



Screening for Suicide Risk in a Community Hospital Emergency Department



Presenters:

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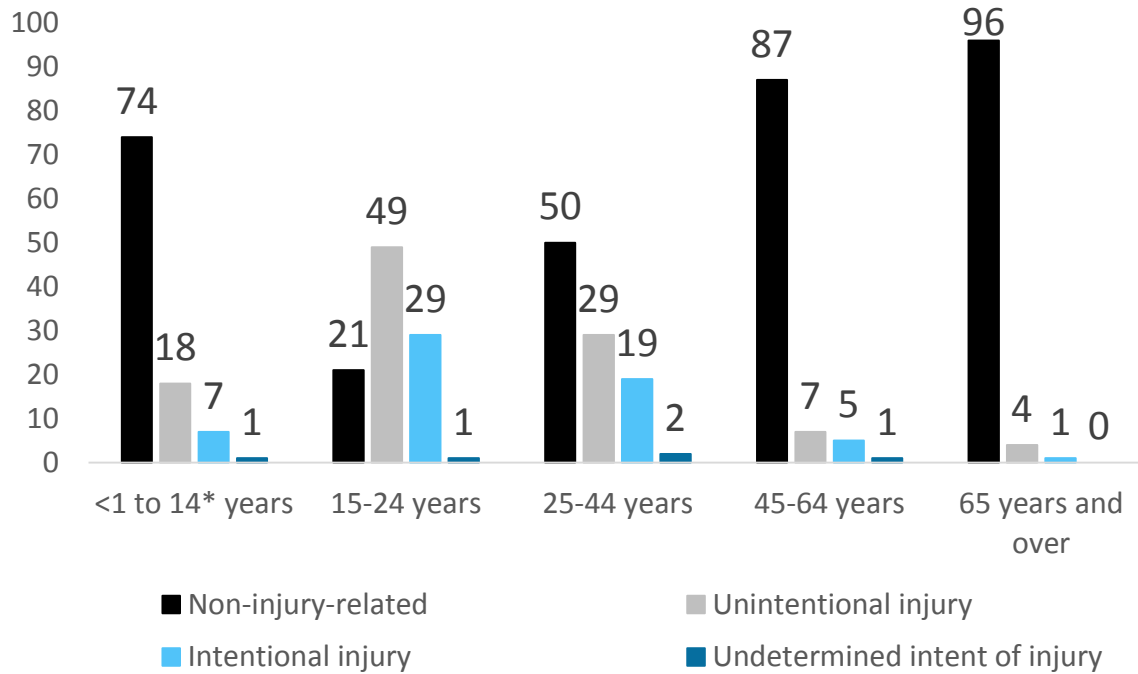
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VDH and DMH

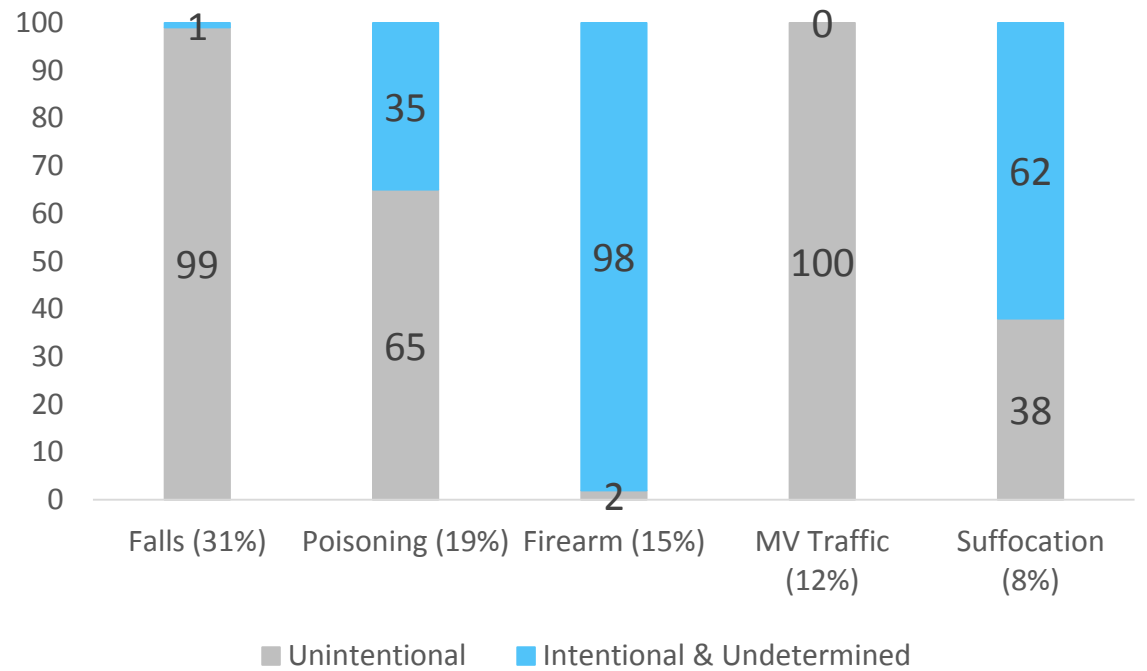
Background 1: Death by injury type among Vermonters, Vermont Vital Statistics System, 2010-2014

DISTRIBUTION OF INJURY TYPE (%) RELATING TO DEATH, BY AGE GROUP



*Note: these include residents who die of congenital anomalies and other conditions occurring in infants/newborns

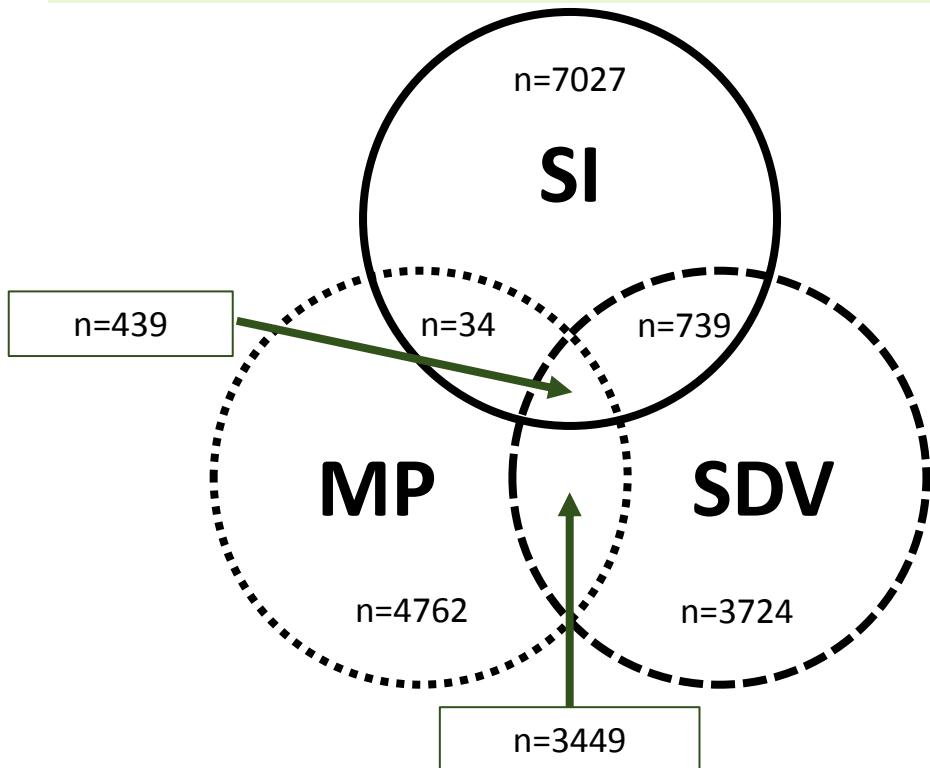
LEADING CAUSES OF DEATH AS A PERCENTAGE OF ALL INJURY DEATHS, BY INTENT



Source: Data from VDH Injury Morbidity & Mortality Data Briefs, 2017

Background 2: Distribution of suicidal ideation, suicidal and undetermined self-directed violence, and medicinal poisonings, among Vermonters 10-99 Years, Vermont Uniform Hospital Discharge Data, 2010-2014

OVERLAPPING VERMONT EMERGENCY DEPARTMENT VISITS (ALL HOSPITALS), BY TYPE OF EPISODE, N=20,174



OVERLAPPING NORTHWESTERN MEDICAL CENTER EMERGENCY DEPARTMENT VISITS, BY TYPE OF EPISODE, N=1,638

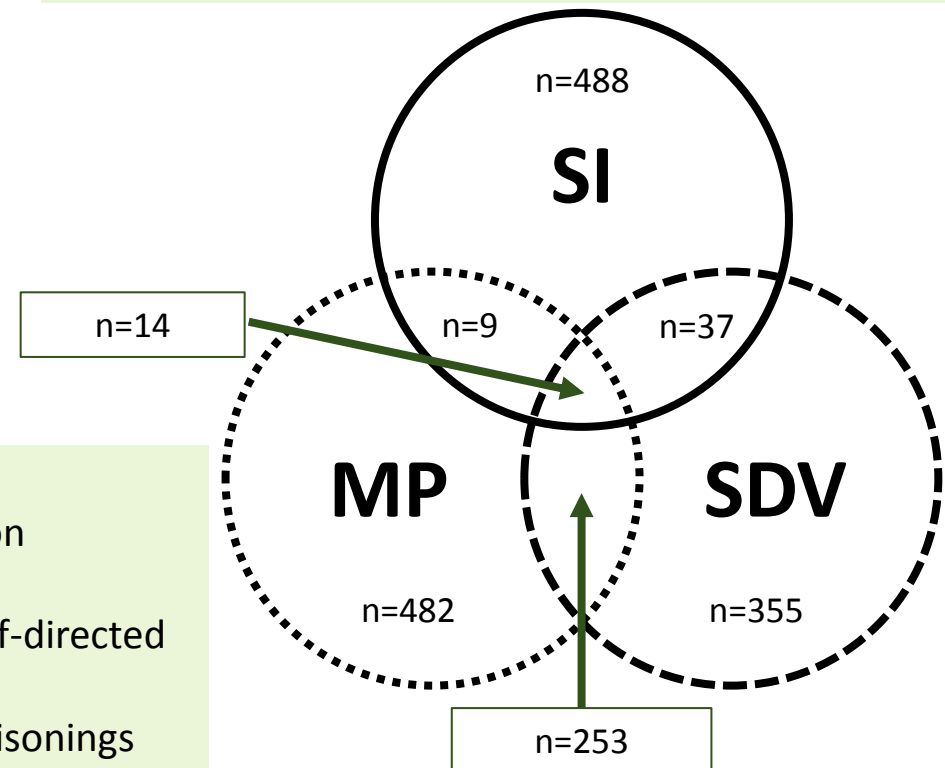
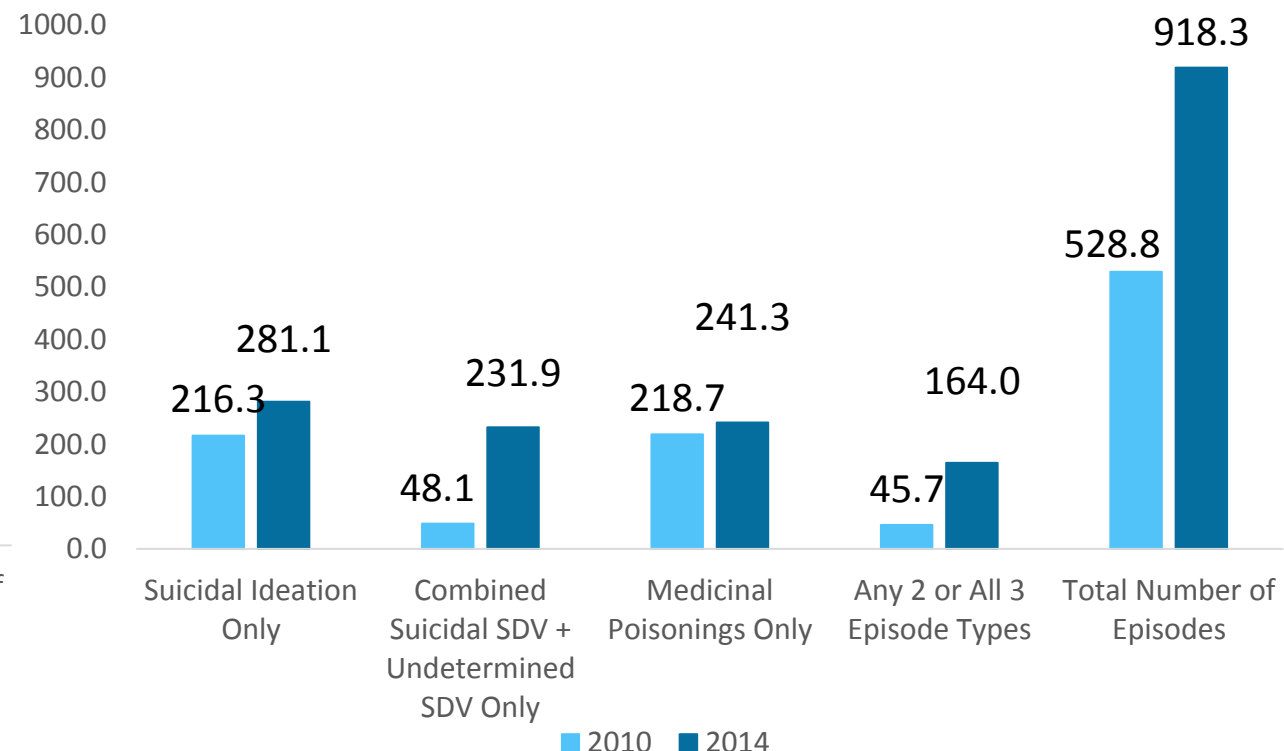
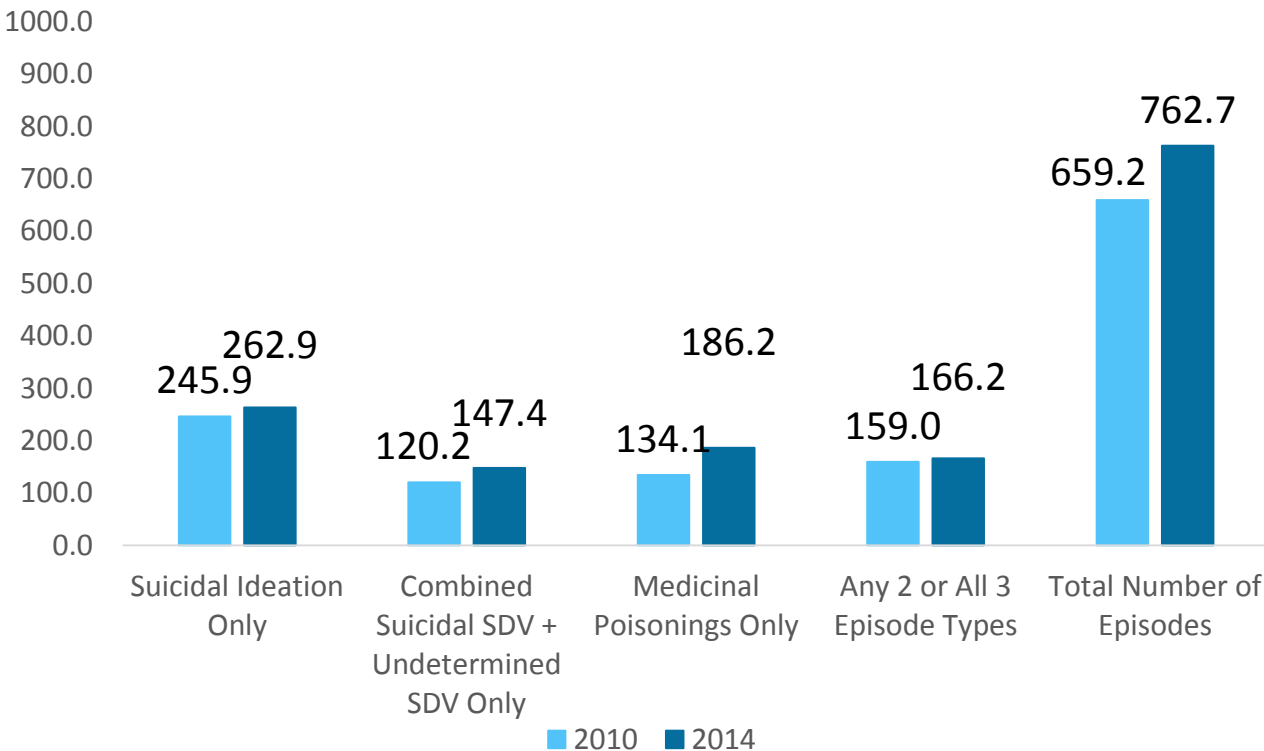


Figure Legend
SI=suicidal ideation
SDV=suicidal and undetermined self-directed violence
MP=medicinal poisonings

Background 3: Crude rates of suicidal ideation, suicidal and undetermined self-directed violence, and medicinal poisonings, among Vermonters 10-99 Years, Vermont Uniform Hospital Discharge Data, 2010-2014

PRESENTING AT VERMONT HOSPITAL EMERGENCY DEPARTMENTS PER 100,000 POPULATION

PRESENTING AT NMC EMERGENCY DEPARTMENT PER 100,000 POPULATION



Why screen for suicide risk?

If we want to prevent suicide, we need to move 'upstream' from mortality to look at morbidity and the systems issues and social determinants that play a role in suicide

Suicide prevention is a priority for the community served by Northwestern Medical Center (NMC) and Northwestern Counseling & Support Services (NCSS)

- Community Health Assessment listed suicide as 1 of 6 priority health issues

Suicide prevention is a priority for Vermont

- Measure in HV2010, HV2020, HV2030
- State is piloting Zero Suicide in 3 counties (Franklin, Grand Isle, and Chittenden)
- Agency of Human Services (AHS) Suicide STAT process to start in 2017
- CMS measure around reducing the suicide rate
- Joint Commission accreditation measure

Take advantage of momentum nationally, statewide, and locally on suicide prevention

Why Northwestern Medical Center (NMC)?

Located in one of Vermont's Zero Suicide pilot counties

Small and progressive community hospital with hospital champions

ED has an established relationship with Northwestern Counseling & Support Services (NCSS) for crisis services

- 1 FTE from NCSS works in the emergency department (ED)

SBIRT Team conducting work in ED around alcohol and drug use

NMC data feed into 4 key data systems

- Hospital discharge / All Payor claims / Medicaid claims
- Syndromic surveillance

Why Northwestern Medical Center (NMC)?, cont.

NMC provides an unique opportunity to

- Make sure we know what we are collecting, analyzing, interpreting
- Improve the systems that detect and report the conditions
- Improve hospital and emergency department (ED) practices and services
- Serve as a model for other community hospitals in Vermont
- Showcase quality improvement work in an ED with other ED directors across the state in their monthly meetings
- Provide local level information for the State's Suicide STAT

Pilot Project Goals: Screening for Suicide Risk

NMC Health Information Systems Staff

1. Increase accurate, consistent coding for suicidal ideation, suicidal self-directed violence, and medicinal poisonings

NMC Emergency Department Clinicians & Staff

1. Increase accurate, consistent coding for suicidal ideation, suicidal self-directed violence, and medicinal poisonings in emergency department settings
2. Increase the use of evidence-based screening and assessment instruments and protocols
3. Increase the use of referral protocols

NCSS

1. Increase the use of evidence-based screening and assessment instruments and protocols
2. Improve the ability of clinicians and healthcare systems to provide clinical evaluation and treatment to individuals who are identified through screening and assessment as being at-risk for suicide

Who is Responsible for What?

VDH

- Providing a \$15,000 grant to NMC, a project assistant to help with the work at the NMC, and obtaining an IRB determination
- Observing current practices and validation
- Reviewing protocols / algorithms and data analysis
- Providing oversight of / technical assistance with PDSAs
- Providing assistance with collecting / reporting PDSA results
- Providing training or assisting in locating specific training

NMC

- Participating in meetings, discussions for validation
- Participating in training
- Providing protocols / algorithms
- Reviewing / testing new protocols / algorithms
- Conducting / testing PDSAs
- Helping to collect / report PDSA results
- Instituting change!
- Pulling data from NMC systems

Both

- Selecting screening tools
- Developing or adapting protocols / algorithms
- Determining content of PDSAs
- Writing a manuscript(s)
- Presenting to peers or at conferences
- Disseminating findings / results of work

12-2015 CS
CoIIN Kickoff
& Hallway
Conversation

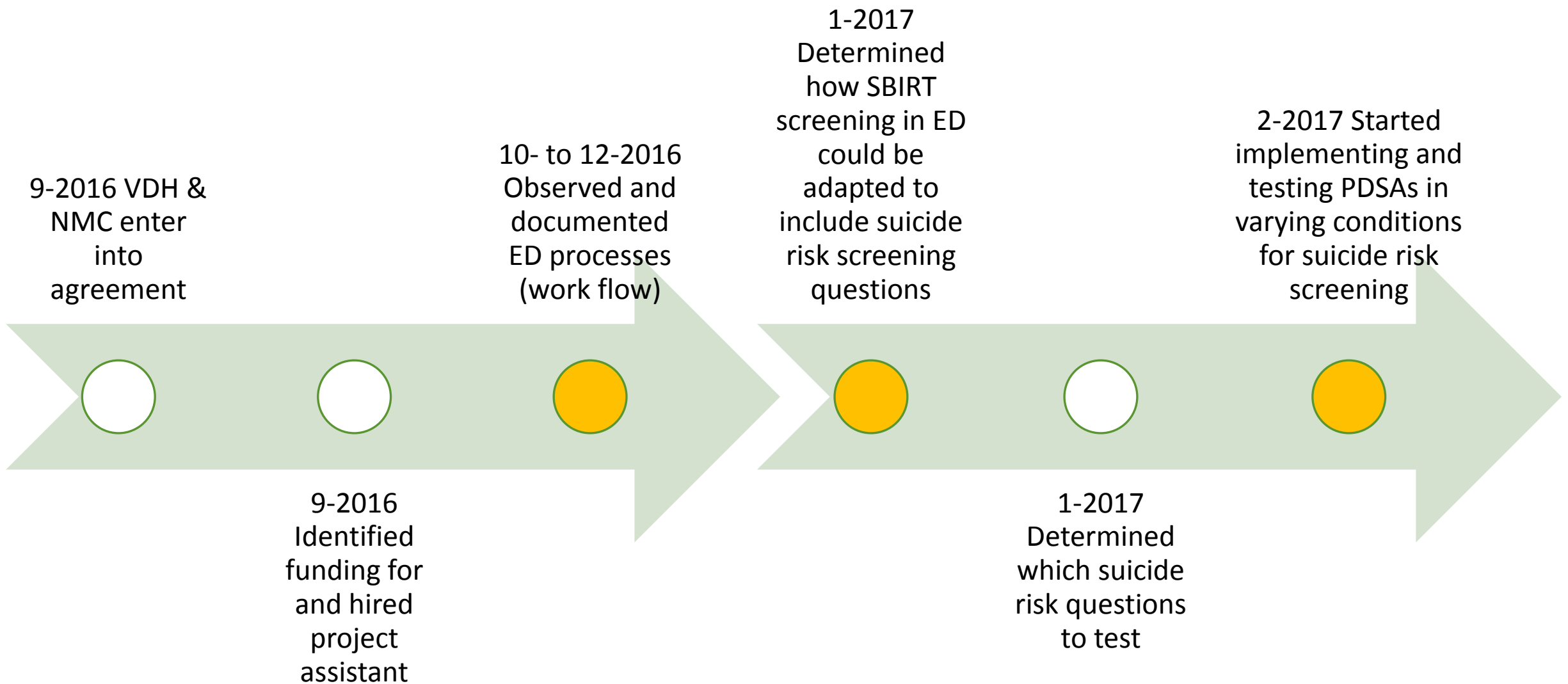
2- to 3-2016
Internal VDH
& VDMH
discussions

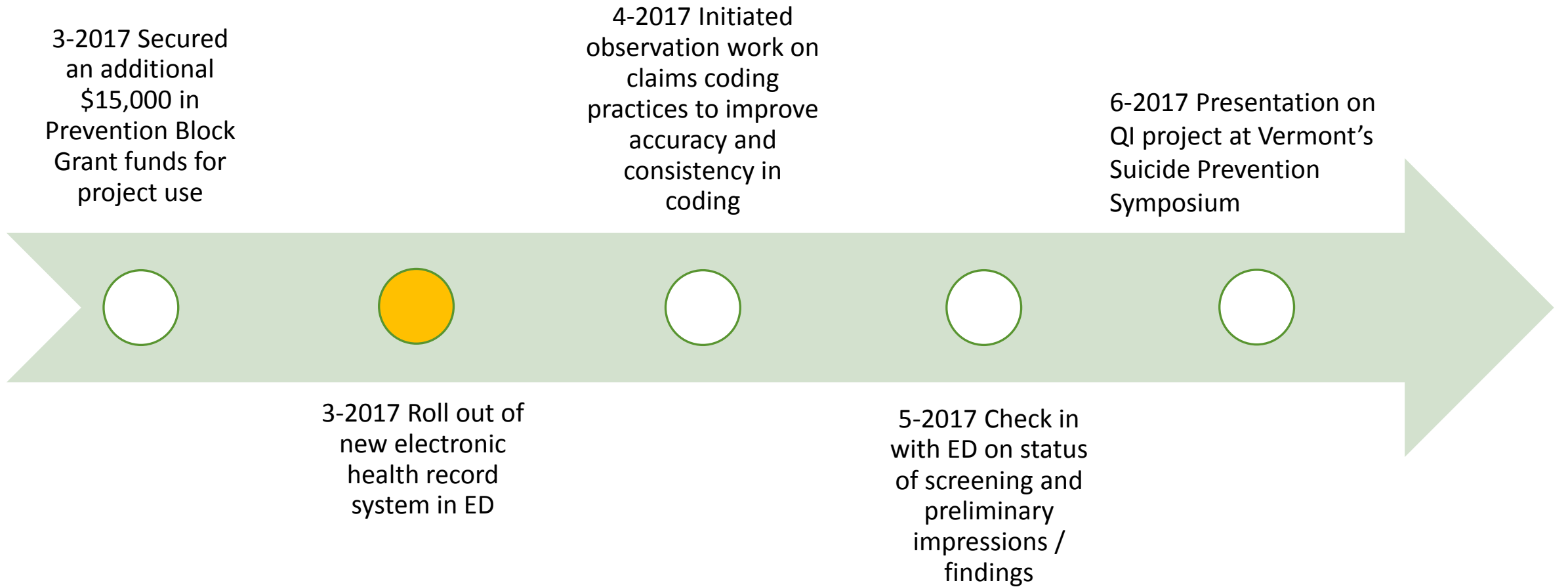
3-2016
Identified
\$15,000 in
Prevention
Block Grant
funds for pilot
project use

4- to 8-2016
VDH, VDMH &
NMC ED
discussions and
meetings

1-2016
Posed Pilot
Project to
State
Epidemiologist

4-2016
Approached
NMC with Pilot
Project Concept





Why Choose the Columbia Suicide Severity Rating Scale?

- Easy to use - plain language
- Assesses full range of suicidal thoughts & behaviors
- Specific to suicidal ideation, behaviors & past history
- PHQ-9 more focused on Depression, one final question about “thoughts of being better off dead or hurting self”
- SBIRT not want to incorporate 9 additional questions into screening.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version

Testing the
 past 2 weeks

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u><i>Have you actually had any thoughts of killing yourself?</i></u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		

<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. <i>"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i></p> <p><u>Have you been thinking about how you might kill yourself?</u></p>		
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to <i>"I have the thoughts but I definitely will not do anything about them."</i></p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		
<p>6) Suicide Behavior Question:</p> <p><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p>If YES, ask: <u>How long ago did you do any of these?</u></p> <ul style="list-style-type: none"> • Over a year ago? • Between three months and a year ago? • Within the last three months? 		

PDSA Tests

Test Cycle	Conditions for Testing	Reasons for Cycle
1-1 to 1-3 conducted 2-14-2017 through 2-27-2017	<ul style="list-style-type: none"> • Monday through Friday • Between 10 am and 5 pm • QI Team on-site • SBIRT Screener available • ED Crisis Counselor on site • Crisis Counselor <u>not</u> engaged with another ED patient • Old EHR system 	<ul style="list-style-type: none"> • Determine if SBIRT screener can successfully integrate first 2 questions of Columbia Suicide Risk questions into the SBIRT alcohol and drug use screening instrument • Determine where questions should be asked in the SBIRT screener • Determine whether questions need a soft lead in • Work on SBIRT screener comfort level with asking the 2 Columbia Suicide Risk Assessment questions • Determine if asking the 2 screening questions disrupts the SBIRT screening process • Determine if asking the 2 screening questions significantly increases patient wait time in the ED • Determine if asking the 2 screening questions creates an overload of patients in the ED • Determine process for patients who screen positive • Determine how SBIRT screeners hand off / alert ED crisis counselor for patients who screen positive • Determine if there are types of patients who should not be screened • Determine what and how to document suicide risk screening

PDSA Tests

Test Cycle	Conditions for Testing	Reasons for Cycle
2-1 conducted 3-1-2017 through 4-4-2017	<ul style="list-style-type: none"> Monday through Friday Between 10 am and 5 pm QI Team on-site SBIRT Screener available ED Crisis Counselor on site Crisis Counselor <u>not</u> engaged with another ED patient New EHR system 	<ul style="list-style-type: none"> Determine if SBIRT screener can successfully integrate first 2 questions of Columbia Suicide Risk questions into the SBIRT alcohol and drug use screening instrument Determine where questions should be asked in the SBIRT screener Determine whether questions need a soft lead in Work on SBIRT screener comfort level with asking the 2 Columbia Suicide Risk Assessment questions in the new EHR environment Determine if asking the 2 screening questions disrupts the SBIRT screening process Determine if asking the 2 screening questions significantly increases patient wait time in the ED Determine if asking the 2 screening questions creates an overload of patients in the ED Determine process for patients who screen positive Determine how SBIRT screeners hand off / alert ED crisis counselor for patients who screen positive Determine if there are types of patients who should not be screened Determine what and how to document suicide risk screening

Note: no screening occurred between 3-11 and 4-3-2017 due to scheduling problems, new EHR, unusually high ED surge

PDSA Tests

Test Cycle	Conditions for Testing	Reasons for Cycle
3-1 conducted 4-14-2017 to present	<ul style="list-style-type: none"> • Monday through Friday • Between 10 am and 5 pm • QI Team on-site • SBIRT Screener available • ED Crisis Counselor on site and has dedicated time to QI project • Refined process for positive patients • NCSS Crisis Counselors handle ED patients • New EHR system 	<ul style="list-style-type: none"> • Determine if SBIRT screener can successfully integrate first 2 questions of Columbia Suicide Risk questions into the SBIRT alcohol and drug use screening instrument • Determine where questions should be asked in the SBIRT screener • Determine whether questions need a soft lead in • Work on SBIRT screener comfort level with asking the 2 Columbia Suicide Risk Assessment questions in the new EHR environment • Determine if asking the 2 screening questions disrupts the SBIRT screening process • Determine if asking the 2 screening questions significantly increases patient wait time in the ED • Determine if asking the 2 screening questions creates an overload of patients in the ED • Improve process for patients who screen positive • Improve SBIRT screener hand off to ED crisis counselor for patients who screen positive • Continue to determine if there are types of patients who should not be screened • Refine what and how to document suicide risk screening

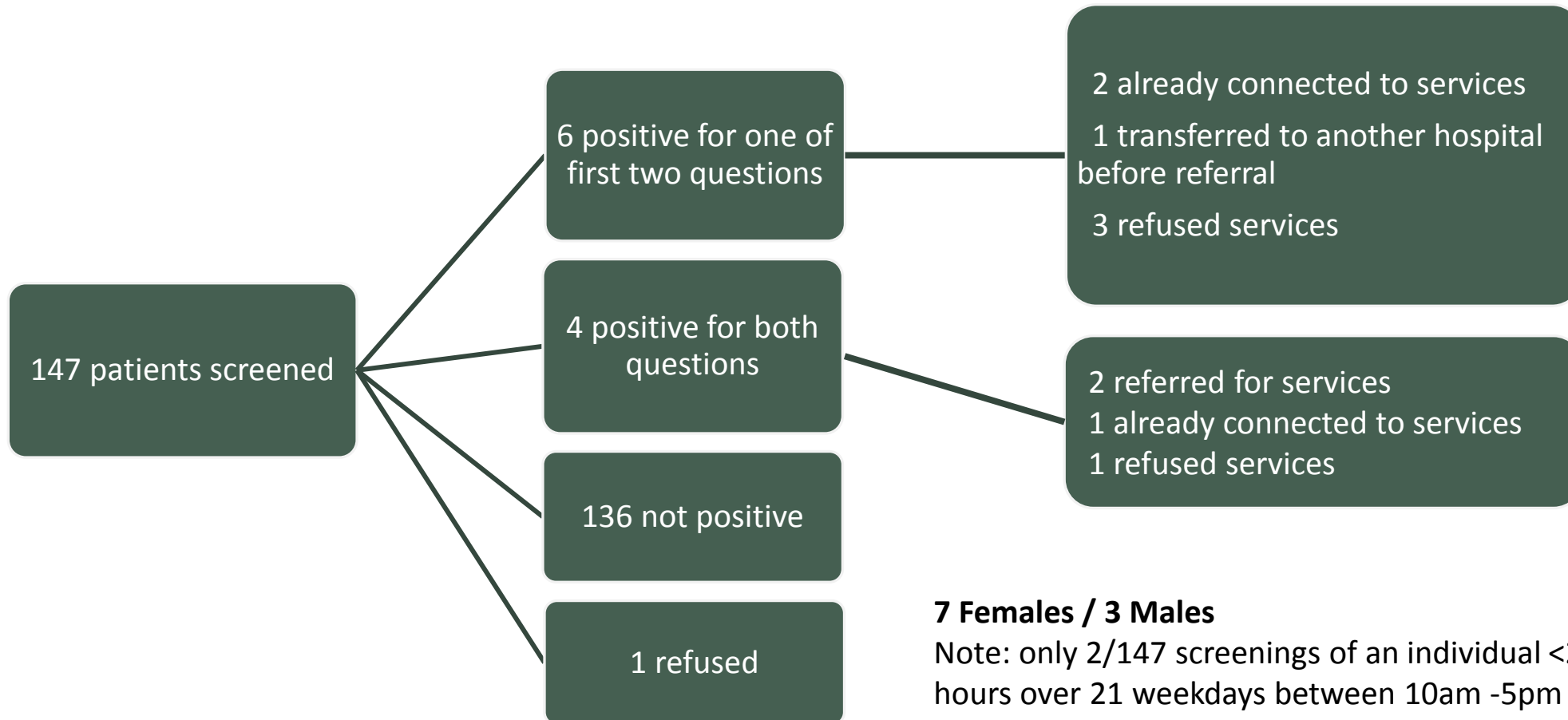
PDSA Tests

Test Cycle	Conditions for Testing	Reasons for Cycle
4-1 conducted 4-26-2017 to present	<ul style="list-style-type: none"> • Monday through Friday • Between 10 am and 5 pm • SBIRT Screener available • ED Crisis Counselor available • ED Crisis Counselor not otherwise engaged with a patient in the ED • No QI Team on-site • New EHR system 	<ul style="list-style-type: none"> • Determine if SBIRT screener can successfully integrate first 2 questions of Columbia Suicide Risk questions into the SBIRT alcohol and drug use screening instrument • Determine where questions should be asked in the SBIRT screener • Determine whether questions need a soft lead in • Work on SBIRT screener comfort level with asking the 2 Columbia Suicide Risk Assessment questions in the new EHR environment • Determine if asking the 2 screening questions disrupts the SBIRT screening process • Determine if SBIRT Screener can integrate suicide risk screening into daily work • Determine if asking the 2 screening questions significantly increases patient wait time in the ED • Determine if asking the 2 screening questions creates an overload of patients in the ED • Improve process for patients who screen positive • Improve SBIRT screener hand off to ED crisis counselor for patients who screen positive

PDSA Tests

Test Cycle	Conditions for Testing	Reasons for Cycle
5-1 conducted 4-25-2017 to present	<ul style="list-style-type: none">Monday through FridayBetween 10 am and 5 pmED Crisis Counselor availableNo QI Team on-siteNew EHR system	<ul style="list-style-type: none">Determine if Crisis Counselor can conduct and document suicide risk screening in daily workDetermine if suicide risk screening questions significantly increases patient wait time in the EDDetermine if asking the suicide risk screening questions creates an overload of patients in the ED

Screening Results (2/14/2017 - 5/22/2017)*



Some Lessons Learned

Support to ED

Patience

Flexibility

Realistic Expectations

Community Partnerships

Staff Champion

Lessons Learned

We “planned”	We found that	We predict that . . .
<p>To increase the use of accurate coding around suicidal behaviors in Vermont emergency departments</p>	<ul style="list-style-type: none"> • This project idea had a lot of champions • Even in the best of environments, slow process -- from inception to on the ground took 10 months • Major barrier = getting meetings with decision makers 	<ul style="list-style-type: none"> • Now that we are underway and we are a ‘known commodity’, things will go a lot more smoothly and testing will be able to move forward • Public Health STAT process may help if we involve NMC key decision makers • May encounter barriers in ED clinician screening • May be tricky to train clinicians to use the “right” phrases / words in documenting for ICD-10 • May encounter barriers in changing screening tools • May have issues--duty to warn
<p>To provide a small amount of funding as an incentive to participate</p>	<ul style="list-style-type: none"> • This was SUPER easy • Used end of year prevention block grant funds x 2! 	<ul style="list-style-type: none"> • NMC would have done this without funding, but \$30,000 was appreciated • Using the funds to offset costs of staff to pull data • NMC & NCSS could use additional infusion of funds
<p>To provide staff support to the hospital willing to take on QI efforts</p>	<ul style="list-style-type: none"> • This was an after thought • Able to identify funds to hire a project assistant for 1 year 	<ul style="list-style-type: none"> • Providing staff assistance to do QI work -- huge selling point • Without Megan, the ED might not have agreed to the QI work