Implementation of an Evidence-Based Tool to Improve Suicide Screening

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INTRODUCTION

Background

2020 Suicide Statistics in the US

- 12th leading cause of death, claiming 45,900+ lives
- 4.9% of adults reported serious thoughts about suicide
- 0.5% of adults reported a suicide attempt within previous year

Prevention

- US Joint Commission (TJC) & World Health Organization (WHO) recommend routine suicide screening in healthcare settings
- TJC identified the Columbia-Suicide Severity Rating Scale (C-SSRS) as a validated, evidence-based suicide risk assessment tool

Location & Population

Pope Psychiatry, PLLC

- Outpatient psychiatric services in WA
- Independent practice, contracts with group private practice
- Services delivered via telehealth & in-clinic (Seattle, WA)

Patient Population

- Adults (18-50 years old)
- ADHD, anxiety, bipolar, depression, eating disorders, OCD, panic, phobias, transgender issues, trauma

Problem

- Pope Psychiatry, PLLC, is not utilizing a validated, evidence-based screening tool to identify patients at-risk for suicide
- Current gap in care compromises patient safety as inadequate screening may result in overlooking a high-risk patient

Team Members

- Office manager
- Administrative assistants
- Provider (psychiatric mental health nurse practitioner)

Aim

To improve suicide prevention measures amongst patients at an outpatient psychiatric clinic by increasing the percentage of patients being assessed for suicide with a validated screening tool from 0% to 50% within a six week period.

Objectives

- Review accessible suicide screening tools & select a validated, evidence-based tool
- Develop change management process to incorporate screening tool into current workflow
- Add suicide screening tool to EMR & educate administrative assistants on new process
- Implement suicide screening tool for all patients

METHODS

Plan-Do-Study-Act Cycle

Plan

- Implement C-SSRS Screener Self-Report at every patient visit 12/1/22-1/6/23
- Team meeting to discuss change in workflow
- Data collection (# of patients seen & # of patients who complete the C-SSRS)

Do

- Carry out the test 12/1/22-1/6/23
- Document problems & observations
- Data collection: chart review at the end of each week with data documented on Excel spreadsheet

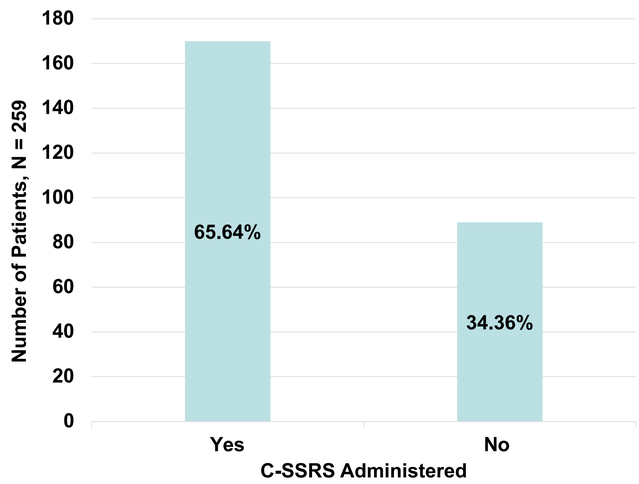
Study

- Analyze results & compare to predictions
- Evaluate data & determine if project's aim was achieved (% of patients screened with C-SSRS Screener Self-Report)
- Summarize & reflect on lessons learned

Act

- Make plan to adapt, adopt, or abandon change

Utilization of the C-SSRS Screener Self-Report



Note. Data was collected from December 1, 2022 - January 6, 2023.

RESULTS

C-SSRS Administered	n (%)
Yes	170 (65.64)
No	89 (34.36)

Note. N = 259. 170 (65.64%) patients were screened with the C-SSRS, & 89 (34.36%) patients were not screened with the C-SSRS.

Project's aim was achieved: The percentage of patients being assessed for suicide with a validated screening tool increased from 0% to 65.64% within a six week period.

FINDINGS & IMPLICATIONS

Findings

- C-SSRS is a feasible tool to implement in the clinical setting
- Utilization of the C-SSRS Screener Self-Report improved suicide screening by identifying at-risk patients
- C-SSRS is a tool to augment, rather than replace a clinician's assessment

Limitations: tested with 1 provider over a limited time period

Next steps: Adapt change by having C-SSRS Screener Self-Report form auto-populate in patient portal once the appointment is scheduled

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