

ED STOP Suicide QI Collaborative

Fireside Chat on

**Patient, Family
and Team Considerations
March 30th, 2023**



EIIC
EMSC Innovation and
Improvement Center

Funding Acknowledgements

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ED STOP Suicide QI Collaborative

Fireside Chat: March 30, 2023

- Thank you for joining!
- Remain on mute for the presentation
- Fireside chat is being recorded and posted online along with slides
- Feel free to put questions in Q&A feature
- Nurses and social worker **MUST** add first and last names in chat to confirm attendance for continuing education/contact credits
- Time permitting, Q&A and discussion will follow the presentation
- Please stay until the end to complete the evaluation poll and link to locations to secure nursing and social work professionals contact hours/CE credits



Objectives/Overview

After participating in this session, attendees will be able to:

- Identify de-escalation techniques
- Describe patient and family considerations while boarding
- Introduce a tangible intervention for coping and establishing a sense of community for patients with mental and behavioral health concerns



Continuing Education – Contact Hours

Physicians – MOC Part 4	Nursing Professionals	Social Work/Other Professionals
25 points MOC part 4 credits available if all requirements are met	Enter first and last name in chat feature	This event is approved for 1 continuing education credit hour
<ul style="list-style-type: none"> - Regular participation in collaborative sessions and fireside chats - Collect, analyze, review data with local ED site team 	Scan QR code or click link to complete session evaluation by 1700 (Pacific) on date of presentation to be eligible for 1 contact hour	This event is approved for 1 continuing education credit hour
<ul style="list-style-type: none"> - Collect, analyze, review data with local ED site team - Design and implement PDSA cycles for QI project with local ED site team 	Questions? Contact Robin Goodman at robin.goodmanrn@gmail.com	
Approved through the University Hospitals Rainbow Babies & Children’s portfolio with the American Board of Medical Specialties (ABMS)	BRN CE Provider: Pediatric Liaison Nurse Los Angeles County. Provider approved by the California Board of Nursing, Provider #15456 – 1 contact hour	Credit hours are approved by Office of Professional Development. Steve Hicks School of Social Work, the University of Texas at Austin
Complete attestation form, acquire EIC internal signatures, submit to ABMS	See final slide and chat for code/link	See final slide and chat for link



Intervention Bundle Guide #3: ED-based interventions

Global Aim for this bundle: By December 31, 2023, 100% of sites participating in this bundle will have established a clinical care pathway for children who screen high-risk for suicide.



Quality Measures: ED-based Interventions

(Structural) Measure 1 - Presence of a clinical pathway for pediatric patients determined to be at high-risk for suicide that includes recommendations for diagnostic testing, de-escalation, chemical/physical restraint, and patient/family considerations when/if boarding.

(Structural) Measure 2 - Presence of a standardized order set for clinical management of children who screen high-risk for suicide.

(Structural) Measure 3 (stretch goal if feasible in your facility) - Presence of a quality review process to evaluate order-set utilization among children who screen high-risk for suicide.

(Process) Measure 4 (stretch goal if feasible in your facility) - Percentage of pediatric patients at high-risk for suicide with order-set compliance.



Speakers

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What is a Child Life Specialist?

A certified healthcare professional who is clinically trained to help children and their families cope with and process illness, injury, hospitalization, trauma, disability, and death



De-Escalation

- Acknowledge vulnerability and potential for broken-trust
- A child in a mental health crisis is not a level 1 trauma
- Change the power dynamic by giving choices AND GIVING TIME



- What needs to be done at arrival and what can wait?
- Environment: Who is there? Is family presence helpful? How many staff? Lights/noise control

[Google Images](#)



Patient and Family Considerations

Attention seeking vs Connection seeking

1. "You have not done anything wrong, this is not a punishment"
2. "It's not about not being allowed to feel, angry or nervous or sad - it's about knowing what to do when you have those feelings and how to keep yourself safe."
3. "Your pain hurts too and you deserve to feel stable and you deserve help for your pain"
4. "You are not alone"



Someone Like You

- Some kid
wearing
blue scrubs.

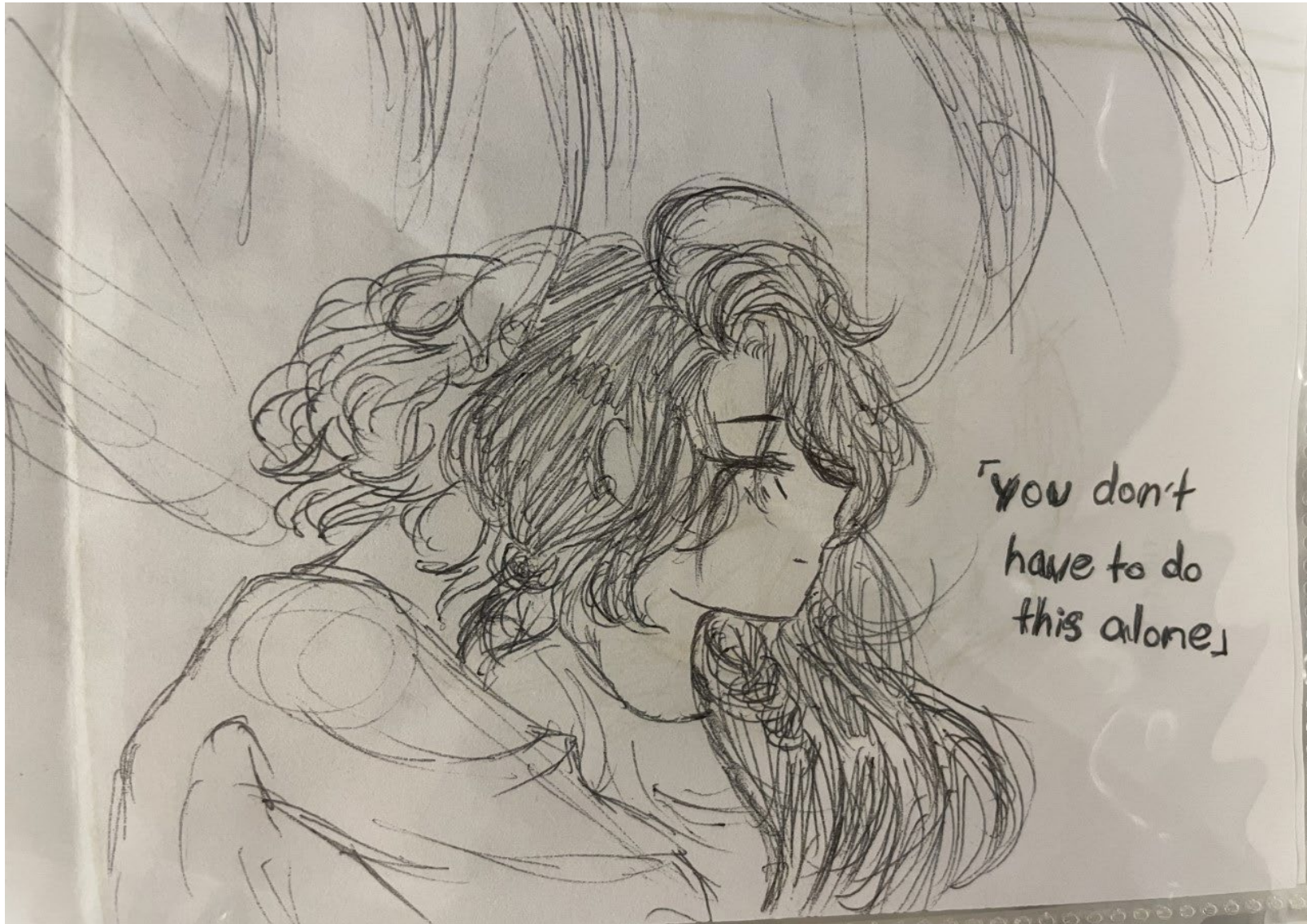
- A girl just like you.



... sarcastic, hilarious, amaz
You are wanted and loved. ♡
You will get through this.
~~11/26/19~~ 11/26/19

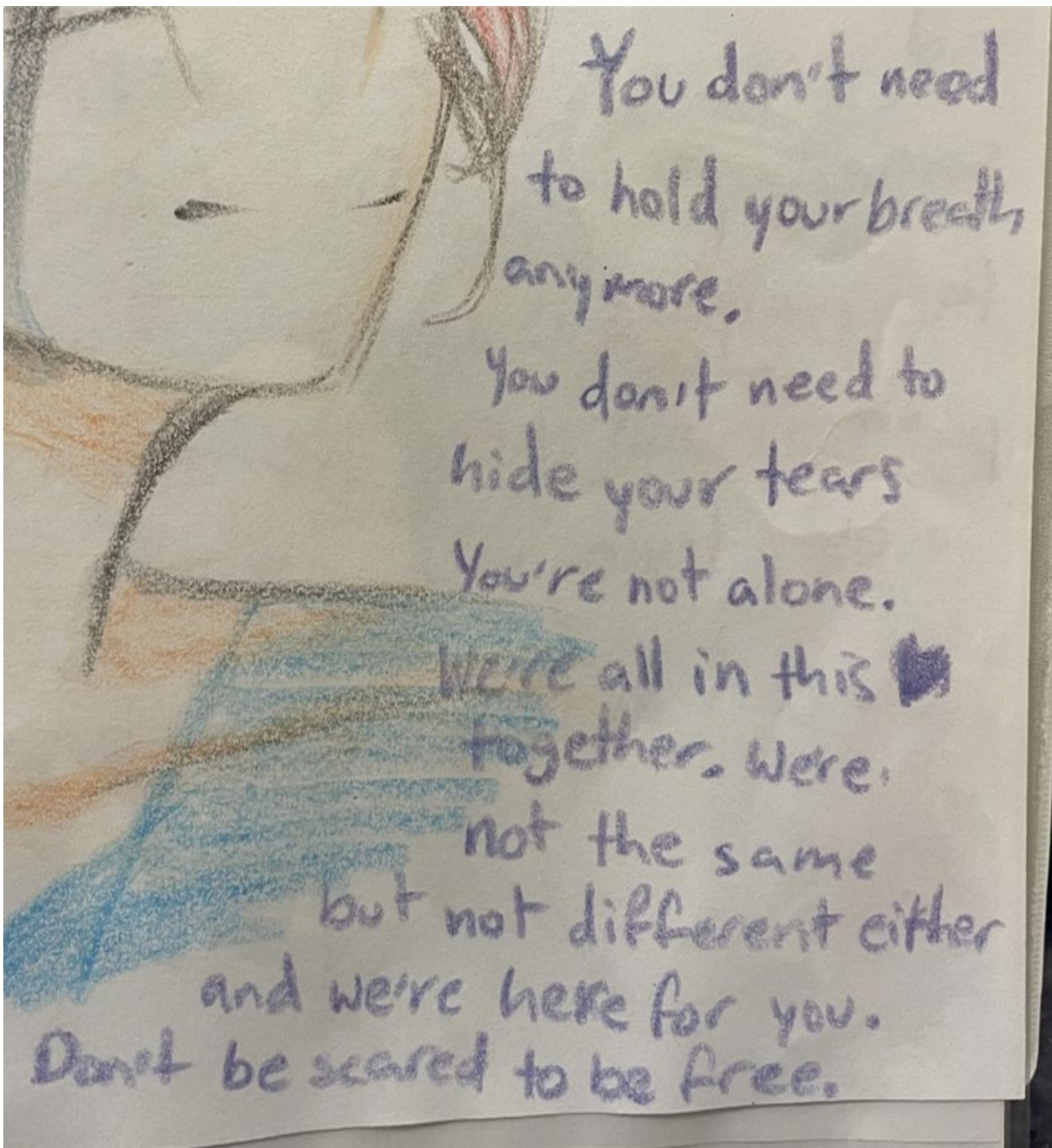
... to help people like US ♡
I don't know how much you'll let yourself
get better, but you are able to. Just
don't give up and I'll try too.





「You don't
have to do
this alone」





You don't need
to hold your breath
any more.

You don't need to
hide your tears
You're not alone.

We're all in this
together. We're

not the same
but not different either

and we're here for you.

Don't be scared to be free.



you were strong enough to ask for help ~~by~~ by
coming here.



Regulatory/ Policy Considerations

Family/Patient Rights

Mental Health vs Medical Care Regulations

Consents

Hospital Protocols



Trauma Informed Care

Trauma-Informed Care is an organizational and treatment framework that involves:

- understanding, recognizing, and responding to the effects of all trauma
- employs practices that do not traumatize or re-traumatize
- emphasizes physical, psychological, and emotional safety
- trustworthiness and transparency
- collaboration and mutuality
- empowerment
- cultural sensitivity and responsiveness

(Adapted from Johns Hopkins and SAMHSA)



Choice

- **Listen** to what the person wants
- If there is a **choice - give it**
- Always explain clearly and transparently **what will happen next**
- **Validate** any concerns as understandable and normal

Safety

- To engage with you, people must **know that they are safe**
- Consider the **wider impact** of your actions
- **Ask what they need to feel safe** and how you can create a safe environment for them
- Keep the **person informed**
- **Do what you say you will do**, when you say you will do it



Trust

- Be **transparent** and do what you say you will do (consistency)
- **Explain** what will happen next
- **Don't gossip**
- Give relaxed, unhurried and **focused attention** - listen effectively
- **Don't overpromise** - always manage expectations

Empowerment

- **Validate people's feelings** and engage with them in a non-judgemental manner
- **Listen to what they need** and ensure they are signposted or referred to appropriate support
- **Do not take over** - encourage and empower people to take positive action themselves (with your support if they want it)

Collaboration

- **Ask what they need** and be clear about what will happen and what they have control over or choice in, and empower them where possible
- **Understand local services** and support agencies so that you can suggest places they may wish to go to access help



Felt Safety

*Felt safety is an emotional experience, and not a cognitive one. It is subjective, rather than objective. **This is why we can't create felt safety by explaining to our kids all the reasons why they should feel safe.***

Adults arrange the environment and adjust their behavior so children can feel in a profound and basic way that they are truly safe with us.



Parent and Families

Meet them where they are. #Worstdayever

You did the right thing. It is hard to ask for help, I'm glad you asked for help/sought help for your child. You are in the right place.



<https://www.pressdemocrat.com/article/news/sonoma-county-struggles-to-fill-gaps-in-crisis-care-for-mentally-ill/>
<https://consultqd.clevelandclinic.org/guidelines-help-ed-nurses-identify-behavioral-health-patients/>

Strategies

- **Name it to tame it**
- **Stay curious - Purpose behind the behavior**
- **Everyone does well when they can... Doing the best you can with the resources you have...**
- **Explain what success looks like vs what not to do**
- **Playful engagement - connect to correct**
- **Post schedule/routine to decrease anxiety**
- **Give choices when you can. Be honest when you can't.**
- **HALT - Hungry, Angry, Lonely, Tired**



Language Matters

IF YOU HEAR THIS...

- ▶ People who talk about their thoughts or urges to commit suicide do so because they want attention.
- ▶ Someone who really wants to end their life is beyond help, and there's nothing we can do.
- ▶ The patient committed suicide.
- ▶ The patient had an (un)successful suicide attempt.
- ▶ I deal with a lot of suicidal patients.
- ▶ If we talk about suicide, it will put the idea in their heads.
- ▶ I'll kill myself if I miss my bus/I'd rather shoot myself than do that/This task makes me want to jump off a bridge

[THESE TERMS PROPAGATE MYTHS AND FALSEHOODS THAT CAN PREVENT PEOPLE FROM GETTING THE HELP THEY NEED.]

TRY SAYING THIS....

- Talking about suicidal thoughts is an important first step for someone with suicidal ideation, and can lead to seeking professional help.
- Suicide is preventable. Nine out of 10 people who attempt suicide will not go on to die by suicide.*
- The patient died by suicide.
- The patient attempted suicide/The patient died by suicide.
- I work with patients experiencing suicidal thoughts or who have attempted suicide.
- Talking about thoughts of suicide reduces its stigma and normalizes these conversations, allowing for open conversations that can lead to the person seeking help.
- Joking about or using suicide in hyperbolic manner can increase stigma.

[THESE DESTIGMATIZING WORDS SHOW COMPASSION AND UNDERSTANDING, WHICH CAN LEAD TO TREATMENT.]

*Source: www.hsph.harvard.edu/means-matter/means-matter/survival
Special thanks to Laurel Ridge Treatment Center for their guidance on this language.



Team Considerations

- Lack of Training/Feeling of Inadequacy
- Area of Specialty
- Moral Distress
- Debriefing Opportunities
- Structure and Predictability



Resources

<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems/healthcare>

<https://child.tcu.edu/about-us/tbri/#sthash.B0Ztqe19.dpbs>

<https://www.law.cornell.edu/uscode/text/42/9501>

https://www.patientbillofrights.org/files/ugd/1d330d_99bc0506c5134f0bb72d9e2538bf2525.pdf

<https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

<https://www.naminh.org/wp-content/uploads/2018/09/NAMI-Language-Matters.pdf>

<https://mentalhealthliteracy.org/schoolmhl/wp-content/uploads/2019/01/final-using-the-right-words.pdf>

<https://mentalhealthliteracy.org/>

<https://www.aha.org/system/files/media/file/2022/04/PMWM-PTSD-supportive-language.pdf>

<https://www.aha.org/system/files/media/file/2021/11/PMWM-suicide-destig-language.pdf>



Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Question & Answer Session



Please stay and
complete
session
evaluation poll
- Thank You!



Complete Session Evaluation Poll



Nursing - CE hours

March 30, 2023

- Enter your first and last name in the chat if you have not done so already
- Scan the QR code to complete the session evaluation by 1700 (Pacific) on 3/30/2023 to be eligible for CE hours



BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

If you have any questions, please contact Robin Goodman at robin.goodmanrn@gmail.com

Fireside Chat/RN CE
evaluation:
<https://bit.ly/EDSTOP3-30>

Social Worker and
Other Professionals:
[https://utexas.qualtrics.com/
jfe/form/SV_1LVVpmmfWPS
iLI4](https://utexas.qualtrics.com/jfe/form/SV_1LVVpmmfWPSiLI4)

