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| Suicide Prevention Plan Process Primary Care |

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| 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)
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| Step 2: STRATIFY | **LOW RISK*** Suicidal ideation
* No plans
* No gestures/attempt
* No intent
* None or few risk factors
* Protective factors
* Patients <18 yrs assessed at low risk are automatically treated as moderate risk.
 | **MODERATE RISK*** Suicidal ideation
* Passive plans
* No gestures/attempt
* No intent
* Risk factors
* Limited protective factors
 | **HIGH RISK*** Suicidal ideation w/any active planning
* Gestures/attempt
* Intent
* Significant risk factors
* Limited protective factors
 | Additional Resources:Clackamas Crisis Line: **503-655-8585** |

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| Step 3: TREAT | **LOW RISK*** 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*** Provider treats
* Provider adds dot phrase to Progress note to document all steps **(.CCZSPROGRESSNOTE)**
* Warm introduction to BHC, MHS or back-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*** 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:* 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 CCCrisis if needed **(CC BH AFTER HOURS ALERT)**
* Involve parent or guardian if patient is <18 yrs
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| Step 3: TREAT (continuted) |  | * 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)
 | * 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 falls 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)
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| Step 4: FOLLOW- UP/ TRACK | **LOW RISK*** 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*** 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
 | **HIGH RISK*** 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
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| Step 5: RESOLVE | **Resolving BH Moderate Risk:****For patients that transition to external MH Provider:*** BHC must coordinate resolution with MH Provider by confirming transition and engagement with external provider.
* When confirmed:
* 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 Provider:*** BHC must coordinate resolution with MH Provider
* Confirm transition to MH provider
* When confirmed:
	+ 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 Provider:*** BHC must coordinate resolution with MH Provider by confirming transition and engagement with external provider
* When confirmed:
* 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 Provider:*** BHC must coordinate resolution with MH Provider
* Confirm transition to MH provider
* When confirmed:
	+ MH provider adds FYI with current risk status & deactivates original FYI
* MH Provider now responsible for resolving “High Risk” status
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**If patient is unavailable for contact when moderate or high risk monitoring**:

1. Document attempts to contact pt. on two different days.
2. Call Clackamas Crisis Line to advise if clinically indicated.
3. Send letter to pt. asking to contact clinic ASAP.
4. Document attempts to contact emergency contact.