



Session C4b  
October 18 2014

# Suicide Prevention: A New Focus, and New Solutions for Integrated Primary Care

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Committee, National Action Alliance on Suicide Prevention**

**Virna Little, Psy.D. Vice President, Institute for Family Health**

Collaborative Family Healthcare Association 16<sup>th</sup> Annual Conference  
October 16-18, 2014 Washington, DC U.S.A.

# Faculty Disclosure

- **We currently have or have had the following relevant financial relationships (in any amount) during the past 12 months:**
  - **Mike Hogan: Hogan Health Solutions LLC: Current engagements include:**
    - Education Development Center/Suicide Prevention Resource Center
    - Westat (National Integration Academy Council)
    - Sunnovion Pharmaceuticals/IBM
    - Disability Rights North Carolina
    - Oklahoma Dept MHSAS
    - Board member: The Joint Commission
  - **Virna Little: Institute for Family Health, Vice President**

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The content of my material/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

# Learning Objectives

At the conclusion of this session, the participant will be able to:

- **Identify**
  - Several patterns of health care contact for people who completed suicide
  - At least 3 clinical elements of Zero Suicide
  - At least one resource for information and support about implementing suicide safer care/Zero Suicide

# Bibliography / References

1. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.
2. Clinical Care Task Force, National Action Alliance for Suicide Prevention. Clinical care in systems framework. Accessed at:  
<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/taskforces/ClinicalCareInterventionReport.pdf>
3. Gregory E. Simon, M.D., M.P.H.; Carolyn M. Rutter, Ph.D.; Do Peterson, M.S.; Malia Oliver, B.A.; Ursula Whiteside, Ph.D.; Belinda Operskalski, M.P.H.; Evette J. Ludman, Ph.D. Does Response on the PHQ-9 Depression Questionnaire Predict Subsequent Suicide Attempt or Suicide Death? Psychiatric Services 2013; doi: 10.1176/appi.ps.201200587

# Bibliography / References

1. Posner, K., Brown, G.K., Stanley, B., Brent, D.A., Yershova, K.V., Oquendo, M.A., Currier, G.W., Melvin, G., Greenhill, L., Shen, S., & Mann, J.J., The Columbia-Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings From Three Multisite Studies With Adolescents and Adults *American Journal of Psychiatry*, 2011; 168:1266-1277.
2. Stanley, B., Brown, G.K. Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice* 19 (2012) 256-264
3. Jobes., D.A. The Collaborative Assessment and Management of Suicidality (CAMS): an evolving evidence-based clinical approach to suicidal risk. *Suicide Life Threat Behav.* 2012 Dec;42(6):640-53. doi: 10.1111/j.1943-278X.2012.00119.x. Epub 2012 Sep 12.

# Learning Assessment

- A question and answer period will be conducted at the end of this presentation.

## It is Time to Acknowledge:

### *Suicide Deaths for People in Care are a Problem*

- People receiving mental health care:
  - Risk among people with depression and other mental health problems are 4-20x general population
  - About 20% of people who died by suicide were getting care in the mental health system
- 30% of people who died by suicide saw MH professional in previous 30 days
- South Carolina: 10% of all suicide deaths were people seen in ED in previous 60 days
- **Half of the people who die by suicide saw a GP in previous month...70% among older men**



GOAL 8: Promote suicide prevention as a core component of health care services.

Our proposition: Suicide Safer Care should be expected in advanced/integrated primary care. It's where the need is, and new tools and supports make it feasible

**2012 National Strategy for Suicide Prevention:  
GOALS AND OBJECTIVES FOR ACTION**

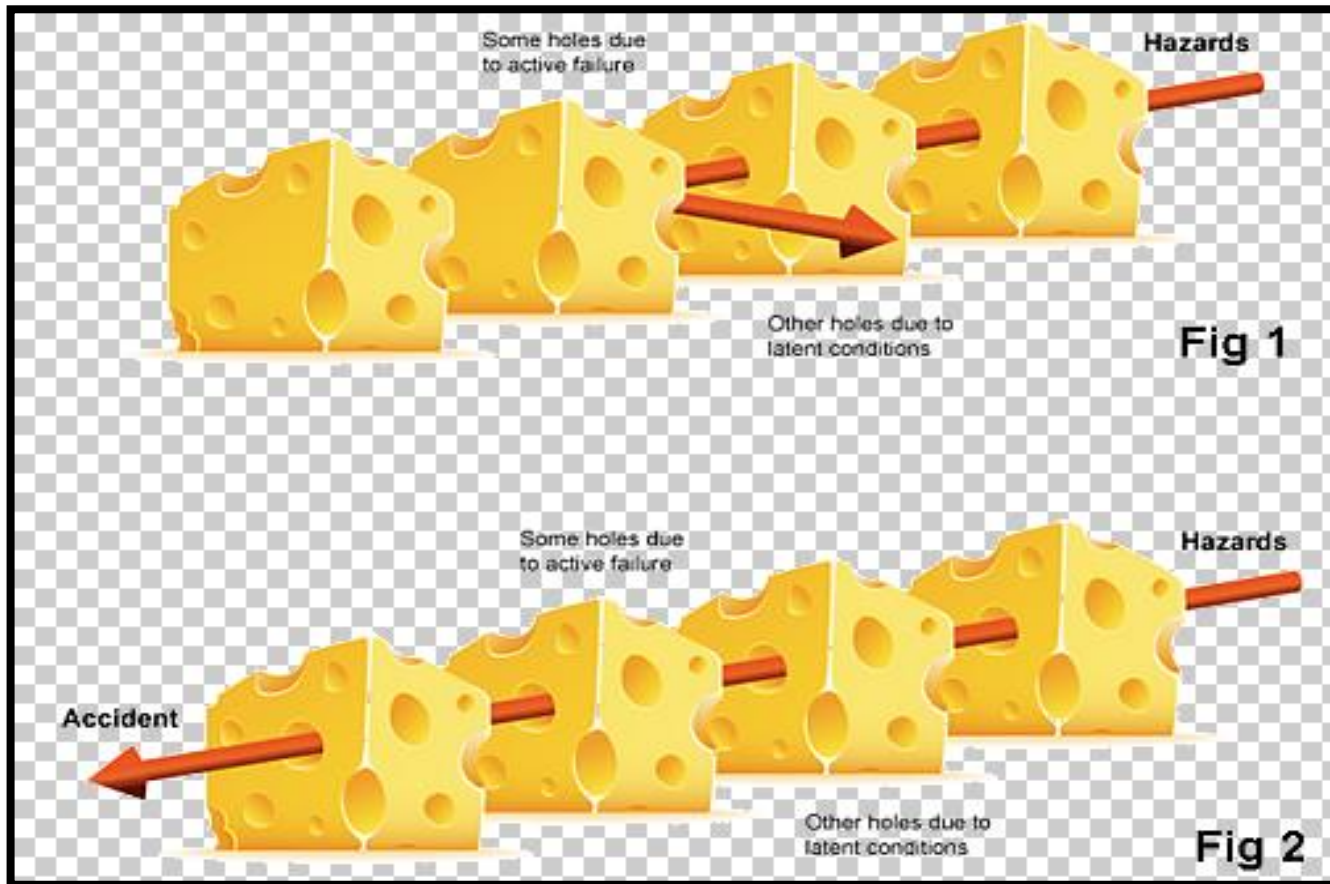
**A report of the U.S. Surgeon General  
and of the National Action Alliance for Suicide Prevention**

## Suicide Safe Care/Zero Suicide is...

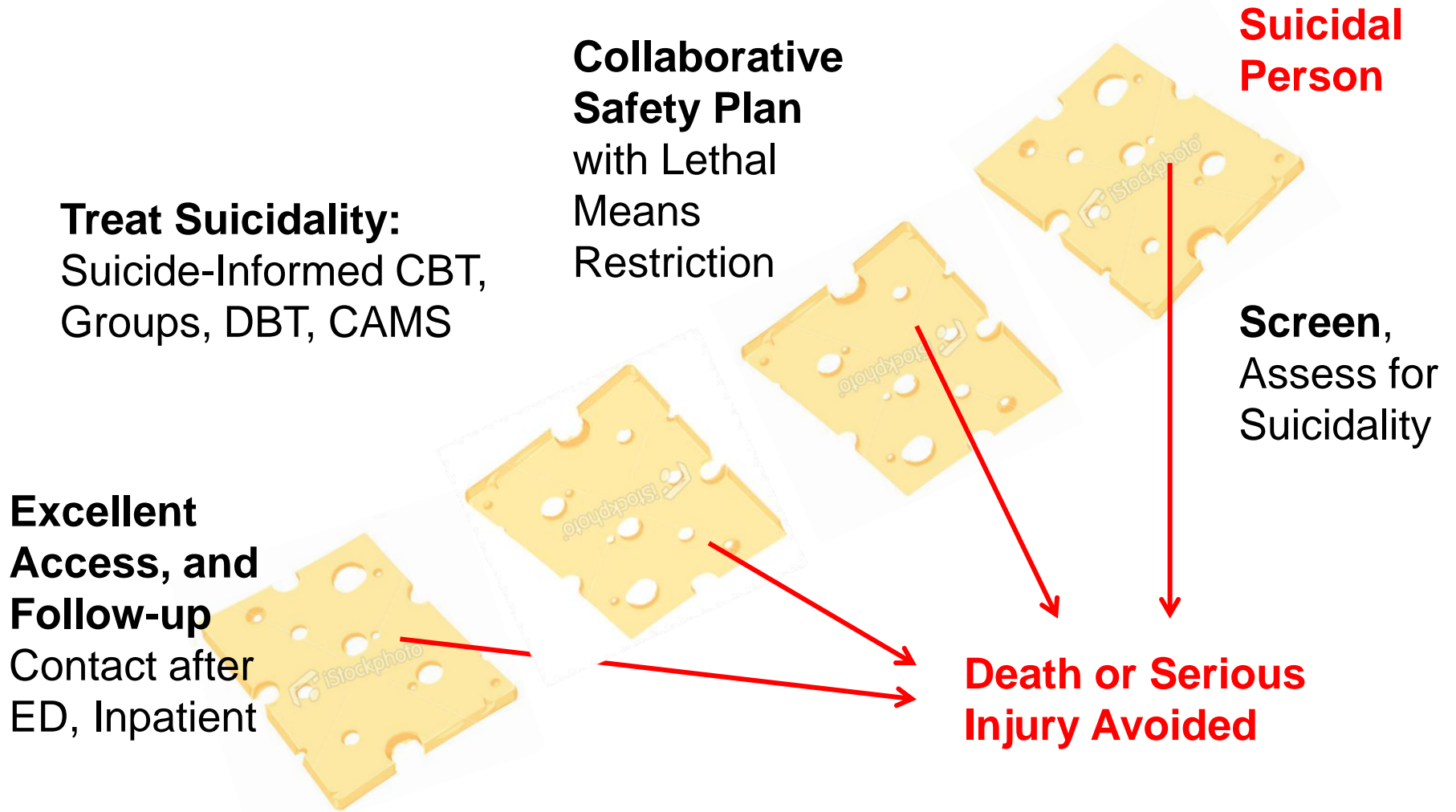
- **A priority of the Action Alliance for Suicide Prevention, Embedded in the *National Strategy for Suicide Prevention*.**
- **A core patient safety issue in ambulatory care.**
- **A framework for systematic, clinical suicide prevention in behavioral health and healthcare systems, with newly available best practices and tools at: [www.zerosuicide.com](http://www.zerosuicide.com).**
- **A fledgling movement and mission to keep people *in our care* alive and well...with your leadership and commitment.**

# Zero Suicide As A Focus on Patient Safety and Error Reduction

- James Reason's "Swiss Cheese Model" of accident prevention



# Systematic Suicide Care Plugs the Holes in Health Care

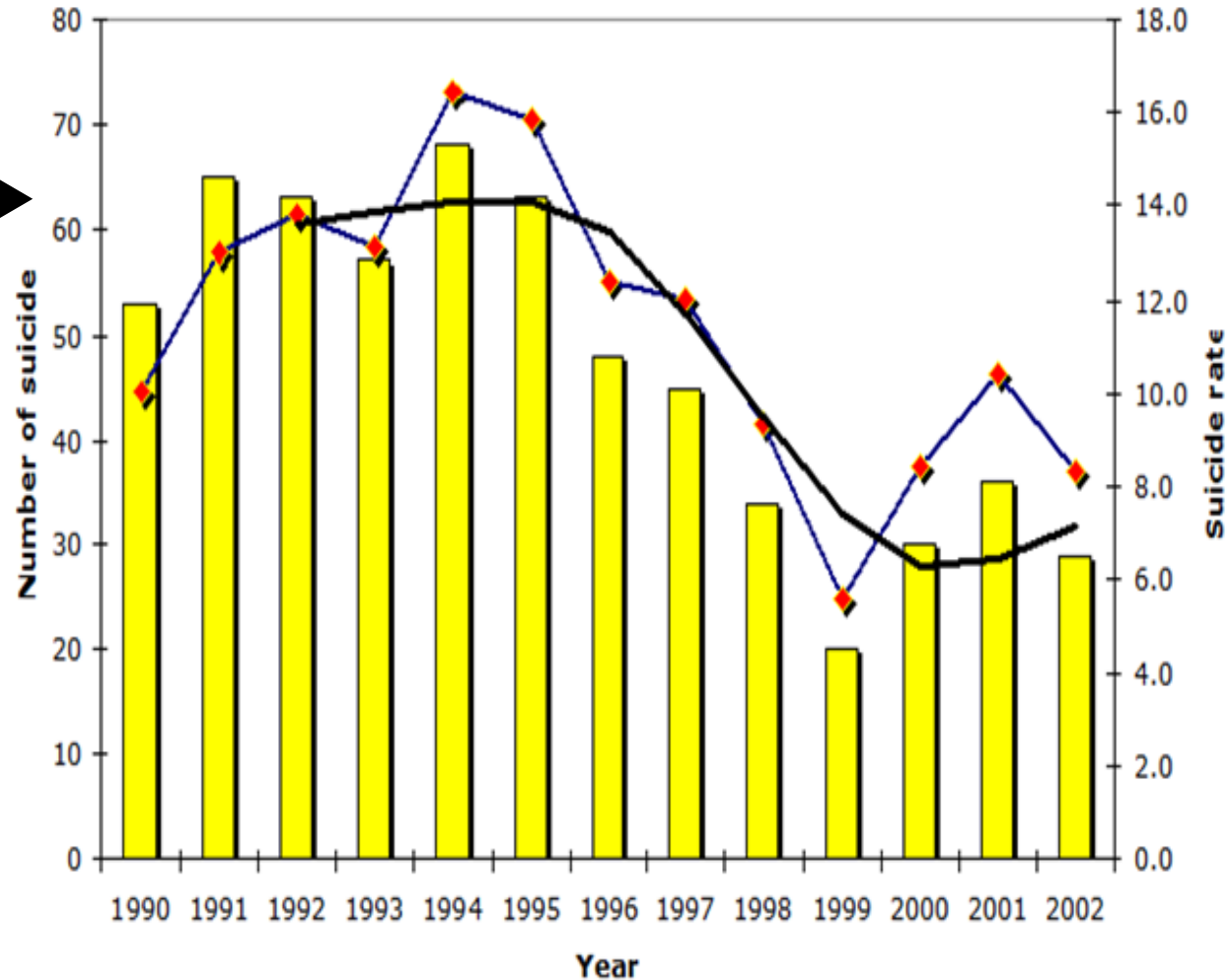


# Zero Suicide: A Systematic Approach *For Healthcare*



U.S. AIR FORCE

- A systems approach stressing *social connectedness*
- Would a systemic approach work for a population receiving health care?





# Case Study

*Organized Health Care Delivery System* • August 2009

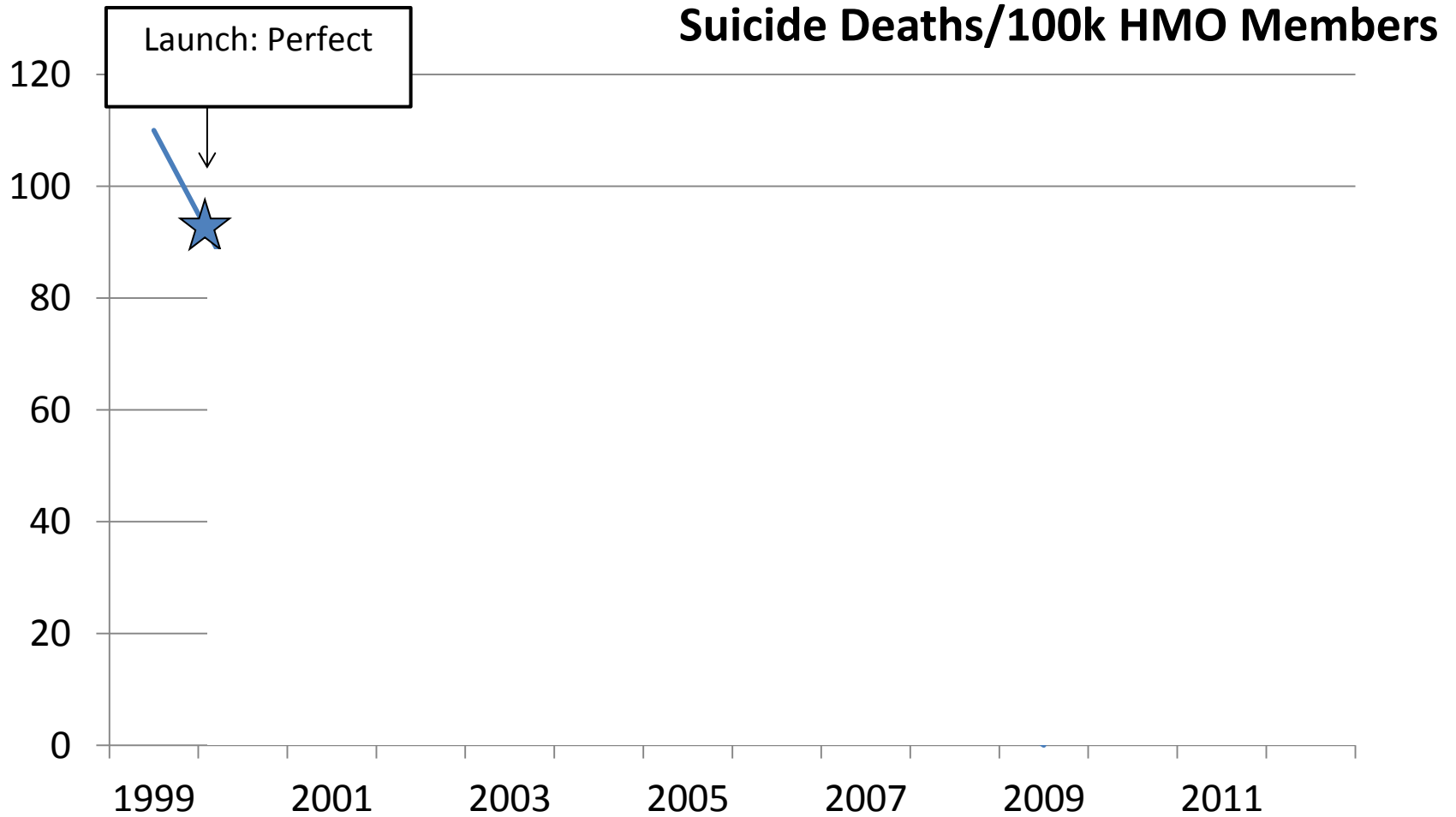
## **Henry Ford Health System: A Framework for System Integration, Coordination, Collaboration, and Innovation**

DOUGLAS MCCARTHY, KIMBERLY MUELLER, AND JENNIFER WRENN  
ISSUES RESEARCH, INC.

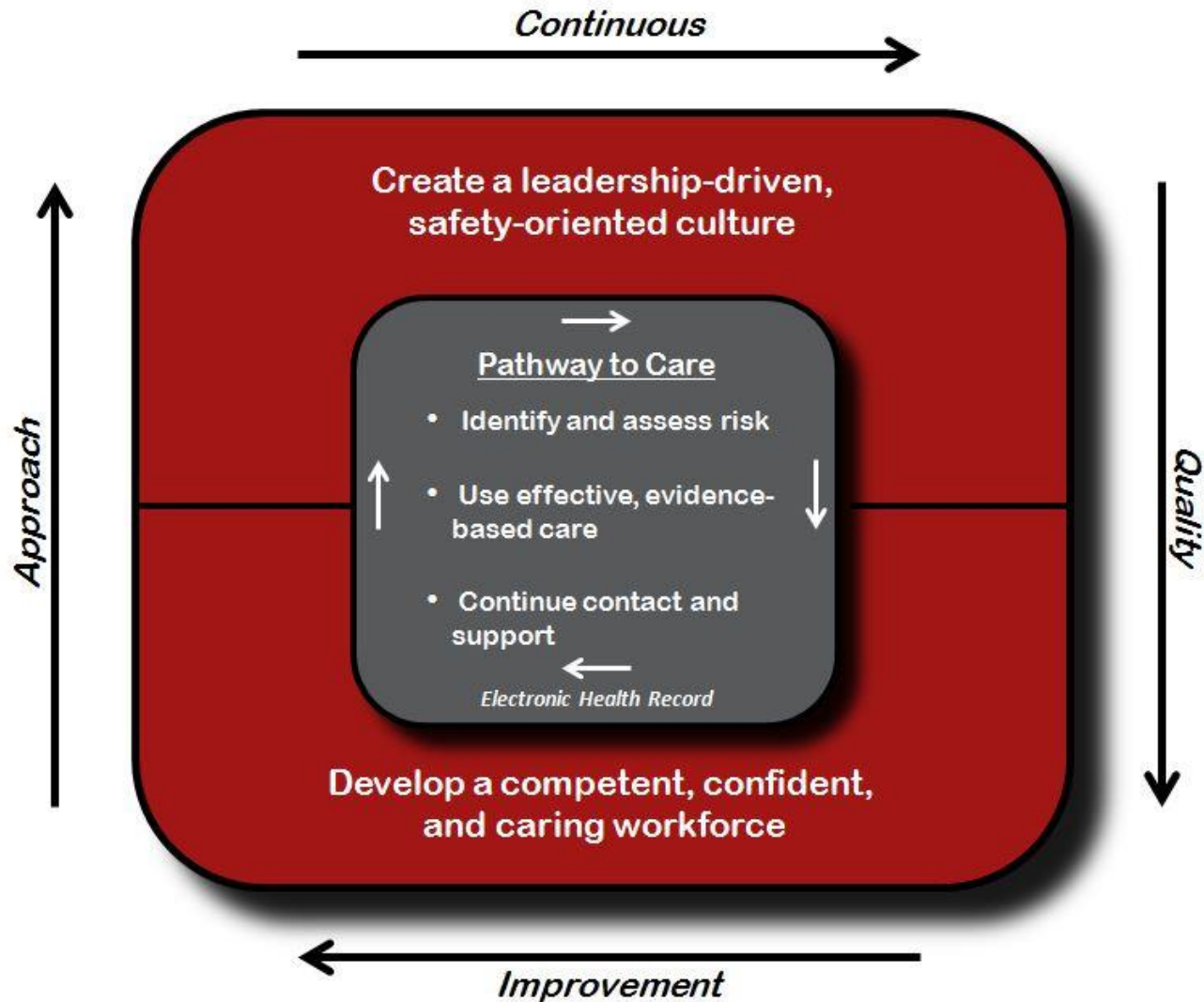
The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors,

**ABSTRACT:** Henry Ford Health System is a vertically integrated health care system in southeastern Michigan whose leadership is committed to systemic integration, clinical excellence, and customer value through the core competencies of collaboration, care coordination, and innovation and learning. Henry Ford's care innovation initiatives are multidisciplinary, team-led projects that target improvements in quality measures and evidence-based standards through problem-solving and the identification of common metrics to build consensus. The collaborative approach, fostered by shared vision and values, facilitates transformation throughout the system. Moreover, Henry Ford's integration of care delivery and coverage facilitates quality monitoring, measurement, and improvement activities.

# Henry Ford Health System



# The Dimensions of Zero Suicide





# The Dimensions of Zero Suicide

- Clinical elements (Embedded in a Care Pathway/workflow, and preferably in EMR)
  - Screening → Assessment
  - For all patients with risk:
    - Collaborative Safety Plan leading to Lethal Means Restriction
    - Treatment for suicidality *as well as* mental health concerns
    - Excellent access and supportive contacts during transitions
- Organizational leadership
  - Commit to a goal and to a just safety culture
  - Team to coordinate the effort
  - Assessment of staff readiness, training
  - Measurement and QI

# The Institute for Family Health



# Our Patients



- ❶ Diverse economic and social backgrounds
- ❷ Latino, African-American, Caribbean-American, or recent immigrants
- ❸ Roughly 85,000 patients make about 400,000 visits per year
- ❹ Behavioral health – 136,000 2012

# Collaborative Documentation An ongoing challenge.....



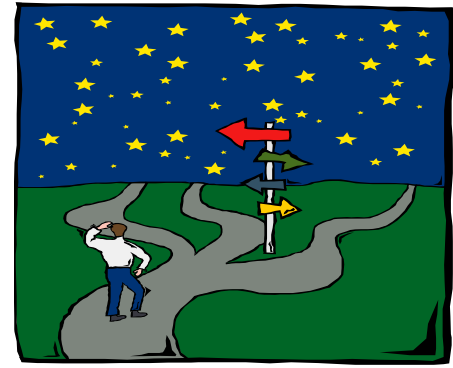
# Started in 2002

- Live on EPIC since 2002 all services, sites and programs
- Currently over 2000 behavioral health providers of many disciplines and levels on system
- Social work, psychology, counseling and psychiatry trainees
- First community program on electronic record
- Shared records from the beginning

# Tools

- Currently over 60 tools built into system for use by behavioral health providers
- GAD, ASQ, ORT, SBIRT and many others
- Insurance and public benefit assessments
- Tools help support screening programs, such as depression

# DECISION SUPPORTS



- Rotate depending on current needs
- Attention to avoiding decision support “fatigue”
- Review reports of those “blowing past” decision supports
- Use them to create link to task requested



# Build Elements

- Decision Support
  - BPAs
  - Patient header
- Flowsheets
  - PHQ-2
  - PHQ-9
  - C-SSRS Screener
- SmartForms (Problem List Documentation)
  - Full C-SSRS (both Lifetime and Since last visit)
  - Safety Plan





# Patient Header

- Patient Header

<b>Zztest, Aaron</b> 49 year old, Male DOB: 9/9/1964 MRN: 1467694	 PCP: Zztest, Md	Mental Health Clinician: Ko... My Sticky Note: 	Allergies Eggs Or Egg...	Health Mainte...	Language: English Mychart: Active Insurance : MVP	NO HIE No AD	Primary Plan: 10919-MVP - ...
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- With suicidal ideation on problem list

<b>Zztest, Pepperoni</b> 34 year old, Female DOB: 9/10/1979 MRN: 1462759	 PCP: Community, Pcp	Psychiatric Provider: Gard... My Sticky Note: 	Allergies No Known All...	Health Mainte...	Language: English Mychart: Active Insurance : CONTRACT...	NO HIE No AD	Primary Plan: 3564-LEAKE ...
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# Patient Header

- Helps all providers know who has suicidal ideation as problem
- Drives suicide on the problem list approach

# Depression Screening

▼ PHQ-2: Over the the past two weeks, how often have you been bothered by the following...?









Little interest or pleasure doing things	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the day	3=Nearly every day
Feeling down, depressed, or hopeless	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
PHQ-2 Total	<input type="checkbox"/>				
Patient Refused PHQ-2	<input type="checkbox"/>	1=Patient refused			

▼ PHQ-9:Over the the past two weeks, how often have you been bothered by the following...?

1. Little interest or pleasure doing things	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
4. Feeling tired or having little energy	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
5. Poor appetite or overeating	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
7. Trouble concentrating on things such as reading the newspaper or watching television	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day
8. Moving or speaking so slowly that other people have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	0=Not at all	1=Several Days	2=More than half the days	3=Nearly every day
9. Thoughts that you would be better off dead or of hurting yourself in someway.	<input type="checkbox"/>	0=Not at all	1=Several days	2=More than half the days	3=Nearly every day

# C-SSRS screener

- Screener version of C-SSRS cascades automatically for positive PHQ-9 question 9
- 6 conditional questions with max 5 answered

 9. Thoughts that you would be better off dead or of hurting yourself in some way.	 	<input type="button" value="0=Not at all"/>	<input type="button" value="1=Several days"/>	<input checked="" type="button" value="2=More than half the days"/>	<input type="button" value="3=Nearly every day"/>
 PHQ-9 Total		<input type="text" value="18.2"/>			
<b>▼ Columbia Suicide Severity Rating Scale Screener (Past Month)</b>					
1) Wish to be Dead: Have you wished you were dead or wished you could go to sleep and not wake up?		<input type="button" value="1=Yes"/>	<input type="button" value="0=No"/>		
 2) Suicidal Thoughts: Have you had any actual thoughts of killing yourself?		<input type="button" value="1=Yes"/>	<input type="button" value="0=No"/>		

# Problem List Documentation

- Documentation available to all providers via problem list
- Can be reviewed by all providers via problem list
- Assessments also stored as letters in chart for durability

**Problem List** [click to open](#)

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**Unprioritized**

Major depression in partial remission	Create Notes	Unprioritized	Change Dx	Resolve		9/26/2013	Garcia, Juana...
Suicidal thoughts	Create Notes	Unprioritized	Change Dx	Resolve		8/21/2014	Clemens, Ben...


**Expanded Item: Suicidal thoughts**

- Details Code: V62.84 Noted: 8/21/2014
- Create Overview
- Create Current Assessment & Plan Note
- Safety Plan View
- Since Last Visit Suicide Severity Rating Scale View
- Lifetime/recent Suicide Severity Rating Scale View
- Risk Assessment View

**Mark as Reviewed** Last Reviewed by Garcia, Juanaelena on 9/26/2013 at 3:48 PM

# Safety Plan

- Problem list SmartForm with Patient level Smart Data Elements

 Safety Plan

[File Documentation](#)      [File Documentation in Spanish](#)      Completed/Reviewed

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### My Personal Safety Plan

---

These are triggers that cause me to feel bad or "set me off":

1	
2	

I know I am in need of increased support when I feel the following ways:

1	
2	

Things I need to look out for include: "My Early Warning Signs" (ex. Hearing or seeing things that others don't see or hear, lack of sleep, trouble taking care of myself such as not bathing, brushing my teeth or eating when I need to, not wanting to be around others, increased use of alcohol or drugs, bothersome thoughts that worry or upset me that will not go away)

1	
2	

Things I can do to help myself feel better include:

1. Reaching out to family members or friends.

	Name	Phone Number
1		

# Safety Plan

- Once filed saved as a letter and signed with patient
- Pushed out as letter to MyChart My Health patient portal

**Edit Letter**

From: CLEMENS, BENJAMIN Reason for letter: Safety Plan

Template: SW SAFETY PLAN Letter comments:

**My Personal Safety Plan**

Name: Daydream Zztest  
MRN: 1291226  
Completed/Reviewed: 1/29/2014

These are triggers that cause me to feel bad or "set me off":  
Feeling overwhelmed  
Being yelled at  
Getting told I'm wrong

I know I am in need of increased support when I feel the following ways:  
Feeling tired

Things I need to look out for include: "My Early Warning Signs" (ex. Hearing or seeing things that others don't see or hear, lack of sleep, trouble taking care of myself such as not bathing, brushing my teeth or eating when I need to, not wanting to be around others, increased use of alcohol or drugs, bothersome thoughts that worry or upset me that will not go away)  
Isolating  
Not sleeping

Things I can do to help myself feel better include:  
1. Reaching out to family members or friends. This is who I can call:  
Name: Number:  
Bill: 123-456-7890

Recipient	Modifier

Add PCP Add My List

Build My Lists Clear All

Route to sender

**Routing comments**

Print, Mark as Sent and Accept

Mark as Sent and Accept

Save Now Save and Print

Accept Cancel

# Suicide Assessment

- Full C-SSRS

**Lifetime/recent Suicide Severity Rating Scale**


[File Documentation](#) Completed/Reviewed

**SUICIDAL IDEATION**


	Lifetime: Time He/She Felt Most Suicidal	Past 1 Month
<p><b>1. Wish to be Dead</b></p> <p>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></p> <p>If yes, describe: <input type="text"/></p>	<p>Yes No</p>	<p>Yes No</p>
<p><b>2. Non-Specific Active Suicidal Thoughts</b></p> <p>General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><i>Have you actually had any thoughts of killing yourself?</i></p> <p>If yes, describe: <input type="text"/></p>	<p>Yes No</p>	<p>Yes No</p>
<p><b>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b></p> <p>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "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."</p> <p><i>Have you been thinking about how you might do this?</i></p> <p>If yes, describe: <input type="text"/></p>	<p>Yes No</p>	<p>Yes No</p>



# Patients want to understand



Technical Assistance  
[mychart@institute2000.org](mailto:mychart@institute2000.org)  
212.206.5260 • Hablamos Español




THE INSTITUTE FOR FAMILY HEALTH

Welcome, Mercedes Patient!

[- Change Size +](#)

## Medications



Click on **About This Medication** to see more information about the medication.

If you have no refills left for a prescription, you may want to [request a renewal](#).

**R<sub>x</sub> HYDROCHLOROTHIAZIDE 25 MG TAB**

[About This Medication](#)

*Instructions: One tab daily*

Prescribed by [RUTH LESNEWSKI, MD](#) on 9/5/2010

[Request a refill](#)

**R<sub>x</sub> LISINOPRIL 10 MG TAB**

[About This Medication](#)

**Why am I taking this medication?**

- My Medical Record
  - Health summary
  - Test results
  - Medications
  - Allergies
  - Vaccines
  - Preventive care
  - Medical history
  - Current health issues
  - Health trends
  - Track my health
  - Wallet card

My Visit at the Institute for Family Health

**Brook Zzacme**  
6/21/2010 Office Visit

Description: **60 year old male**  
Provider: **SARAH NOSAL,MD**  
Department: **Urban-Fam Med**

**My Regular Medical Provider**

Your primary care clinician is listed as ANDREW GABLER,MD. If you have any questions after today's visit, please call 718-293-3900.

**My Reason(s) for Today's Visit**

Diabetes  
Refill Follow-up

**My Vital Signs**

Blood Pressure	Pulse	Temperature	Height	Weight	BMI
150/79	76	98.6 °F	5' 2"	254 lb	46.45 (kg/m sq)

**My Problems At This Visit and Problems Related to My Medications**

DIABETES MELLITUS TYPE II UNCONTR UNCOMPL [250.02]  
HYPERLIPIDEMIA NEC/NOS [272.4]  
HYPERTENSION NOS [401.9]  
EXTRINSIC ASTHMA UNSPECIFIED [493.00]  
HYPOTHYROIDISM NOS [244.9]

**My Medications**

**Start Taking**

SYNTHROID 137 MCG OR TABS 1 TABLET DAILY  
METFORMIN HCL 1000 MG OR TABS 1 tablet twice daily  
METOPROLOL TARTRATE 50 MG OR TABS 1 TABLET TWICE DAILY  
LISINOPRIL 10 MG OR TABS 1 TABLET DAILY

**Stop Taking**

METOPROLOL TARTRATE 25 MG OR TABS 1 TABLET TWICE DAILY

**This is a Full List of Medications That I Should Be Taking**

SYNTHROID 137 MCG OR TABS 1 TABLET DAILY  
METFORMIN HCL 1000 MG OR TABS 1 tablet twice daily  
METOPROLOL TARTRATE 50 MG OR TABS 1 TABLET TWICE DAILY  
LISINOPRIL 10 MG OR TABS 1 TABLET DAILY

**My goals and plans**

**We Performed the Following**

NCQA PROVIDER ASSESSMENT COMPLETED [99999.515 CPT(R)]  
TSH, HIGH SENSITIVITY (SERUM) [84443 CPT(R)]  
ALT (SGPT) [84460 CPT(R)]  
CREATININE (BLOOD) [82565 CPT(R)]  
LIPID PANEL [80061 CPT(R)]  
HGA1C (HGB GLYCOSYLATED) [83036 CPT(R)]  
RANDOM GLUCOSE IN HOUSE [82947 CPT(R)]

**My Goals And Plans**

You have a diagnosis of DIABETES. Here are your personal treatment goals:

HgbA1C (average sugar level): Your goal is less than 7 %

- Your last results are:

Lab Results	Value	Date
Component HGBA1C	8.3*	6/21/2010

LDL (bad cholesterol): Your goal is less than 70

# It takes a Family.....

- Physician portal as link to community
- Almost 100 organizations and specialty providers on “Institute Link”
- Foster care, mental health residences, DD programs
- Pharmacy providers
- Seamless care system
- By-pass admissions
- Expedited services
- Decreased admissions



# Overview of content in Medical Record

**InstituteLink** [Home](#) [In Basket](#) [Pt Lists](#) [Clinicals](#) 
[Patient](#) [Utils](#) [Secure](#) [Log Out](#)

[Close patient record](#)

**Zztest, Zoe**      Age: 59 year old    DOB: 2/14/1952    Allergies: **Penicillins**    INS: SLIDING FEE    MyChart: Inactive  
 Sex: F    MRN: 1078018    PCP: ZZTEST, MD    Alert: **HM Overdue or Due Soon**

- Clinical Review
- Snapshot**
- Chart Review
- Results Review
- Flowsheets
- Allergies
- Problem List
- Medications
- Histories
- Growth Charts
- Upload Document
- Patient Profile
- Demographics
- Referrals
- Referral by Member
- Referral by Provider
- Scheduling
- Quick Appt
- Upcoming
- Appointments
- Logged in as:
- LINK, DANREF

## Patient Snapshot 📄 ?

**Demographics** 📄

**Zoe Zztest**      Works at  
 59 year old female

14 east 18th street  
 new york NY 10023  
 United States  
 212-856-7845 (H)  
 212-505-1759 (W)

Comm Pref:  
 None

**Problem List** 📄 🔴 Chronic

- ACUTE URI NOS
- HUMAN IMMUNODEFICIENCY VIRUS DIS
- DIABETES UNCOMPL ADULT-TYPE II
- COUNSELING ON HIV
- BENIGN HYPERTENSION
- DYSTHYMIC DISORDER
- ROUTINE MEDICAL EXAM-ADULT
- PURE HYPERCHOLESTEROLEM
- LOW BACK PAIN (LUMBAGO)

**Health Maintenance**      🕒 Late    📅 Due    ⌚ Soon    🛑 Hold

**Allergies** 📄

**PENICILLINS**  
 Last Reviewed by Zztest, Md on 5/9/2004 at

**Medications** 📄

- NITROGLYCERIN 0.4 MG SL SUBL
- HYDROCHLOROTHIAZIDE 25 MG OR TABS
- ASPIRIN 81 MG OR TBEC
- LIPITOR 10 MG OR TABS

**Immunizations/Injections** 📄

Hepatitis B	5/9/2004
Influenza	10/19/2010
MMR	10/19/2007
Pneumococcal polysaccharide vaccine	1/1/2004
Tdap	12/19/2000

**Significant History/Details** 📄

- Smoking: Former Smoker (Quit Date:06/24/2002), .5 ppd, 15 pack-years
- Smokeless Tobacco: Unknown
- Alcohol: 0.0 oz alcohol/week
- 11 open orders

# Chart Review

Close patient record

**Zztest, Zoe**      Age: 59 year old    DOB: 2/14/1952      Allergies: Penicillins      INS: SLIDING FEE      MyChart: Inactive  
 Sex: F      MRN: 1078018      PCP: ZZTEST, MD      Alert: HM Overdue or Due Soon

Clinical Review **Chart Review - Loaded:30, Filtered count:30 [Last refresh: 11:17:15 AM]**

SnapShot    **Chart Review**     Results Review     Flowsheets     Allergies     Problem List     Medications     Histories     Growth Charts     Upload Document  
 Patient Profile     Demographics     Referrals     Referral by Member     Referral by Provider     Scheduling     Quick Appt     Upcoming Appointments

Encounters     Laboratory     Imaging     Procedures     ECG     Other Orders     Medications     Letters     Notes     Misc Reports     Episodes     Media     Encounters

Start Review     Refresh     Filters     Text Search     Default filter     Encounter Flowsheets

**Applied Filters:** Default filter (Load 30 more) (Load all)

<input type="checkbox"/>	Date ▼	Type	Department	Specialty	Provider	Description
<input type="checkbox"/>	11/16/2011	Community Orders	ELD		Epiccare Link, Physician, MD	Routine General Medical Examination At A Health Care Facility
<input type="checkbox"/>	10/19/2010	Nurse Only	NGIM	IM	Red, Pat	Vaccine for Influenza (Primary Dx)
<input type="checkbox"/>	10/06/2010	Community Orders	ELD			Diabetes Mellitus Type II-Uncompl
<input type="checkbox"/>	07/22/2009	Social Work	P-SW	PSYCHOSOCIAL	Meyer, Emma	Erroneous Encounter--Disregard (Primary Dx)
<input type="checkbox"/>	06/29/2009	Orders Only	KFM	FP	Roth, Robert	Angina Pectoris NEC/NOS (Primary Dx)
<input type="checkbox"/>	05/26/2009	Office Visit	AAFM	FP	Zztest, Md	
<input type="checkbox"/>	05/26/2009	Office Visit	E13-FM	FP	Zztest, Md	Hypertension NOS (Primary Dx)
<input type="checkbox"/>	05/26/2009	Office Visit	E13-FM	FP	Zztest, Md	
<input type="checkbox"/>	05/26/2009	Office Visit	SH-FM	FP	Zztest, Md	
<input type="checkbox"/>	05/22/2009	Office Visit	AAFM	FP	Zztest, Md	Erroneous Encounter--Disregard (Primary Dx)
<input type="checkbox"/>	05/22/2009	Orders Only	KFM	FP	Patel, Vijay R	Benign Hypertension
<input type="checkbox"/>	05/22/2009	Telephone	KFM	FP	Patel, Vijay R	Benign Hypertension (Primary Dx)
<input type="checkbox"/>	04/29/2009	Orders Only	SH-FM	FP	Zztest, Md	Hyperlipidemia NEC/NOS (Primary Dx); Chronic Depressive Person
<input type="checkbox"/>	04/29/2009	Office Visit	AAFM	FP	Zztest, Md	

Logged in as: **LINK, DANREF**

# DIRECT SCHEDULING

[Close patient record](#)

## Zztest, Zoe

Age: 59 year old    DOB: 2/14/1952    Allergies: Penicillins    INS: SLIDING FEE    MyChart: Inactive  
Sex: F    MRN: 1078018    PCP: ZZTEST, MD    Alert: HM Overdue or Due Soon

- Clinical Review
- SnapShot
- Chart Review
- Results Review
- Flowsheets
- Allergies
- Problem List
- Medications
- Histories
- Growth Charts
- Upload Document
- Patient Profile
- Demographics
- Referrals
- Referral by Member
- Referral by Provider
- Scheduling
- Quick Appt**
- Upcoming Appointments

### Make Appointment

[View More Times](#)

Select the appointment's start time from below to schedule the appointment.

#### Search Results - ACCESS FOLLOW-UP for Zztest,Zoe

##### Mon 12/26/2011 - WEISS, PHILIP in KINGSTON-FM - (30 min)

AM	<a href="#">8:00</a>	<a href="#">8:15</a>	<a href="#">8:30</a>	<a href="#">8:45</a>	<a href="#">9:00</a>	<a href="#">9:15</a>	<a href="#">9:30</a>	<a href="#">9:45</a>	<a href="#">10:00</a>	<a href="#">10:15</a>
AM	<a href="#">10:30</a>	<a href="#">10:45</a>	<a href="#">11:00</a>	<a href="#">11:15</a>	<a href="#">11:30</a>					

##### Mon 12/26/2011 - GESSNER, WILLIAM in KINGSTON-FM - (30 min)

AM	<a href="#">8:00</a>	<a href="#">8:15</a>	<a href="#">8:30</a>	<a href="#">8:45</a>	<a href="#">9:00</a>	<a href="#">9:15</a>	<a href="#">9:30</a>	<a href="#">9:45</a>	<a href="#">10:00</a>	<a href="#">10:15</a>
AM	<a href="#">11:15</a>	<a href="#">11:30</a>	<a href="#">11:45</a>							
PM	<a href="#">12:00</a>	<a href="#">12:15</a>	<a href="#">12:30</a>							

Logged in as:  
LINK, DANREF



# Document Upload

[Close patient record](#)

**Zztest, Zoe**

Age: 59 year old    DOB: 2/14/1952    Allergies: **Penicillins**    INS: **SLIDING FEE**    MyChart: **Inactive**  
Sex: F    MRN: 1078018    PCP: **ZZTEST, MD**    Alert: **HM Overdue or Due Soon**

Clinical Review

- SnapShot
- Chart Review
- Results Review
- Flowsheets
- Allergies
- Problem List
- Medications
- Histories
- Growth Charts

**Upload Document**

Patient Profile

Demographics

Referrals

Referral by Member

Referral by Provider

Scheduling

Quick Appt

Upcoming

Appointments

Logged in as:

LINK, DANREF

## Upload a Document

Select a document to upload, enter a description, and click **Upload**. The document will through a verification process before it is attached to the patient record. If you want to upload the document to another patient, click the **Change Patient** button.

### Upload a Document

Patient: Zztest, Zoe

**Description:**

**Message for reviewer:**

**Document:**

Maximum file size: 10.0 MB  
Allowed file types: JPEG, BMP, PDF, DOC, TIFF, JPG, TXT, TIF

**Priority**

- High
- Routine
- Low

**Required Item**

# Questions?





## Getting started...

- Form a leadership team
- Complete, consider Organizational Self-Assessment
- Develop initial work plan
  - Consider how to educate staff about adoption of Zero Suicide approach
  - Consider communications strategy
  - Launch!
  - Administer Work Force Survey: Contact Sarah Bernes ([sbernes@edc.org](mailto:sbernes@edc.org))

# Organizational Self-Assessment

**Ex. Systematically identifying and assessing suicide risk levels:** How does the organization screen suicide risk in the people we serve?

1	2	3	4	5
There is no use of a validated suicide screening measure.	A validated screening measure is utilized at intake for a identified subsample of individuals (e.g., crisis calls, adults only, behavioral health only)	A validated screening measure is utilized at intake for all individuals receiving care from the organization.	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals receiving care from the organization.	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals receiving care from the organization. Suicide risk is reassessed or reevaluated at every visit for those at risk.

# Work Force Survey

## Section 4. Training and Skills

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
22. I have received the training I need to engage and assist those with suicidal desire and/or intent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have the skills to screen and assess a patient/client's suicide risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have the skills I need to treat people with suicidal desire and/or intent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am confident in my ability to assess a patient/client's suicide risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am confident in my ability to treat a patient/client's suicidal thoughts and behavior using an evidence-based approach such as DBT or CBT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

0%  100%



# Online Toolkit



The Public-Private Partnership Advancing the National Strategy for Suicide Prevention



Zero Suicide in Health Care

Zero Suicide Academy

Zero Suicide Advisory Group

Google™ Custom Search

Search

## Zero Suicide in Health and Behavioral Health Care

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and also a specific set of tools and strategies. It is both a concept and a practice. Its core proposition is that suicide deaths for people under care are preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.

The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety--the most fundamental responsibility of health care--and also to the safety and support of clinical staff who do the demanding work of treating and supporting suicidal patients. [Read more...](#)



New eLearning workshops available!

- Safety Planning Intervention for Suicide Prevention
- Assessment of Suicidal Risk Using C-SSRS

Made possible by the NY State Office of Mental Health and Columbia University.

## Zero Suicide Toolkit

The Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention identified essential dimensions of suicide prevention for health care systems, including health care plans or care organizations serving a defined population of consumers, such as behavioral health programs, integrated delivery systems, and comprehensive primary care programs. These dimensions are described in the Zero Suicide Toolkit.



Creating the Zero Suicide Culture



Ensuring Every Person Has a Pathway to Care



Developing a Competent Workforce



Identifying and Assessing Suicide Risk Level



Using Effective, Evidence-based Care




Continuing Contact After Care

# Online Toolkit

Assessment of Suicidal Risk Using C-SSRS Exit



Menu

## Suicide Risk Identification and Triage Using the Columbia Suicide Severity Rating Scale



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Forms   Text Version   Resources   Play   Replay

Safety Planning Intervention for Suicide Prevention Exit

Menu




## Welcome to the Safety Planning Intervention for Suicidal Individuals



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Text Version   Resources   Play   Replay   Audio

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# **Session Evaluation**

**Please complete and return the  
evaluation form to the classroom monitor before  
leaving this session.**

**Thank you!**