT STEPS

- Provider Treats
- Warm intro to BHC or MHS if available
- Consider hospitalization
- If hospitalization not required:
 - Complete Progress Note with dot phrase (.CCZSPROGRESSNOTE)
 - Complete Safety Plan
 - Add Suicide Risk to Problem List using Preference List
 - Add FYI: Patient Safety Alert and complete summary with dot phrase (.CCZSFYISAFETYALERT) to document High Risk
 - Add Safety Plan, Client Education Letter & Crisis Contacts to AVS using (.CCZSAVSDetails)
- Schedule follow-up appt. w/PCP or BHC w/in 1-3 days
- Referral to MH Provider
- Route note to ZS Risk Pool and mark with "red arrow" for high priority for follow-up call w/in 24 hrs using dot phrase (.CCZSFOLLOWUPNEEDS)
- Complete After Hour Alert to send to Clackamas County Crisis for outreach same day if clinically appropriate.
- Document level of risk and tools used in encounter

*Consider Risk Factors, Protective Factors and Warning Signs throughout.

**Risk levels are fluid. A patient can move from one level to the other.

IMPORTANCE OF AUDIT & FOLLOW UP

- To have a successful training you need to verify the work is being completed.
- We have an audit tool that looks for the specific items from the workflow.
 - PHQ Completed?
 - Based on Q9 of PHQ, was CSSRS completed?
 - Based on Risk Stratification was Problem List updated?
 - Was EHR updated with Risk Flag?
 - Was encounter routed for caring touch follow up?

COMPONENTS OF ZERO SUICIDE AUDIT

- **Medical Record Number**
- **Patient Name**
- **Visit Date**
- **Visit Provider**
- **Department Name**
- **Vitals Taken By** (Captures MA)
- **BH MH Team** (Captures if already engaged in MH)
- **PHQ2 Declined** (If patient declined screening)
- **PHQ Completed**
- **PHQ9 Q#9** (Score)
- **CSSRS Completed**
- **CSSRS Override** (have dot phrase to decline completion either: patient declined or clinical judgement)
- **Safety Review** (Safety Plan on file)
- **On Problem List** (is diagnosis Suicidal Ideation or Suicide Risk on PL)
- **FYI** (Safety Flag on file regarding Suicide Care Path)
- **Risk Pool** (Encounter routed to team for caring outreach)
- **MH Referral** (Referral on file for MH)

ONBOARDING PROCESS

Clackamas County Health Centers Zero Suicide Initiative

On average, Clackamas County loses 52 people each year to death by suicide. In the spring of 2018, the Health Centers made an important and intentional commitment to raise a deeper awareness of suicide and promote a greater understanding about mental health and challenges such as depression and mental health promotion in the workplace

The Zero Suicide approach is an organizational pledge to offer universal suicide screening and care planning to primary care and behavioral health patients and clients. Implementation of Zero Suicide requires a system-wide process to close gaps between primary care and specialty behavioral health with collaborative safety planning and warm transitions of care.

Please join us in achieving our goal in reducing death by suicide to zero in Clackamas County and our duty to continuously improve the quality of our care. We know this important work starts with the health centers' most critical resource—you, our staff. We are dedicated your success and value your feedback to better help us provide resources to increase wellness and improve workplace safety. Thank you!

Elements of Zero Suicide

Lead: System-wide culture change committed to reducing suicides

Train: Create a competent, confident, and caring workforce

Identify: Identify patients with suicide risk via comprehensive screenings

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

Zero Suicide Training Agenda

- Zero Suicide Initiative
 - What it is, and what Health Centers is doing
 - Give ZS Initiative Handout
- Trainings
 - Columbia (video link)
 - Safety Planning (video link)
 - Mental Health First Aid (H3S Standard?)
 - CALM (possible future H3S standard?)
- Primary Care Workflows based on Role
 - PHQ
 - CSSRS Screener
 - 2 Page Workflow
 - Job Aids
 - Front Desk/Call Center
 - CMA
 - RN
 - Provider
 - BHC
 - Discuss ZS Risk Pool
- Audit of Zero Suicide Process
 - Review with Clinic Managers, MA, Providers
 - Give Audit Example
 - Discuss standard of care metric (80%)
- Zero Suicide Risk Report
 - Review with Clinic Managers, Providers, BHC, RN
 - Give Report Example
 - Discuss follow up & tracking needs