PREVENTING YOUTH SUICIDE: ZERO SUICIDE IN DCAPBS

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DCAPBS Grand Rounds

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Perelman SCHOOL OF MEDICINE
UNIVERSITY of PENNSYLVANIA

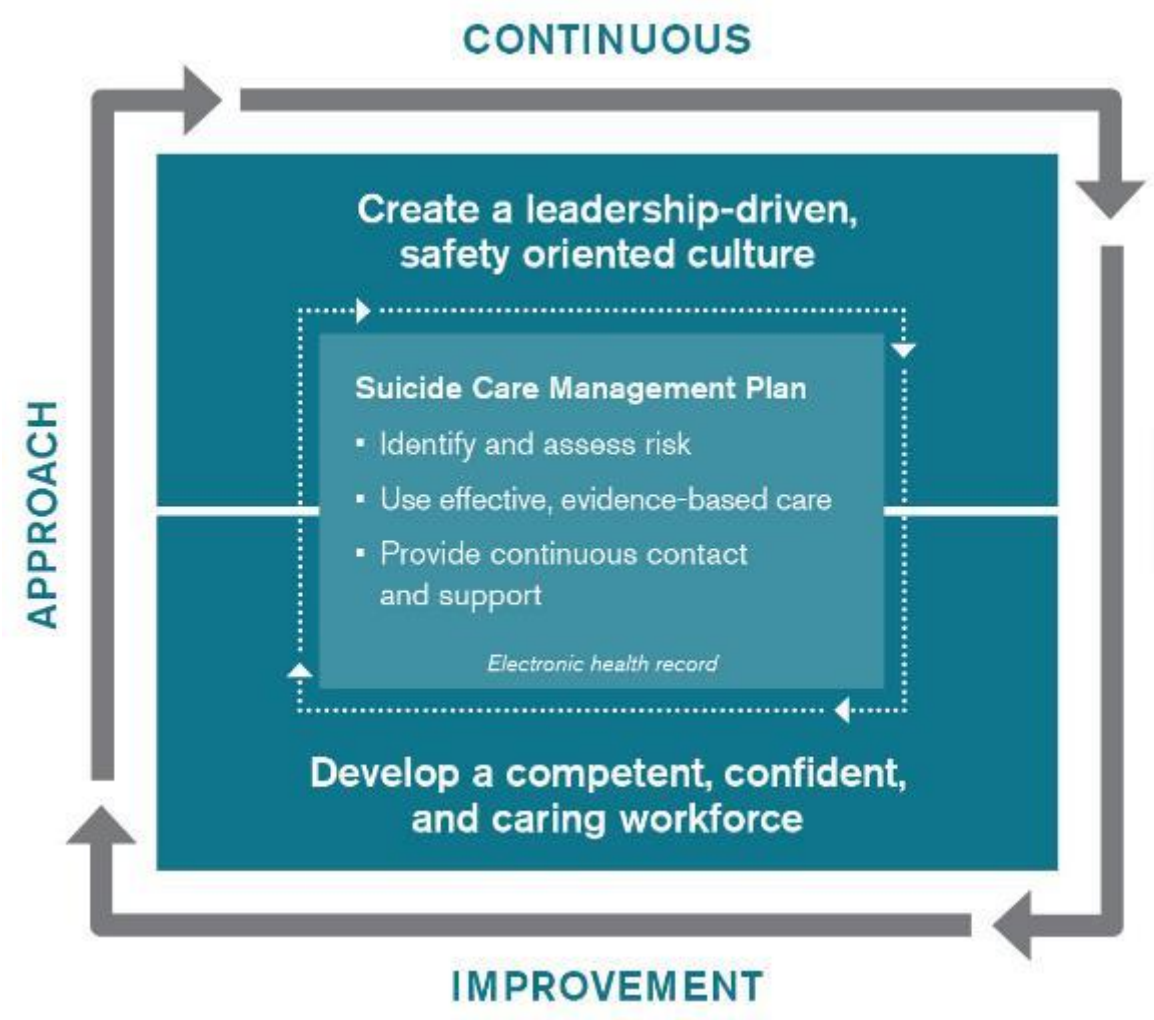
ZERO SUICIDE

- Aspirational challenge and commitment to suicide prevention in health care
  - Suicide is preventable, institutional goal is zero suicides
  - Sponsored by the *National Action Alliance for Suicide Prevention* and *Suicide Prevention Resource Center*
- Provides a framework for organizing and maintaining suicide prevention initiatives
  - 7 Key Pillars
- Collection of tools, strategies, and technical support to improve suicide risk assessment, suicide prevention, and treatment of suicidal individuals
  - Continuous quality improvement approach to suicide prevention
  - Framework to close the "cracks in the system" to provide safer suicide care

ORIGINS OF ZERO SUICIDE

- Despite many initiatives, suicide rates continued to rise during the early-mid 2000's
- 2016 Joint Commission *Sentinel Event Alert* related to suicide prevention in health care settings
  - Many people who die by suicide are connected with a health care provider
- Early 2000's – Henry Ford Health System started Perfect Depression Care
- 2010 – launch of National Action Alliance for Suicide Prevention
  - Champions suicide prevention as a national priority
- NAASP Task Force - 3 factors to improve suicide prevention:
  - Commitment that suicide can be eliminated
  - Culture that suicide is not accepted and setting aggressive goals
  - Using evidence-based clinical care practices
- Zero Suicide – NAASP Task Force name for the comprehensive approach to suicide prevention based on these factors

CONTINUOUS QUALITY IMPROVEMENT

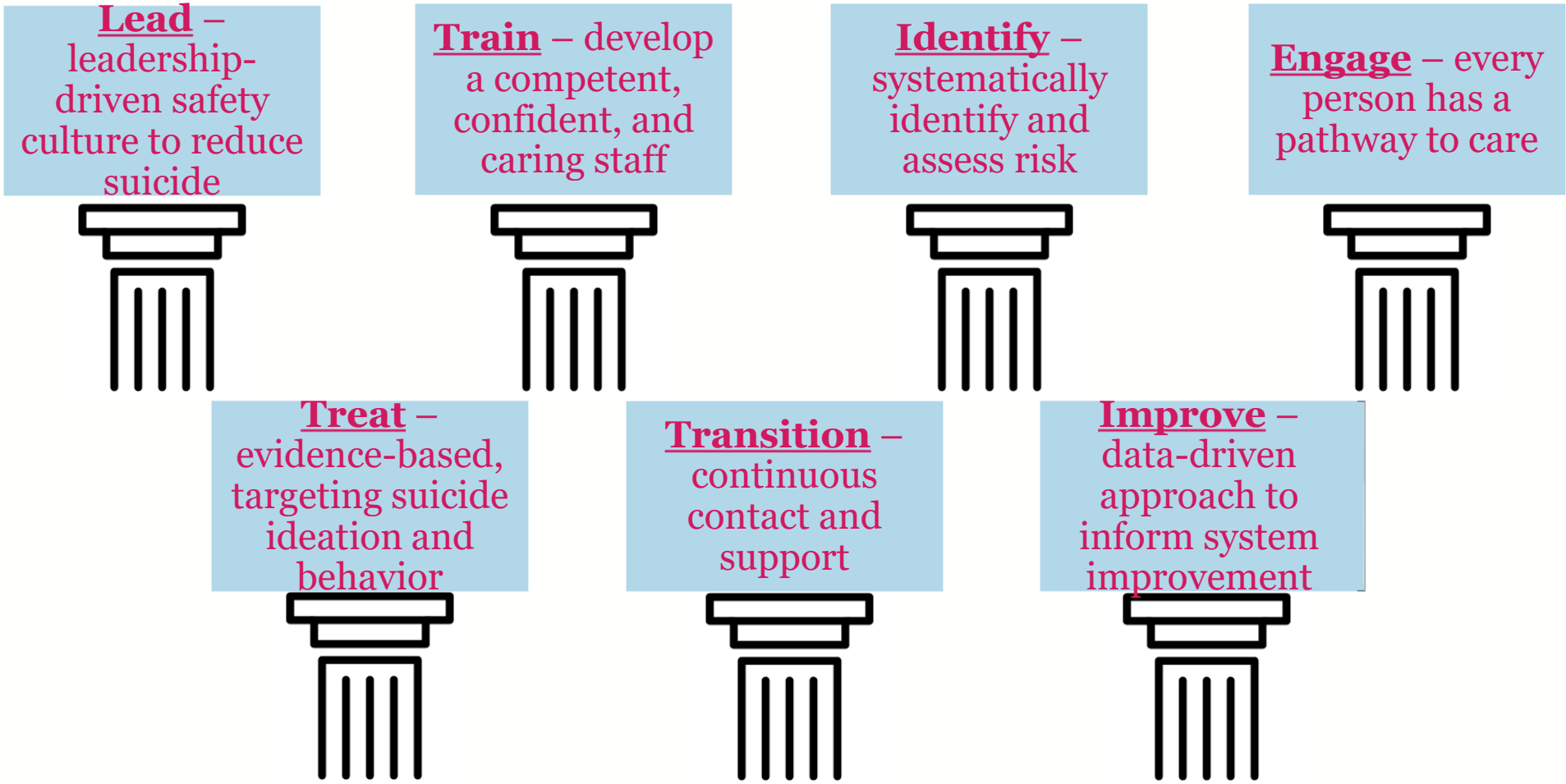


Credit – Julie Goldstein Grumet, PhD and Zero Suicide Institute

CURRENT STATE OF ZERO SUICIDE

- More than 200 health care and behavioral health organizations are now implementing Zero Suicide
- Emerging evidence suggests that use of the core components is effective and benefits individuals at risk in various ways
  - **Identify**: UMass Memorial Health Care System- Screening rates over 90% across all emergency departments
  - **Treat**: The Institute for Family Health- increase in safety plan usage by primary care providers from 38% to 84%
  - **Transition**: AtlantiCare Health System- Data from a full year indicated that patients discharged from inpatient psychiatric care were offered an outpatient follow-up appointment within 48 hours, and 100% of those same patients attended that appointment
  - **Suicide Death:** Centerstone- reduction in suicide rate by 65%

SEVEN FUNDAMENTAL "PILLARS" OF ZERO SUICIDE



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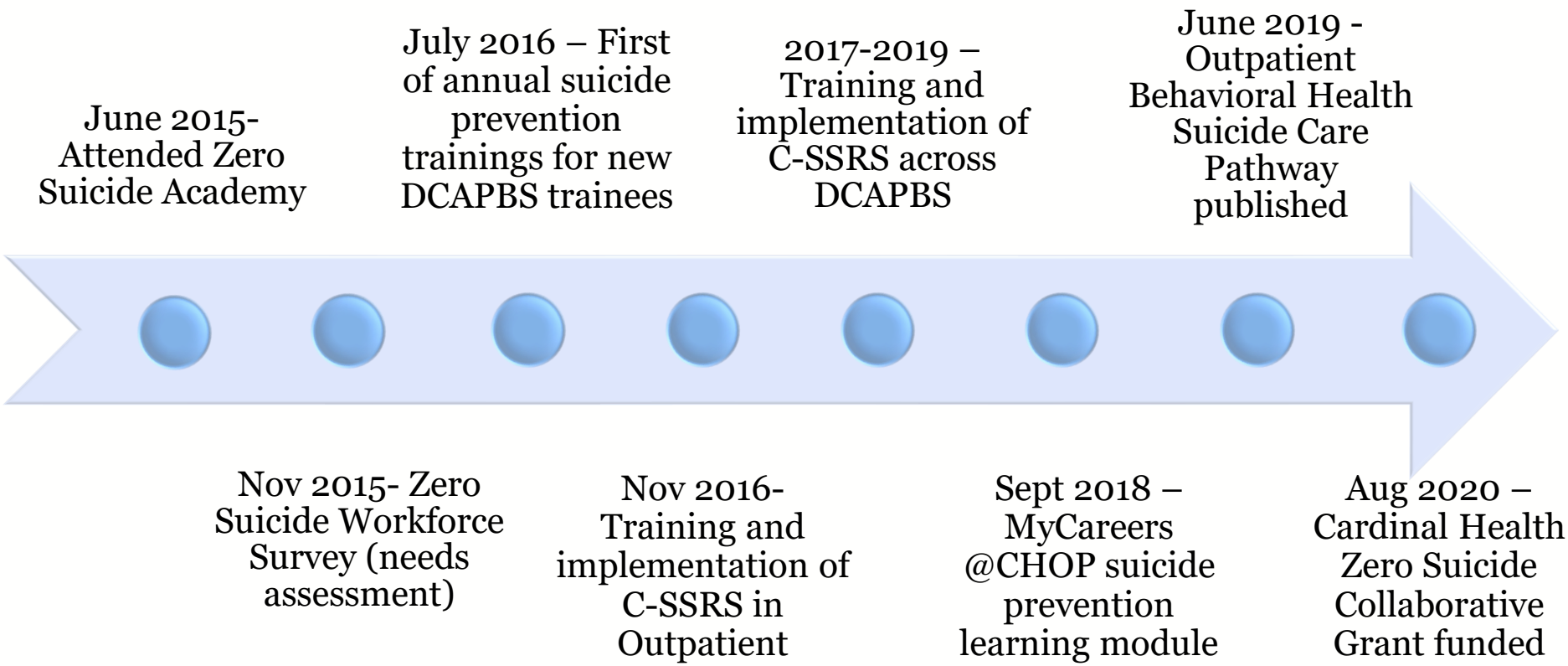
ZERO SUICIDE IN DCAPBS

ZERO SUICIDE IN DCAPBS - TIMELINE



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SEVEN FUNDAMENTAL "PILLARS" OF ZERO SUICIDE

Lead – leadership-driven safety culture to reduce suicide

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LEAD

- Commitment of DCAPBS and CHOP leadership to suicide prevention improvement work
- Ongoing consultation and guidance from Zero Suicide organization
- Weekly meetings of core Zero Suicide team
- Collaboration with the CHOP Youth Suicide Prevention, Intervention and Research Center (Y-SPIRC)
- Engagement in CHOP and city-wide prevention initiatives
  - Philadelphia Suicide Prevention Task Force

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SEVEN FUNDAMENTAL "PILLARS" OF ZERO SUICIDE

Lead – leadership-driven safety culture to reduce suicide

Train – develop a competent, confident, and caring staff

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TRAIN

- 300+ DCAPBS staff and trainees trained
- Suicide prevention training for all new DCAPBS trainees (annual since July 2016)
  - Current version is two, 2-hour sessions
- DCAPBS staff education
  - Multiple training sessions focusing on suicide prevention and C-SSRS
- CHOP Social Work Division
  - Training for 150+ social workers
- DCAPBS BH Seminar
- CHOP-wide training – MyCareers @CHOP education module (Fall 2018 mandatory education)
- Multiple external presentations

SEVEN FUNDAMENTAL "PILLARS" OF ZERO SUICIDE

Lead – leadership-driven safety culture to reduce suicide

Train – develop a competent, confident, and caring staff

Identify – systematically identify and assess risk

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IDENTIFY

Needs assessment – variability in process of assessing and communication of suicide risk

Clinician Knowledge	• Definitions of types of ideation behavior • Risk/Protective Factors
Clinician Skill	• Maintaining patient/family rapport and engagement • Asking essential questions
Clinician Comfort	• Comfort/confidence during assessment process
Clinician Practice	• Communication of assessment findings • Consistent documentation standards

IDENTIFY

Comprehensive, standardized risk assessment:

- Improves identification of high risk patients relative to clinical interview
- Increases reliability (across time and clinicians)
- Facilitates inter-clinician communication
- Helps target intervention efforts
- Supports ongoing assessment of recurring patients
- Meets Joint Commission and National Patient Safety Goals

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IDENTIFY

Columbia Suicide Severity Rating Scale (C-SSRS) – address goals of improving assessment reliability, validity, and feasibility

- Integrated C-SSRS in DCAPBS Epic workflow (required to close encounter)
- Developed staff training module with practice vignettes (3 hours)
  - Pre/Post test results include statistically significant increases in participant:
    - Knowledge (54%), Comfort with assessment (7%), Ability to assess suicide risk (13%), Received training needed (25%)
- Developed Best Practice Advisories (BPA) to prompt clinicians to add suicide specific problems to the Epic Problem List depending on C-SSRS responses
- Reliable assessment via C-SSRS is the foundation for many other suicide prevention QI initiatives

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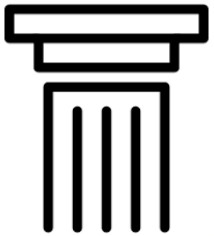
SEVEN FUNDAMENTAL "PILLARS" OF ZERO SUICIDE

Lead – leadership-driven safety culture to reduce suicide

Train – develop a competent, confident, and caring staff

Identify – systematically identify and assess risk

Engage – every person has a pathway to care



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CLINICAL PATHWAY DEVELOPMENT

ENGAGE: WHAT ARE CLINICAL PATHWAYS?

Structured plans of care that translate guidelines and/or evidence into localized infrastructure and processes.

Provide guidance on the evaluation and management of given chief complaints, diagnoses, or clinical processes that can be applied across the care continuum.

Aim to standardize care for a specific clinical problem, process, procedure, or episode in a defined population, such that variation resulting from specific patient characteristics is preserved whereas variation from the provider is eliminated.

ENGAGE: SUICIDE CARE CLINICAL PATHWAY- GOALS

Accurate and consistent identification of youth who present with elevated risk for suicidal behavior.

Provide guidance to clinical teams to support clinical decision making and standardize care for children in outpatient settings presenting with current, recent, or past suicidal ideation and/or behavior

Improve clinical outcomes by increasing the likelihood that youth requiring higher levels of care or suicide-specific care are identified and connected with the needed treatment.

https://www.chop.edu/clinical-pathway/suicide-risk-assessment-and-care-planning-clinical-pathway

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Outpatient Behavioral Health Care Clinical Pathway for Assessment and Care Planning for Children and Adolescents at Risk for Suicide

Goals and Metrics

Patient Education

Provider Resources

Related Pathway

Behavioral Health Issues, ED

Depression, Outpatient Behavioral Health and Primary Care

Patient with Possible Suicide Risk

Definitions

Suicidal Ideations, Behaviors, Non-suicidal Injury

Screen for Suicide Risk

Negative Suicide Screen

Screen for Suicide Risk at subsequent patient care encounters.

Engage and/or continue treatment plan on primary presenting symptoms and problems.

Positive Suicide Screen/New Patient Evaluation

Use the Columbia Suicide Severity Rating Scale to complete Suicide Risk Assessment

Assess for chronic and current Risk and Protective Factors

Negative Suicide Risk Assessment

Complete Risk Formulation.

Engage and/or continue treatment plan on primary presenting symptoms and problems.

Screen for Suicide Risk at subsequent patient care encounters.

Low Acuity

Suicidal Ideation

At least 1 of the following:

Within the past 1 month:

Wish to Be Dead

More than 1 month ago:

Non-specific Active Suicidal Thoughts

Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Within past 3 months:

Non-suicidal Self-injurious Behavior

And

Suicidal Behavior

No History of Suicidal Behavior

Intermediate Acuity

Suicidal Ideation

At least 1 of the following:

Within the past 1 month:

Non-specific Active Suicidal Thoughts

Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

More than 1 month ago:

Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active Suicidal Ideation with Specific Plan and Intent

And/or

Suicidal Behavior

More than 3 months ago:

Suicidal Behavior

High Acuity

Suicidal Ideation

At least 1 of the following:

Within the past 1 month:

Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active Suicidal Ideation with Specific Plan and Intent

And/or

Suicidal Behavior

Within the past 3 months:

Suicidal Behavior

Evidence

Assessment and Management of Suicide Risk in Children and Adolescents

Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk

The Columbia–Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings From Three Multisite Studies With Adolescents and Adults

Community Resource

Columbia Suicide Severity Rating Scale

Joint Commission Sentinel Event Alert

Therapeutic Risk Management – Risk Stratification Table

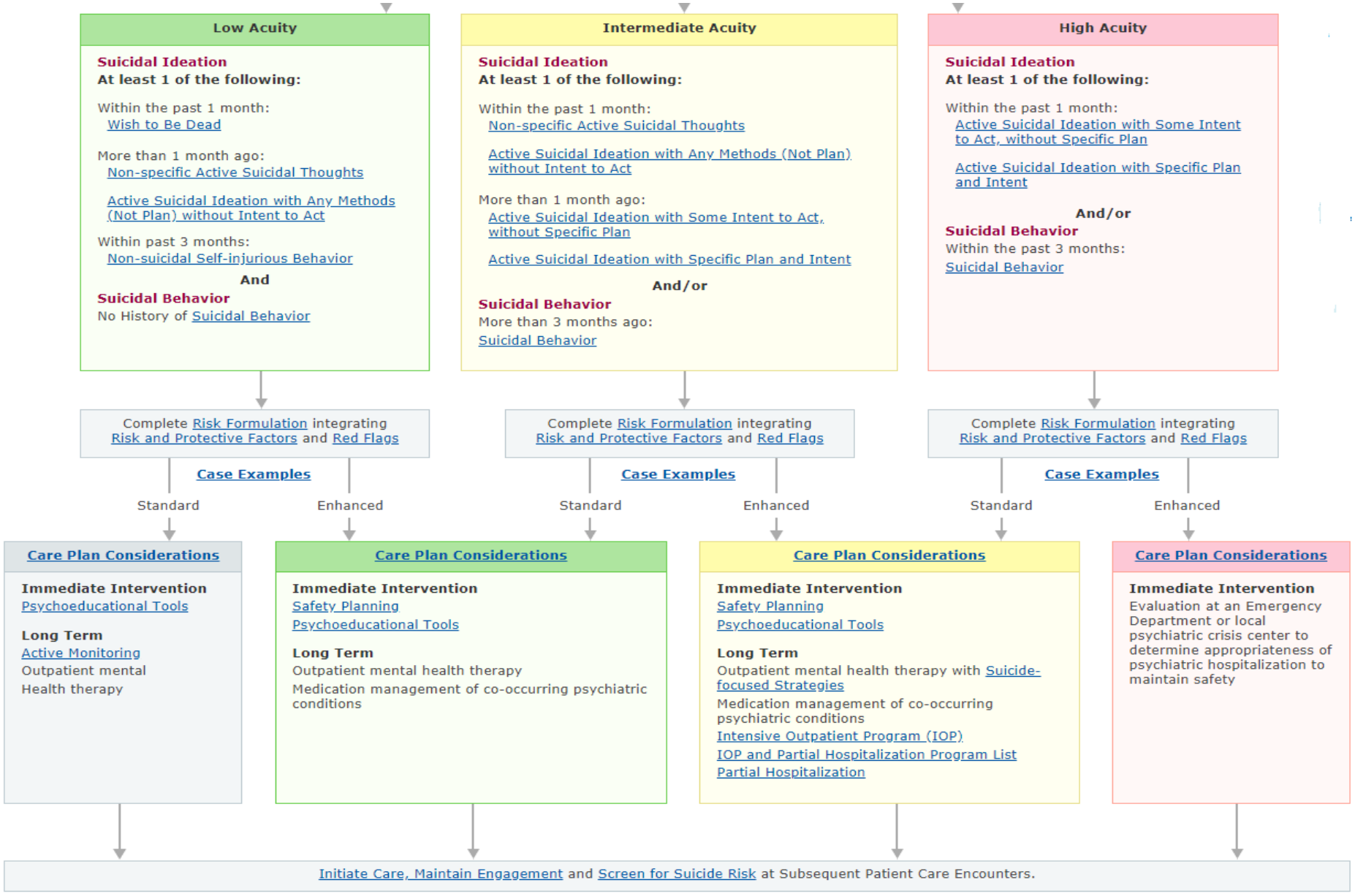
IOP and Partial Program Resource List

How to Apply for Medical Assistance in PA or NJ

CHOP Programs

Child and Adolescent Psychiatry and Behavioral Sciences

Youth Suicide Prevention, Intervention and Research Center


Low Acuity
Suicidal Ideation
At least 1 of the following:
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Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act
Within past 3 months:
Non-suicidal Self-injurious Behavior
And
Suicidal Behavior
No History of Suicidal Behavior
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Active Suicidal Ideation with Specific Plan and Intent
And/or
Suicidal Behavior
More than 3 months ago:
Suicidal Behavior
High Acuity
Suicidal Ideation
At least 1 of the following:
Within the past 1 month:
Active Suicidal Ideation with Some Intent to Act, without Specific Plan
Active Suicidal Ideation with Specific Plan and Intent
And/or
Suicidal Behavior
Within the past 3 months:
Suicidal Behavior
Complete Risk Formulation integrating Risk and Protective Factors and Red Flags
Case Examples
Standard
Enhanced
Complete Risk Formulation integrating Risk and Protective Factors and Red Flags
Case Examples
Standard
Enhanced
Complete Risk Formulation integrating Risk and Protective Factors and Red Flags
Case Examples
Standard
Enhanced
Care Plan Considerations
Immediate Intervention
Psychoeducational Tools
Long Term
Active Monitoring
Outpatient mental Health therapy
Care Plan Considerations
Immediate Intervention
Safety Planning
Psychoeducational Tools
Long Term
Outpatient mental health therapy
Medication management of co-occurring psychiatric conditions
Care Plan Considerations
Immediate Intervention
Safety Planning
Psychoeducational Tools
Long Term
Outpatient mental health therapy with Suicide-focused Strategies
Medication management of co-occurring psychiatric conditions
Intensive Outpatient Program (IOP)
IOP and Partial Hospitalization Program List
Partial Hospitalization
Care Plan Considerations
Immediate Intervention
Evaluation at an Emergency Department or local psychiatric crisis center to determine appropriateness of psychiatric hospitalization to maintain safety
Initiate Care, Maintain Engagement and Screen for Suicide Risk at Subsequent Patient Care Encounters.

SEVEN FUNDAMENTAL "PILLARS" OF ZERO SUICIDE

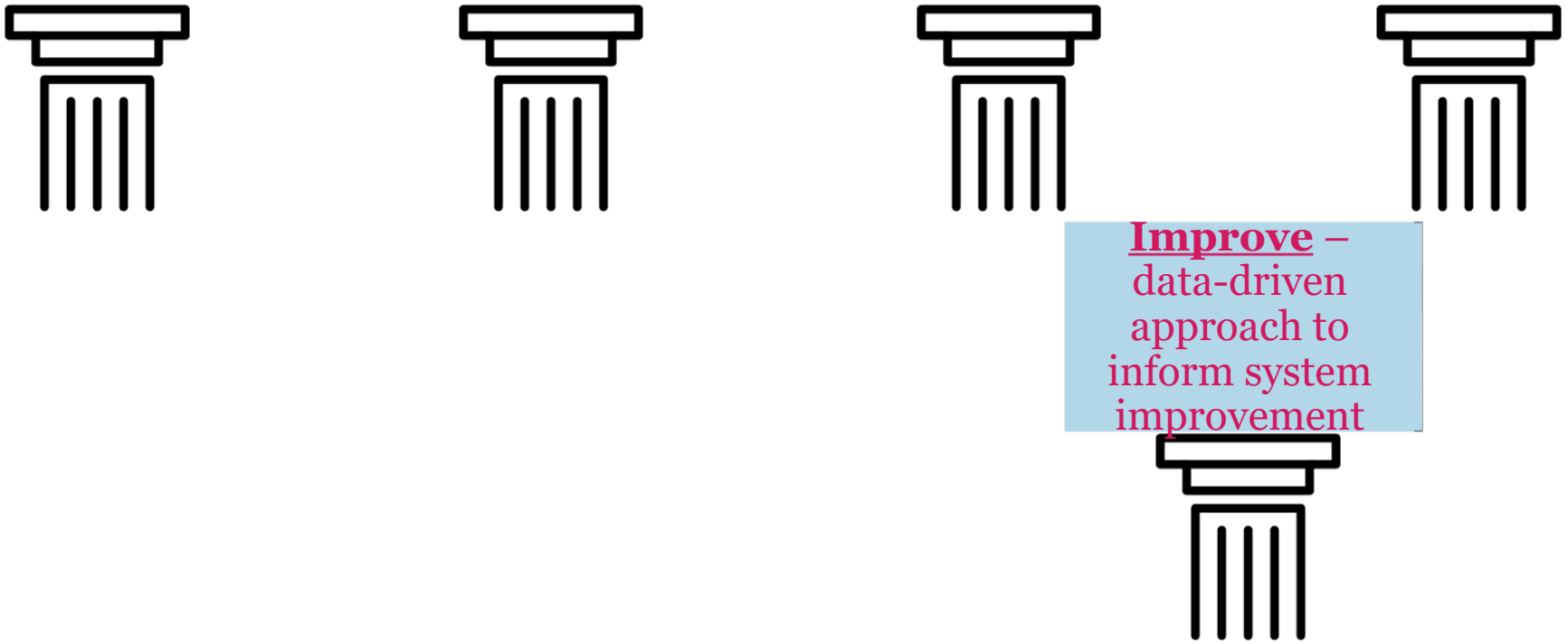
Lead – leadership-driven safety culture to reduce suicide

Train – develop a competent, confident, and caring staff

Identify – systematically identify and assess risk

Engage – every person has a pathway to care

Improve – data-driven approach to inform system improvement



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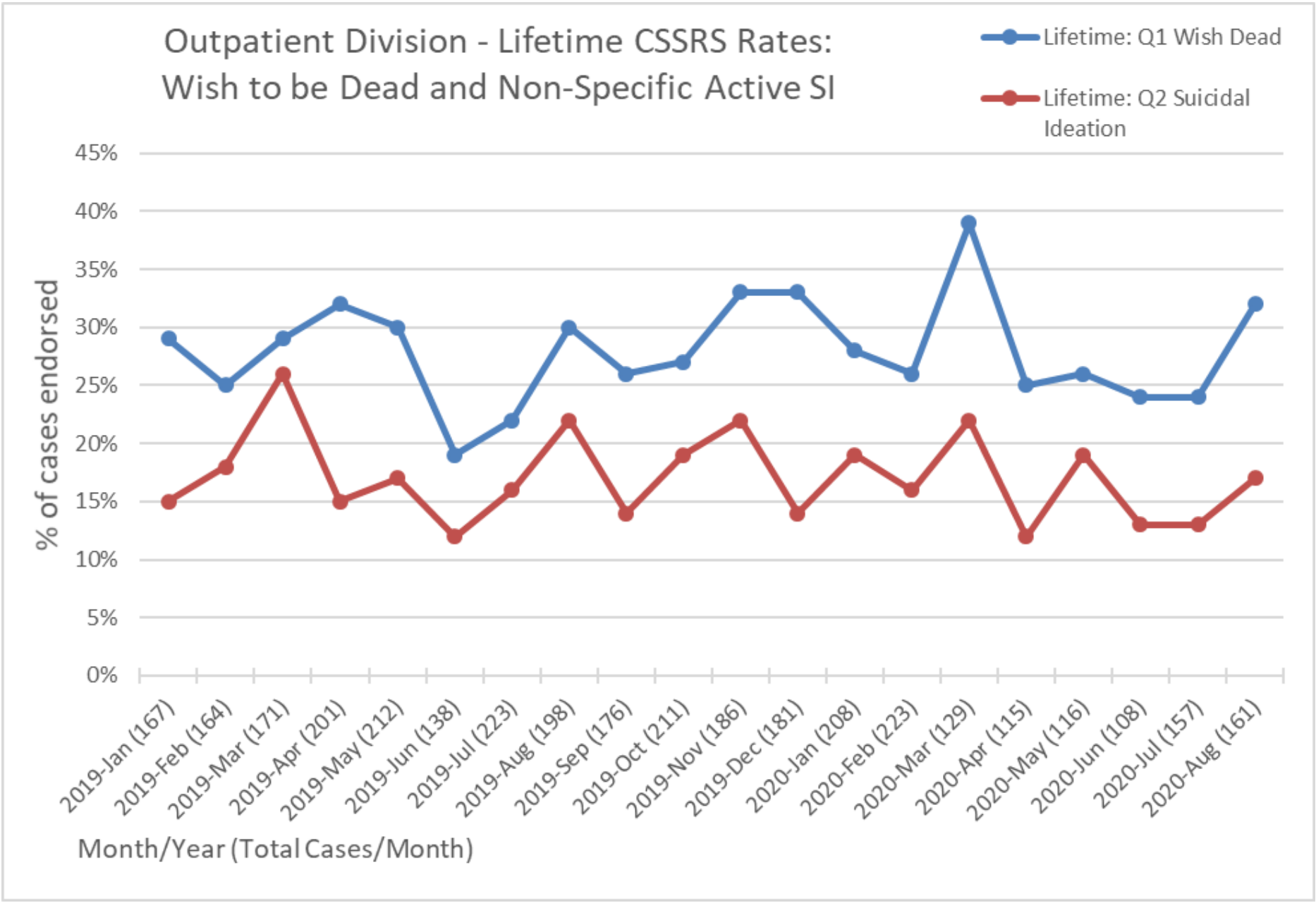
C-SSRS Completion

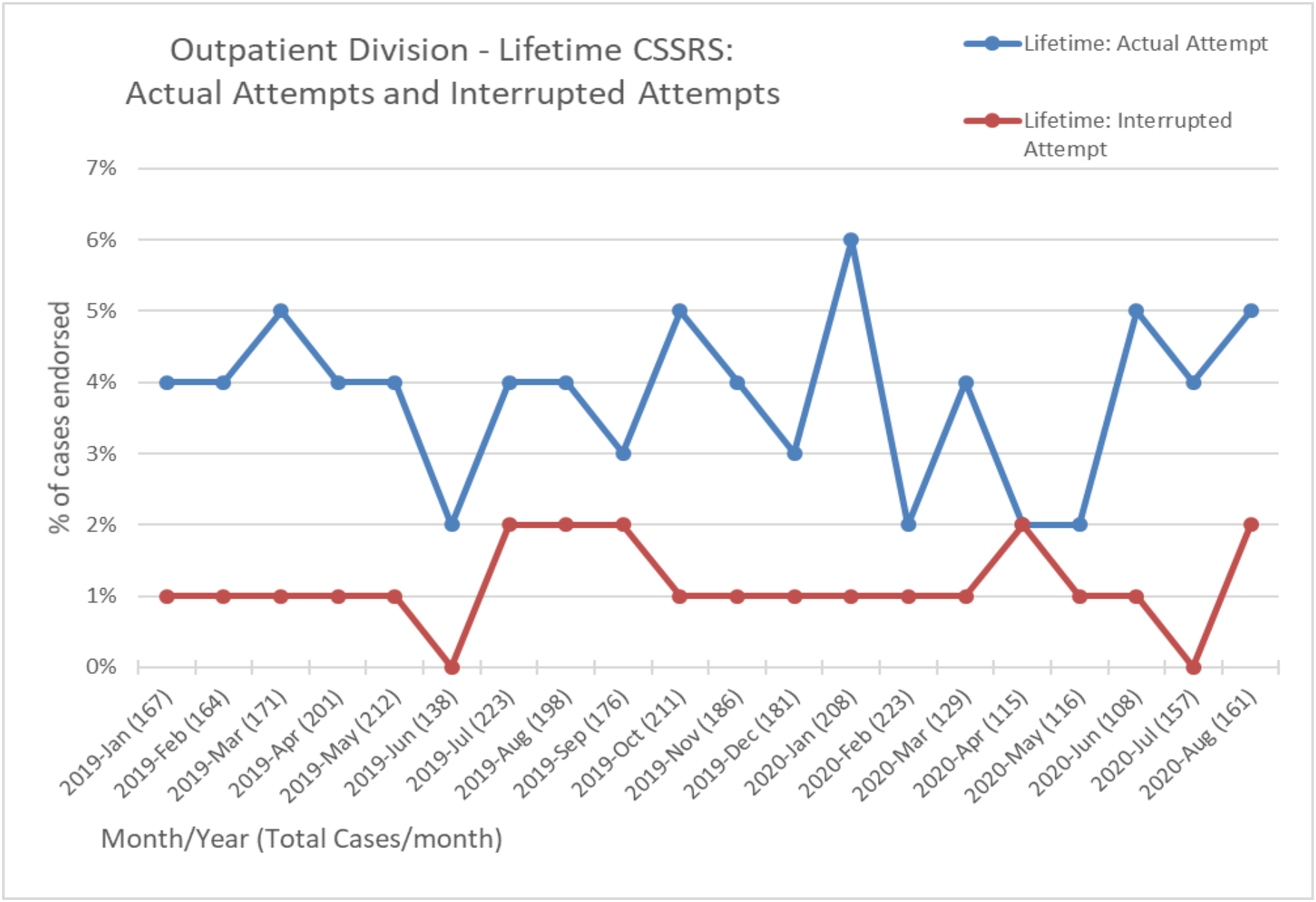
- Compliance with completing *C-SSRS* for new patients is close to %100
- *C-SSRS* completed (FY 2017-2020):
  - Total = 22,657 patients with any *C-SSRS* completed
  - New patient (Lifetime) = 19,046 patients
  - Follow-up (Since Last Contact) = 14,660 patients
  - Total visits with any *C-SSRS* completed = 122,774

IMPROVE – C-SSRS DATA

- Lifetime *C-SSRS* data at ambulatory new patient visits in the following divisions/programs/services:
  - Outpatient Division
  - Healthy Minds, Healthy Kids
  - Pediatric Psychology services
  - Neuropsychology
- Data reflect rate of endorsement at new patient visits of *C-SSRS* items:
  - Wish to be Dead
  - Non-specific Active Suicidal Ideation
  - Actual Attempt
  - Interrupted Attempt

OUTPATIENT DIVISION


Outpatient Division - Lifetime CSSRS Rates:
Wish to be Dead and Non-Specific Active SI
Lifetime: Q1 Wish Dead
Lifetime: Q2 Suicidal Ideation
% of cases endorsed
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
2019-Jan (167)
2019-Feb (164)
2019-Mar (171)
2019-Apr (201)
2019-May (212)
2019-Jun (138)
2019-Jul (223)
2019-Aug (198)
2019-Sep (176)
2019-Oct (211)
2019-Nov (186)
2019-Dec (181)
2020-Jan (208)
2020-Feb (223)
2020-Mar (129)
2020-Apr (115)
2020-May (116)
2020-Jun (108)
2020-Jul (157)
2020-Aug (161)
Month/Year (Total Cases/Month)


Outpatient Division - Lifetime CSSRS:
Actual Attempts and Interrupted Attempts
Lifetime: Actual Attempt
Lifetime: Interrupted Attempt
% of cases endorsed
7%
6%
5%
4%
3%
2%
1%
0%
2019-Jan (167)
2019-Feb (164)
2019-Mar (171)
2019-Apr (201)
2019-May (212)
2019-Jun (138)
2019-Jul (223)
2019-Aug (198)
2019-Sep (176)
2019-Oct (211)
2019-Nov (186)
2019-Dec (181)
2020-Jan (208)
2020-Feb (223)
2020-Mar (129)
2020-Apr (115)
2020-May (116)
2020-Jun (108)
2020-Jul (157)
2020-Aug (161)
Month/Year (Total Cases/month)

HEALTHY MINDS, HEALTHY KIDS

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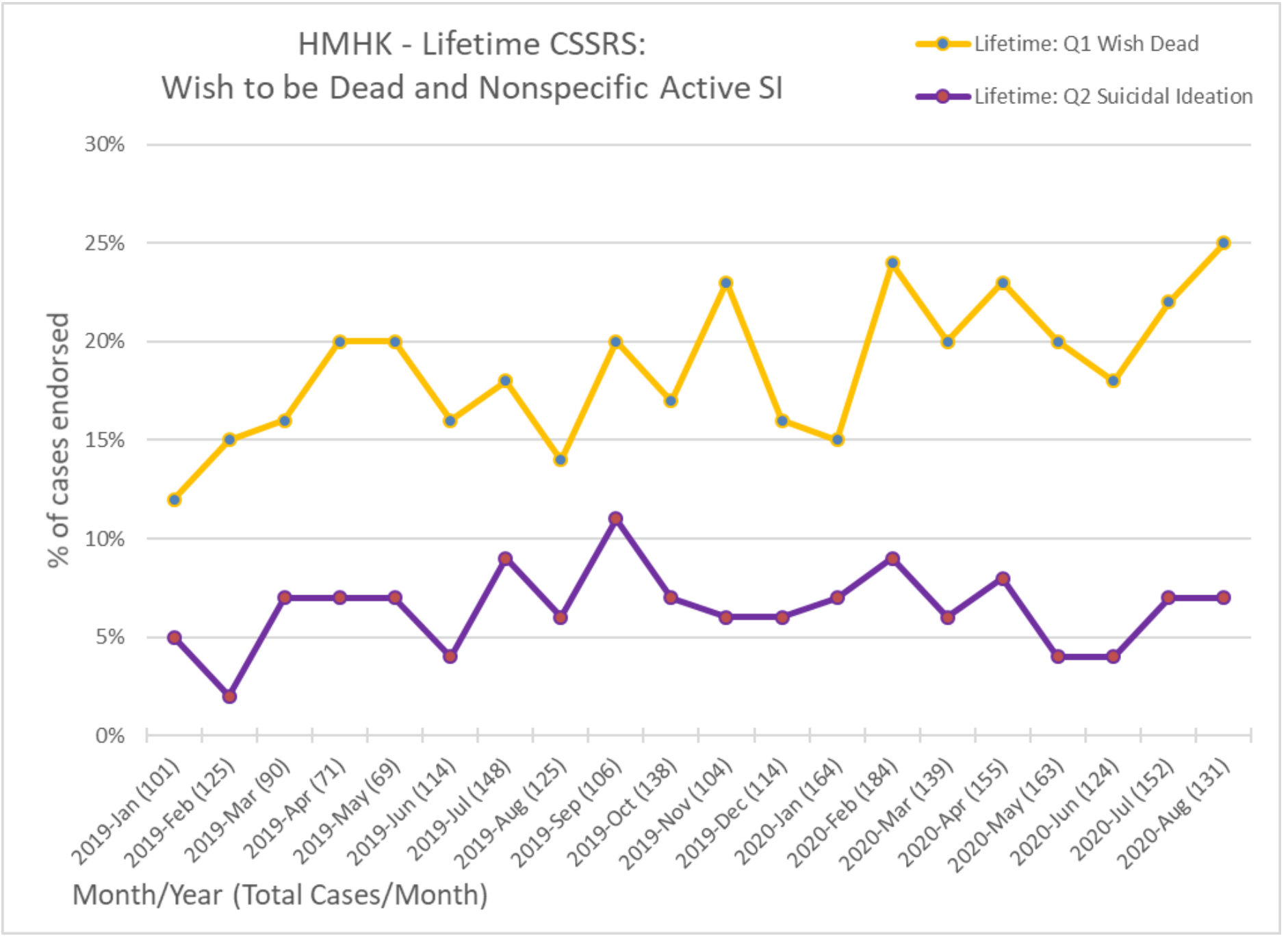
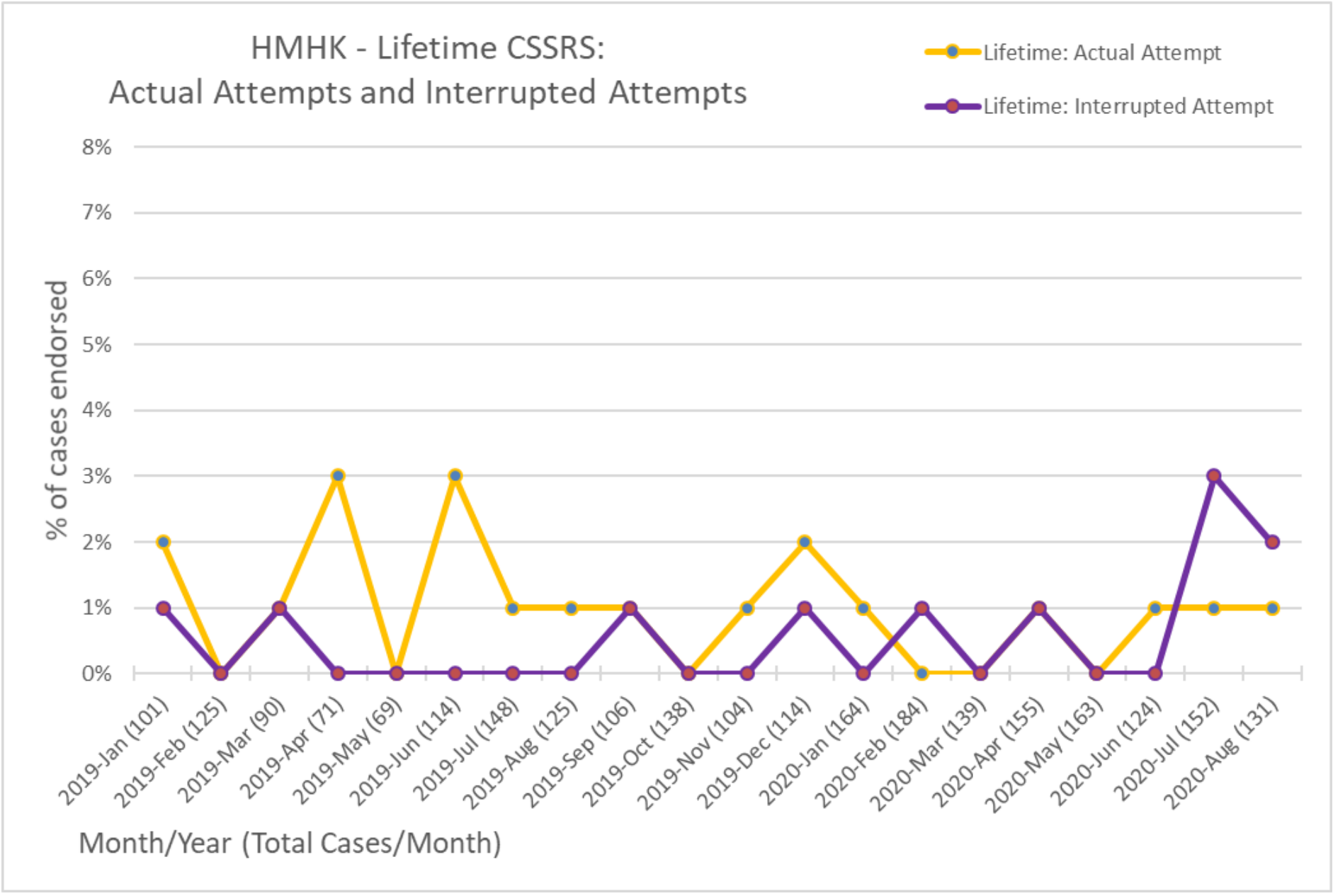

HMHK - Lifetime CSSRS:
Wish to be Dead and Nonspecific Active SI
Lifetime: Q1 Wish Dead
Lifetime: Q2 Suicidal Ideation
30%
25%
20%
15%
10%
5%
0%
% of cases endorsed
2019-Jan (101)
2019-Feb (125)
2019-Mar (90)
2019-Apr (71)
2019-May (69)
2019-Jun (114)
2019-Jul (148)
2019-Aug (125)
2019-Sep (106)
2019-Oct (138)
2019-Nov (104)
2019-Dec (114)
2020-Jan (164)
2020-Feb (184)
2020-Mar (139)
2020-Apr (155)
2020-May (163)
2020-Jun (124)
2020-Jul (152)
2020-Aug (131)
Month/Year (Total Cases/Month)


HMHK - Lifetime CSSRS:
Actual Attempts and Interrupted Attempts
Lifetime: Actual Attempt
Lifetime: Interrupted Attempt
8%
7%
6%
5%
4%
3%
2%
1%
0%
% of cases endorsed
2019-Jan (101)
2019-Feb (125)
2019-Mar (90)
2019-Apr (71)
2019-May (69)
2019-Jun (114)
2019-Jul (148)
2019-Aug (125)
2019-Sep (106)
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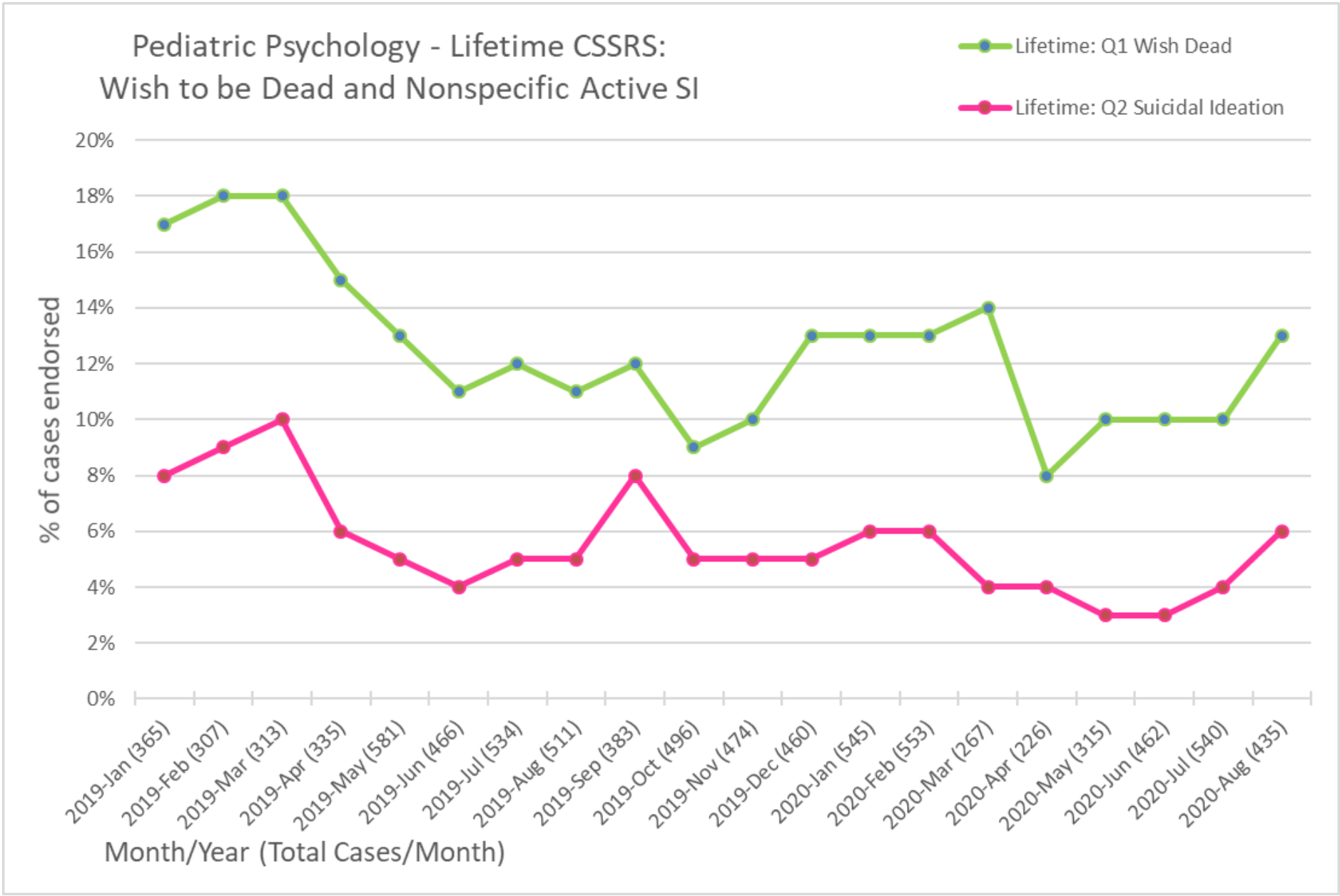
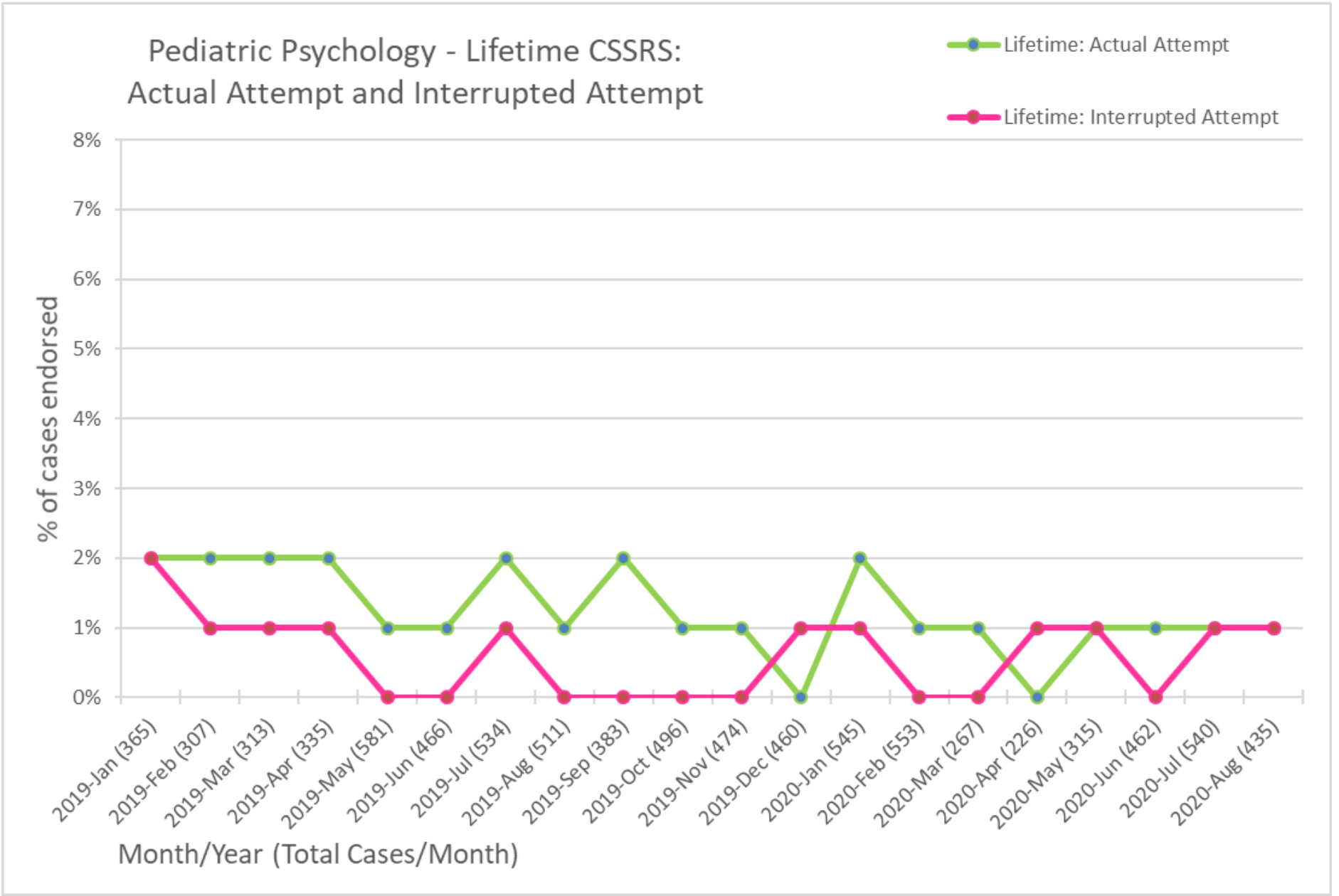
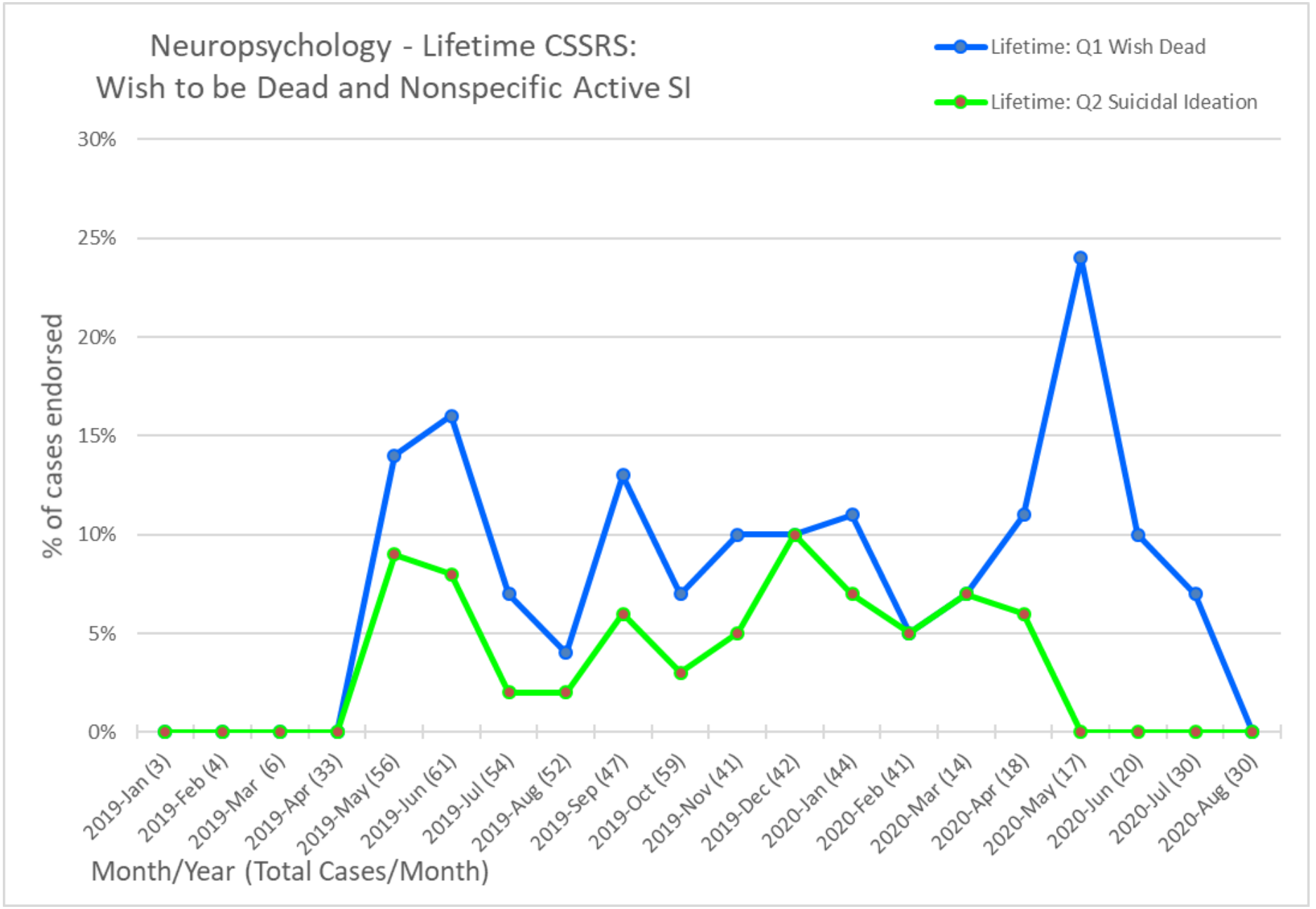
2020-Feb (184)
2020-Mar (139)
2020-Apr (155)
2020-May (163)
2020-Jun (124)
2020-Jul (152)
2020-Aug (131)
Month/Year (Total Cases/Month)

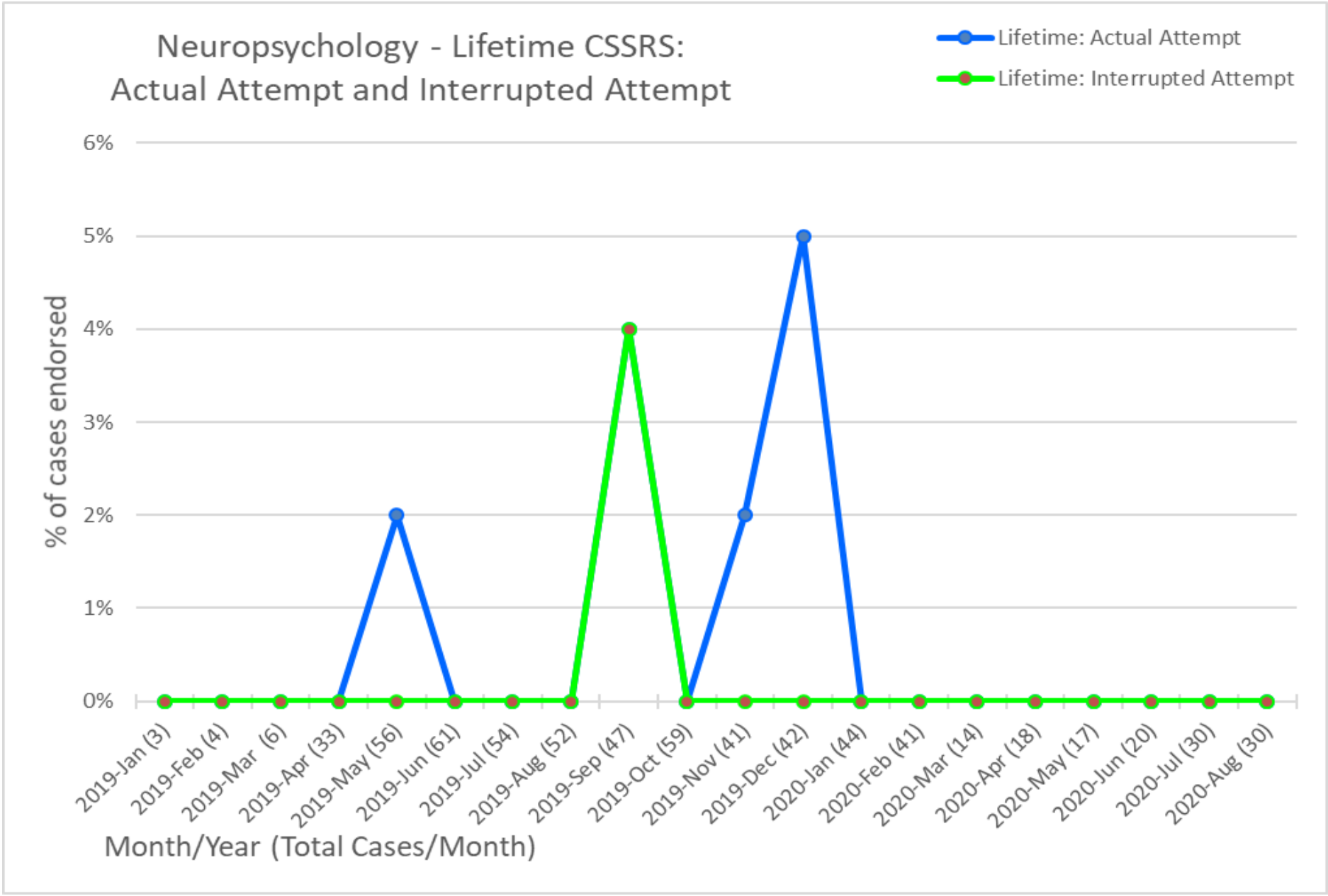
PEDIATRIC PSYCHOLOGY


Pediatric Psychology - Lifetime CSSRS:
Wish to be Dead and Nonspecific Active SI
Lifetime: Q1 Wish Dead
Lifetime: Q2 Suicidal Ideation
% of cases endorsed
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
2019-Jan (365)
2019-Feb (307)
2019-Mar (313)
2019-Apr (335)
2019-May (581)
2019-Jun (466)
2019-Jul (534)
2019-Aug (511)
2019-Sep (383)
2019-Oct (496)
2019-Nov (474)
2019-Dec (460)
2020-Jan (545)
2020-Feb (553)
2020-Mar (267)
2020-Apr (226)
2020-May (315)
2020-Jun (462)
2020-Jul (540)
2020-Aug (435)
Month/Year (Total Cases/Month)


Pediatric Psychology - Lifetime CSSRS:
Actual Attempt and Interrupted Attempt
Lifetime: Actual Attempt
Lifetime: Interrupted Attempt
% of cases endorsed
8%
7%
6%
5%
4%
3%
2%
1%
0%
2019-Jan (365)
2019-Feb (307)
2019-Mar (313)
2019-Apr (335)
2019-May (581)
2019-Jun (466)
2019-Jul (534)
2019-Aug (511)
2019-Sep (383)
2019-Oct (496)
2019-Nov (474)
2019-Dec (460)
2020-Jan (545)
2020-Feb (553)
2020-Mar (267)
2020-Apr (226)
2020-May (315)
2020-Jun (462)
2020-Jul (540)
2020-Aug (435)
Month/Year (Total Cases/Month)

NEUROPSYCHOLOGY


Neuropsychology - Lifetime CSSRS:
Wish to be Dead and Nonspecific Active SI
Lifetime: Q1 Wish Dead
Lifetime: Q2 Suicidal Ideation
30%
25%
20%
15%
10%
5%
0%
% of cases endorsed
2019-Jan (3)
2019-Feb (4)
2019-Mar (6)
2019-Apr (33)
2019-May (56)
2019-Jun (61)
2019-Jul (54)
2019-Aug (52)
2019-Sep (47)
2019-Oct (59)
2019-Nov (41)
2019-Dec (42)
2020-Jan (44)
2020-Feb (41)
2020-Mar (14)
2020-Apr (18)
2020-May (17)
2020-Jun (20)
2020-Jul (30)
2020-Aug (30)
Month/Year (Total Cases/Month)


Neuropsychology - Lifetime CSSRS:
Actual Attempt and Interrupted Attempt
Lifetime: Actual Attempt
Lifetime: Interrupted Attempt
% of cases endorsed
6%
5%
4%
3%
2%
1%
0%
2019-Jan (3)
2019-Feb (4)
2019-Mar (6)
2019-Apr (33)
2019-May (56)
2019-Jun (61)
2019-Jul (54)
2019-Aug (52)
2019-Sep (47)
2019-Oct (59)
2019-Nov (41)
2019-Dec (42)
2020-Jan (44)
2020-Feb (41)
2020-Mar (14)
2020-Apr (18)
2020-May (17)
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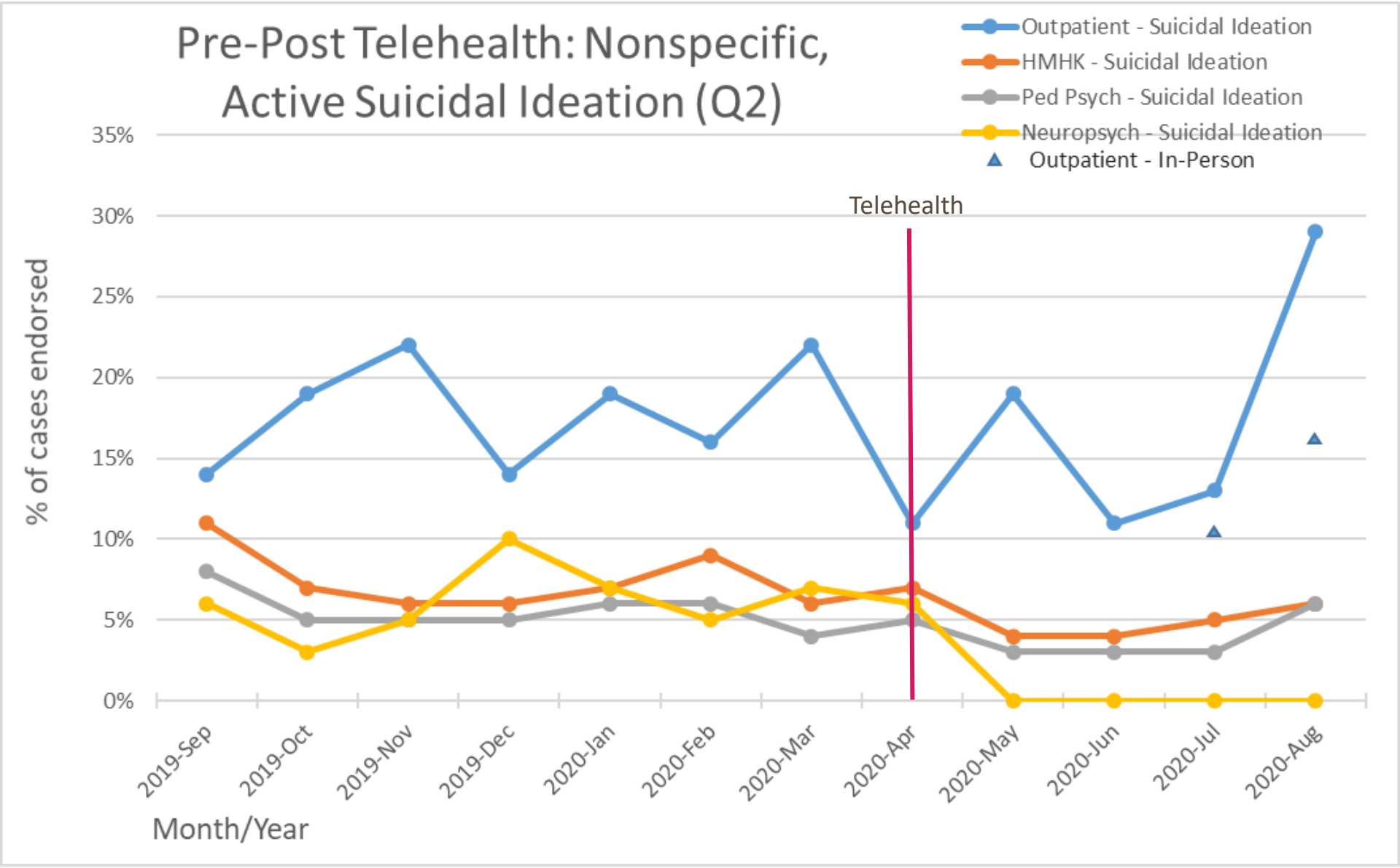
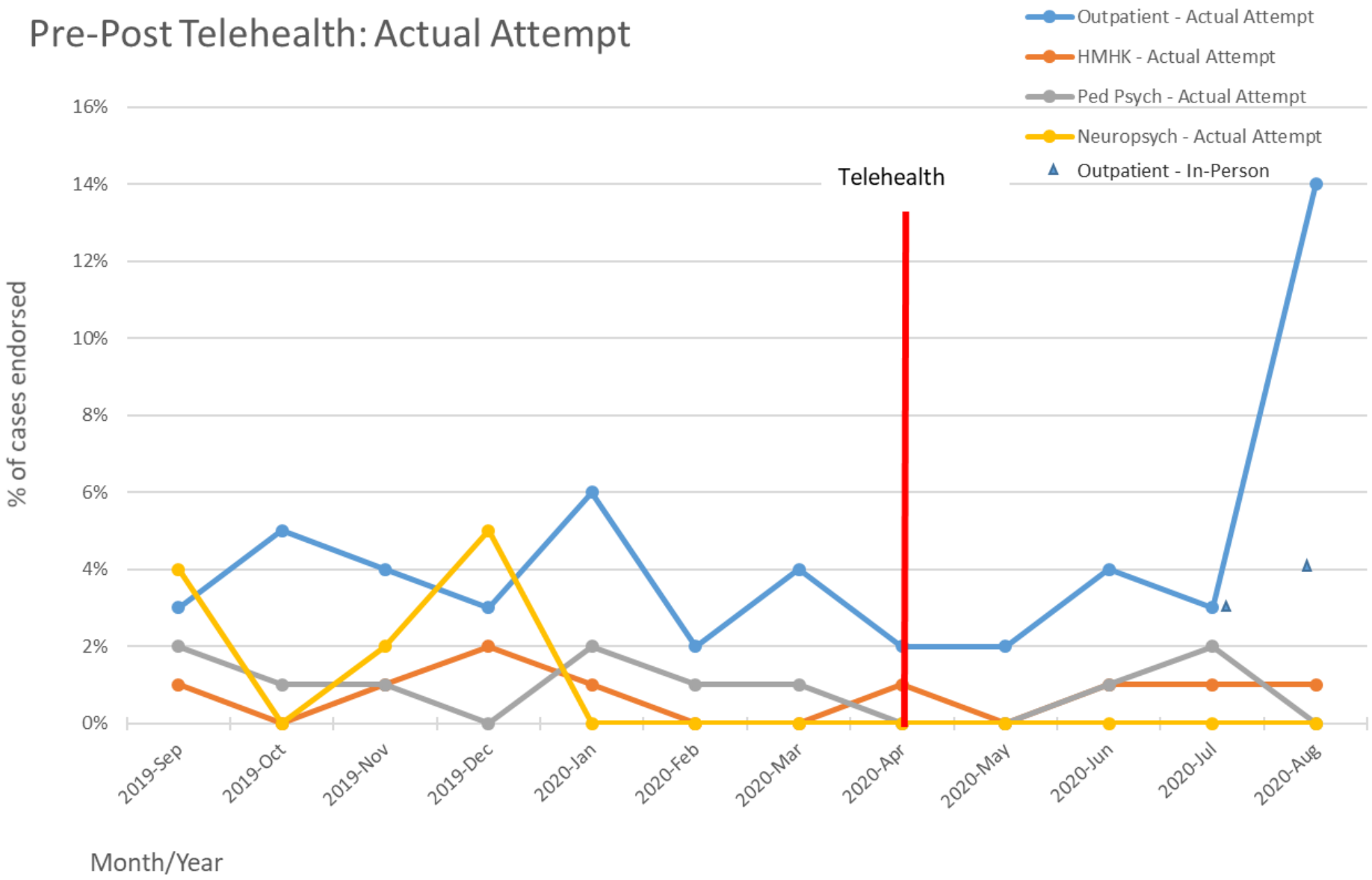
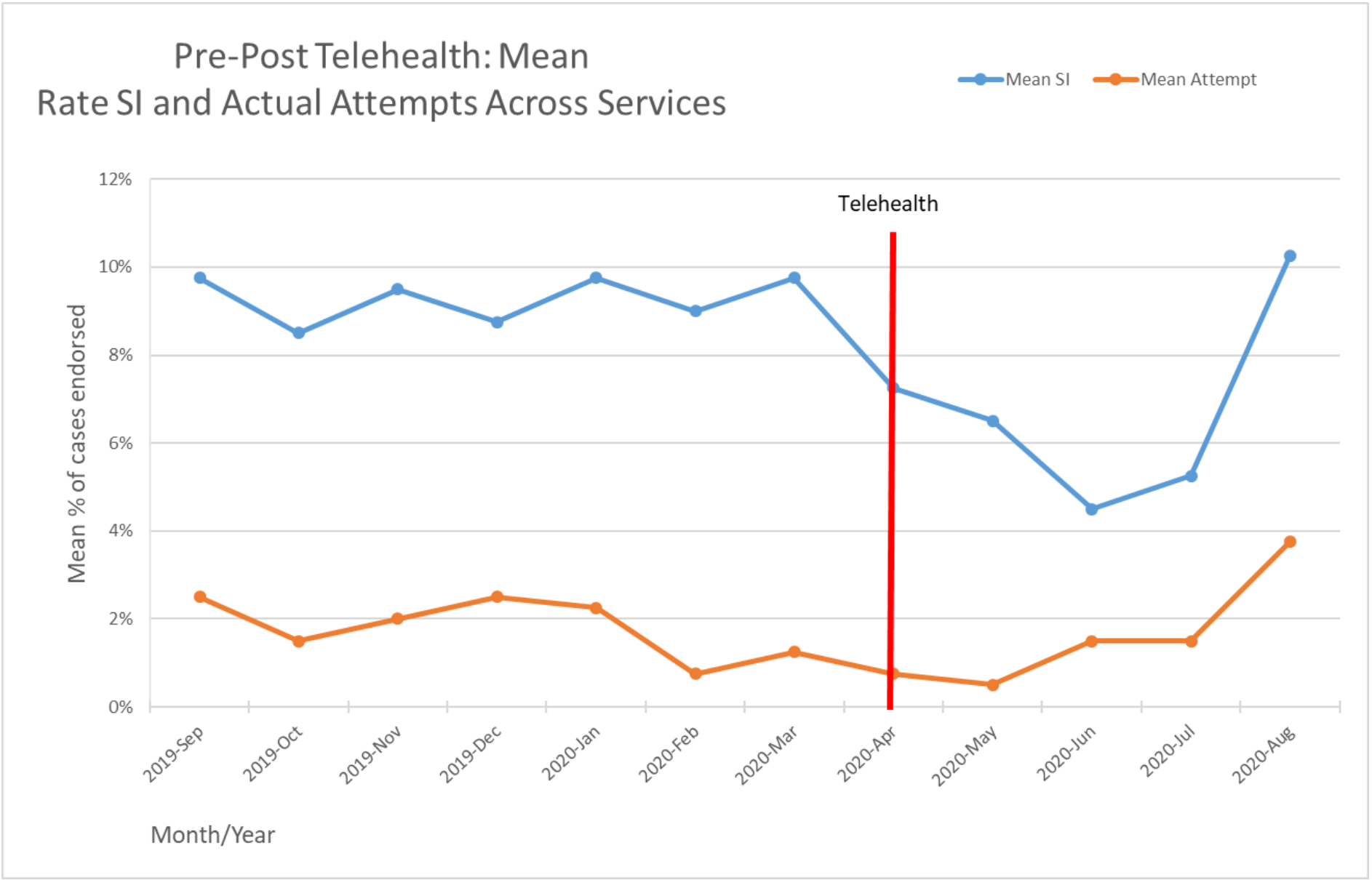
2020-Jul (30)
2020-Aug (30)
Month/Year (Total Cases/Month)

C-SSRS DATA - TELEHEALTH


Pre-Post Telehealth: Nonspecific, Active Suicidal Ideation (Q2)
Outpatient - Suicidal Ideation
HMHK - Suicidal Ideation
Ped Psych - Suicidal Ideation
Neuropsych - Suicidal Ideation
Outpatient - In-Person
Telehealth
% of cases endorsed
35%
30%
25%
20%
15%
10%
5%
0%
2019-Sep
2019-Oct
2019-Nov
2019-Dec
2020-Jan
2020-Feb
2020-Mar
2020-Apr
2020-May
2020-Jun
2020-Jul
2020-Aug
Month/Year

Pre-Post Telehealth: Actual Attempt




Pre-Post Telehealth: Mean Rate SI and Actual Attempts Across Services
Mean SI
Mean Attempt
Telehealth
12%
10%
8%
6%
4%
2%
0%
Mean % of cases endorsed
2019-Sep
2019-Oct
2019-Nov
2019-Dec
2020-Jan
2020-Feb
2020-Mar
2020-Apr
2020-May
2020-Jun
2020-Jul
2020-Aug
Month/Year

FUTURE DIRECTIONS

Lead – leadership-driven safety culture to reduce suicide

Train – develop a competent, confident, and caring staff

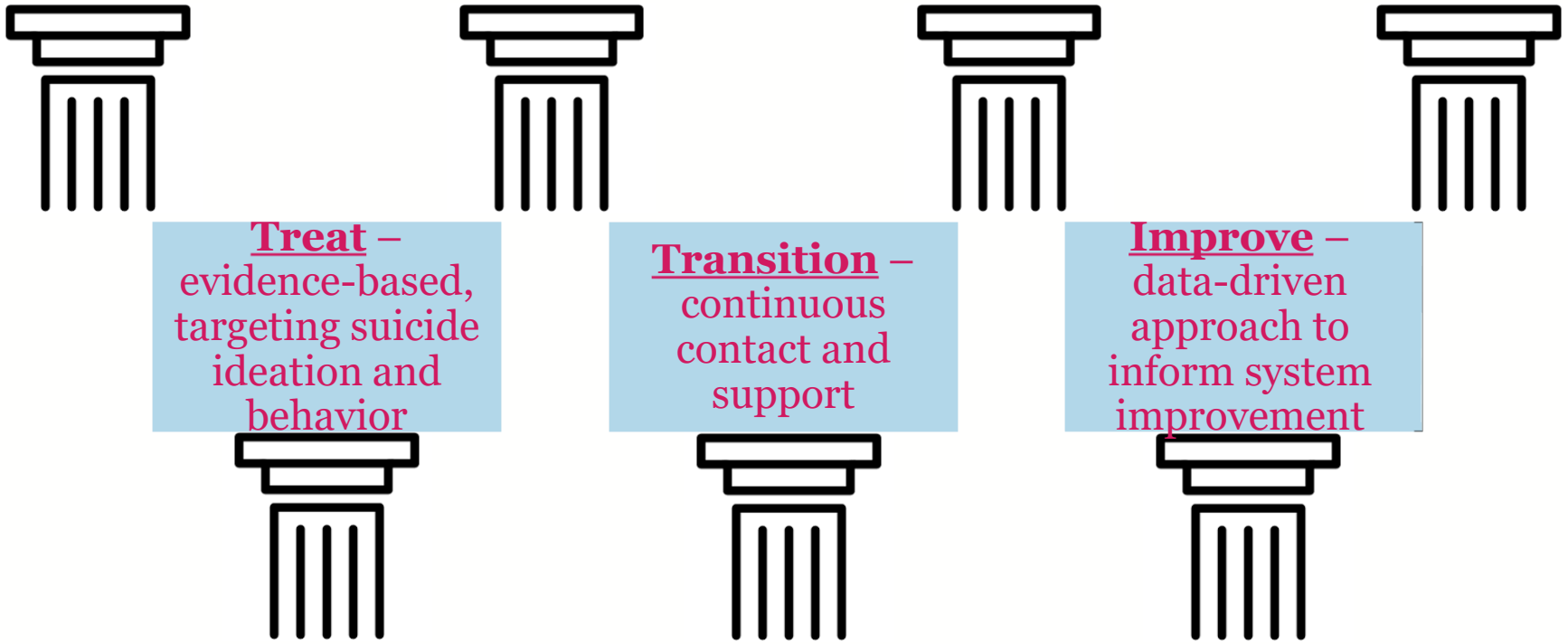
Identify – systematically identify and assess risk

Engage – every person has a pathway to care

Treat – evidence-based, targeting suicide ideation and behavior

Transition – continuous contact and support

Improve – data-driven approach to inform system improvement



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TREAT

Safety Planning

- Safety Planning Intervention (*Stanley, B. & Brown, G. (2012)*
- Use "train the trainer approach" to build a sustainable model
- Develop a standardized process for how and when Safety Planning is done

DBT Multi-Family Skills Group

- Began in February 2018; Over 400 group visits, spread over 25+ families. 14 families have graduated
- Pilot of DBT+ (skills group and DBT informed individual therapy)

CARDINAL HEALTH FOUNDATION

- Awarded grant funding for two years of Zero Suicide work
- Aims
  - Expanding implementation of Zero Suicide-informed initiatives to the larger CHOP pediatric care network, including medical specialty care, inpatient settings, emergency department, and primary care.
  - Expand our program's data collection and analysis capabilities to support continuous quality improvement related to suicide prevention initiatives across the entire CHOP system
- **Transition** – Goal of developing effective approaches to linking patients with highest suicide risk to treatment providers prior to discharge from inpatient or emergency room to outpatient care
  - Caring Contacts

THANK YOU!

CHOP Zero Suicide Workgroup

- O'Nisha Lawrence, MD
- Jason Lewis, PhD
- Steve Soffer, PhD
- Yesenia Marroquin, PhD

Want to learn more about Zero Suicide??

Go to - **http://zerosuicide.sprc.org/**

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