ED STOP Suicide QI Collaborative

Session #5

June 1, 2023

EMSC Innovation and Improvement Center

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Continued Engagement and Moving Forward

REMINDER: Nurses and social workers MUST add first/last names into MAIN Collaborative Session room chat feature at beginning and complete evaluation via link at end of session to secure contact hours/CE.

1. **Large Group Session (15 minutes)**
   - Angela Nguyen, LCSW-S, will present Tips for Screening Children Under 10 and Two Commonly Used Suicide Screening Tools: C-SSRS and ASQ

1. **Breakout Groups: QI Project Updates and Barriers (1 hr)**

1. **Return to Large Group for Discussion and Next Steps (15 min)**
   - Report out for lessons learned/barriers experienced

Please stay until the end of the session to complete the session evaluation poll. Thank you!

Objectives

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

1. Describe approaches to screen children younger than 10 for suicide risk
2. Engage in project updates
3. Review and discuss barriers teams have shared
4. Consider participating in optional office hours in July and August
5. Identify strategies to move project forward during the summer

Tips for Screening a Child Under 10 Years

- **Praise Child**
  "Thank you for talking with me."
  "It's brave of you to talk with us/tell me this or ask for help."
- **Consider Characteristics/Developmental Status**
  Explain steps.. first… then…
  If asking, Yes or No questions.. ask yes, no, or something else
- **Create Felt Safety**
  Slow down, eye level or seated, open stance
  Comfortable with questions/answers
  Be direct, meet basic needs
- **Use and Document Context and Collateral Info**

Two Commonly Used Suicide Screening Tools
What to Use, When, and Why?

	Screener	Time	Suicide Assessment	Time	Mental Health Assessment	Time
Function	Brief. Indicates further eval needed.	1-2 min	More comprehensive evaluation done by a clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment	15- 30 min	Global evaluation to identify other causes of symptoms/behaviors.	30 min to 1 hour
Examples	CSSRS (3 to 6 questions)		Safe- T			
	ASQ (4 to 5 questions)		BSSA			
Typically Administered by	RN		SW/Mental Health specialist or trained RN, NP, or MD		SW/Mental Health Specialist, Psych NP, Psychologist, Psychiatrist	

Screening Tools

Ask questions that are bolded and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*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.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.	**Lifetime**	
If YES, ask: ***Was this within the past three months?***	**Past 3 Months**	

Ask the patient:

1. In the past few weeks, have you wished you were dead? ○ Yes ○ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ○ Yes ○ No
3. In the past week, have you been having thoughts about killing yourself? ○ Yes ○ No
4. Have you ever tried to kill yourself? ○ Yes ○ No

If yes, how? _____

_____

_____

When? _____

_____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now? ○ Yes ○ No

If yes, please describe: _____

Brief Suicide Safety Assessment (BSSA)

1 Praise patient *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the patient

If possible, assess patient alone *(depending on developmental considerations and parent willingness)*

Review patient's responses from the asQ

Frequency of suicidal thoughts

Determine if and how often the patient is having suicidal thoughts.

Ask the patient: "In the past few weeks, have you been thinking about killing yourself?" **If yes, ask:** "How often?" (once or twice a day, several times a day, a couple times a week, etc.)

"Are you having thoughts of killing yourself right now?"
(If "yes," patient requires an urgent/STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)

Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). **Ask the patient:** "Do you have a plan to kill yourself? Please describe." **If no plan, ask:** "If you were going to kill yourself, how would you do it?"

Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

Past behavior *(Strongest predictor of future attempts)*

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent). **Ask the patient:** "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?" **If yes, ask:** "How? When? Why?" and assess intent: "Did you think [method] would kill you?" "Did you want to die?" (for youth, intent is as important as lethality of method) **Ask:** "Did you receive medical/psychiatric treatment?"

Symptoms

Depression: "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"

Anxiety: "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?"

Impulsivity/Recklessness: "Do you often act without thinking?"

Hopelessness: "In the past few weeks, have you felt hopeless, like things would never get better?"

Irritability: "In the past few weeks, have you been feeling more irritable or grouchier than usual?"

Substance and alcohol use: "In the past few weeks, have you used drugs or alcohol?" **If yes, ask:** "What? How much?"

Other concerns: "Recently, have there been any concerning changes in how you are thinking or feeling?"

Support & Safety

Support network: "Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/counselor?" **If yes, ask:** "When?"

Safety question: "Do you think you need help to keep yourself safe?" (A "no" response does not indicate that the patient is safe, but a "yes" is a reason to act immediately to ensure safety.)

Reasons for living: "What are some of the reasons you would NOT kill yourself?"

3 Interview patient and parent/guardian together

***If patient is ≥ 18, ask patient's permission for parent to join.**

Say to the parent: "After speaking with your child, I have some concerns about his/her safety. We are glad your child spoke up as this can be a difficult topic to talk about. We would now like to get your perspective."

- "Your child said (reference positive responses on the asQ). Is this something he/she shared with you?"
- "Does your child have a history of suicidal thoughts or behaviors that you're aware of?" **If yes, say:** "Please explain."
- "Does your child seem sad or depressed? Withdrawn? Anxious? Impulsive? Hopeless? Irritable? Reckless?"
- "Are you comfortable keeping your child safe at home?"
- "How will you secure or remove potentially dangerous items (guns, medications, ropes, etc.)?"
- "Is there anything you would like to tell me in private?"

4 Determine disposition

After completing the assessment, choose the appropriate disposition.

- ❑ **Emergency psychiatric evaluation:** **Patient is at imminent risk for suicide (current suicidal thoughts).** Urgent/STAT page psychiatry; keep patient safe in ED
- ❑ **Further evaluation of risk is necessary:** Request full mental health/safety evaluation in the ED
- ❑ **No further evaluation in the ED:** Create safety plan for managing potential future suicidal thoughts and discuss securing or removing potentially dangerous items (medications, guns, ropes, etc.)
  - ❍ Send home with mental health referrals
  - or
  - ❍ No further intervention is necessary at this time

5 Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline: 1-800-273-TALK (8255), En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

1. RISK FACTORS

- ✓ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts, or self-injurious behavior
- ✓ **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity)
  Co-morbidity and *recent onset of illness increase risk*
- ✓ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
- ✓ **Family history:** of suicide, attempts, or Axis 1 psychiatric disorders requiring hospitalization
- ✓ **Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame, or despair (e.g, loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation
- ✓ **Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- ✓ **Access to firearms**

2. PROTECTIVE FACTORS *Protective factors, even if present, may not counteract significant acute risk*

- ✓ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance
- ✓ **External**: responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. SUICIDE INQUIRY *Specific questioning about thoughts, plans, behaviors, intent*

- ✓ **Ideation:** frequency, intensity, duration—in last 48 hours, past month, and worst ever
- ✓ **Plan:** timing, location, lethality, availability, preparatory acts
- ✓ **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun) vs. non-suicidal self injurious actions
- ✓ **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious.
  Explore ambivalence: reasons to die vs. reasons to live
- * *For Youths:* ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition
- * *Homicide Inquiry:* when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above

4. RISK LEVEL/INTERVENTION

- ✓ **Assessment of risk** level is based on clinical judgment, after completing steps 1–3
- ✓ **Reassess** as patient or environmental circumstances change

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

5. DOCUMENT Risk level and rationale; treatment plan to address/reduce current risk (e.g., medication, setting, psychotherapy, E.C.T., contact with significant others, consultation); firearms instructions, if relevant; follow-up plan. For youths, treatment plan should include roles for parent/guardian.

New Collaborative Launching June 6th!

Pediatric Readiness Quality Improvement Collaborative

Registration Open: https://redcap.dellmed.utexas.edu/surveys/?s=CYWAERLEFJHAX73D

- Global Aim: Support pediatric champions to implement local pediatric QI efforts
- Coaching by experts in pediatric emergency care (patient safety, assessment, pain management, and **suicide**)
- Drive best evidence into practice (accelerate change)
- Access to resources, tools, and best practices
- Shared learning - all teach, all learn
- CAPCE/CNE/MOC Part 4 credits for participants at no cost

Landing Page: https://emscimprovement.center/collaboratives/prqc/2023/

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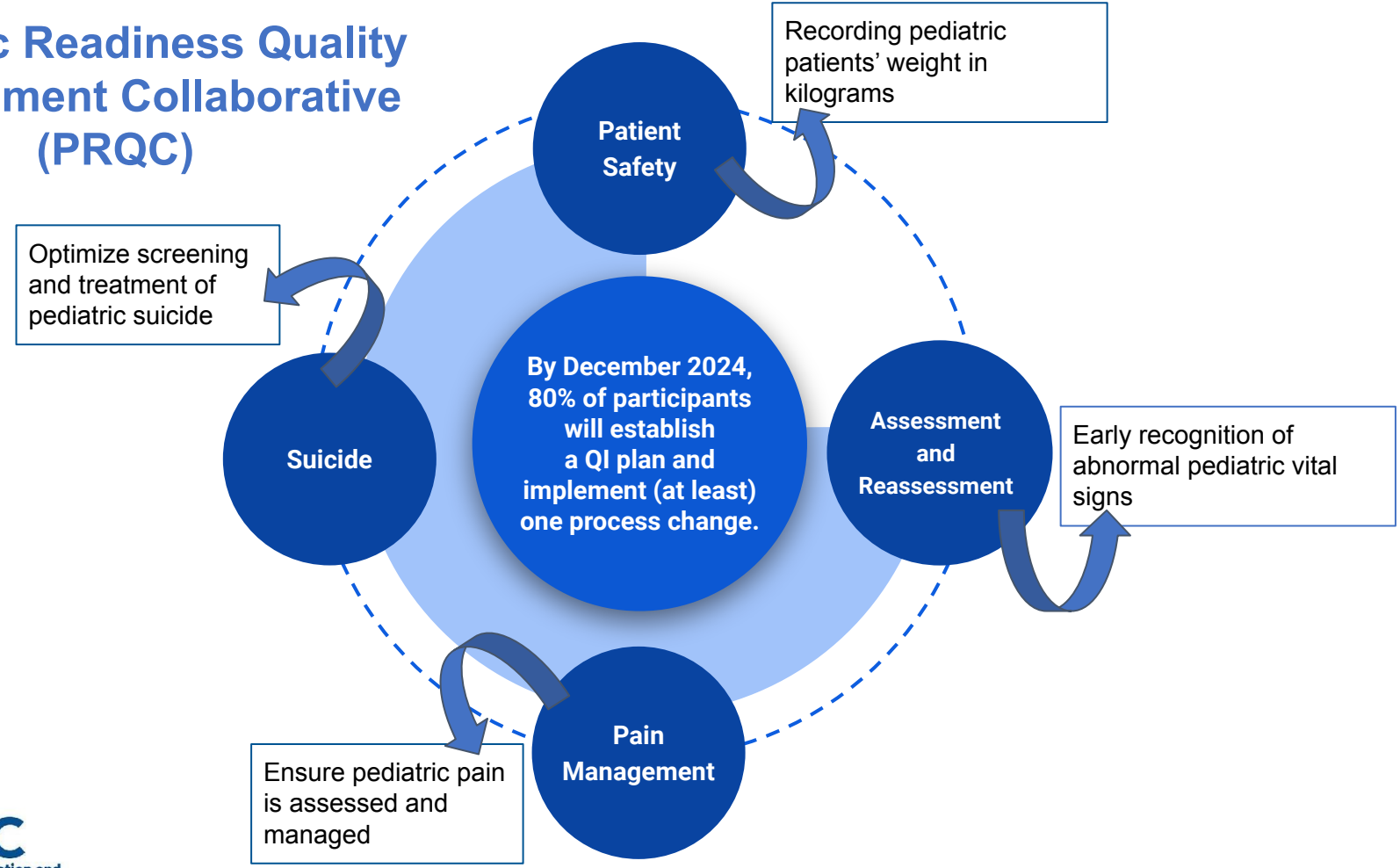
National PRQC Pediatric Readiness Quality Collaborative
Ensuring Emergency Care for All Children

Pediatric Readiness Quality Improvement Collaborative (PRQC)



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Why Join or Encourage Others to Join?

- Continue or expand on QI work on suicidality
- Address quality of ED care for children in new areas
- Encourage colleagues that might be interested in improving clinical care practices re suicide or other topics
- For more information, access previous promotional webinars online (https://emscimprovement.center/collaboratives/prqc/2023/)

PRQC Registration QR Code

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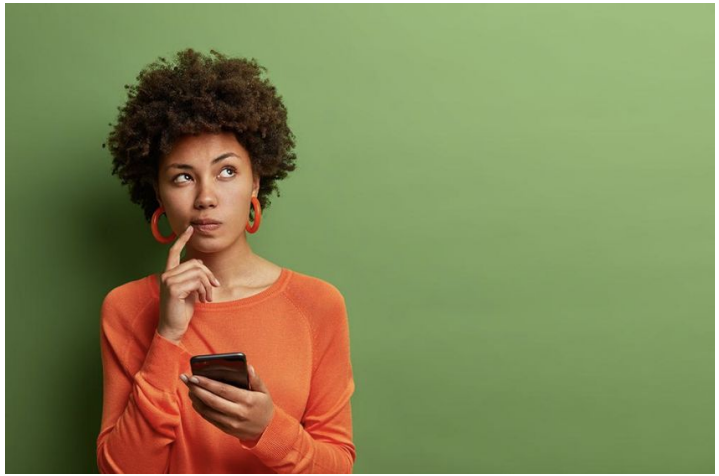
Optional Office Hours

- Ask questions, receive QI coaching or expert input, discuss your improvement project
- **July and August 2023 (12:00 to 1:30 pm CST)**



Transition to Breakout Groups

- 1 hour in Breakout Groups
  - Team QI project discussions
  - Team updates including achievements and barriers
  - Engagement- we encourage everyone to participate in sharing

Breakout Group 1 and 2: Saturday Night Fever / Rural Rules!
Facilitators: Lisa Gray, Julie Shelton, Joyce Li
Team 4: Sweetwater Hospital Association - Tennessee
Team 7: Geisinger Community Medical Center - Pennsylvania
Team 8: Springhill Medical Center - Louisina
Team 19: PeaceHealth Peace Harbor Medical Center - Oregon
Team 22: Centura Health - Porter Adventist Hospital - Colorado
Team 25: Mercy Health - Lourdes Hospital - Kentucky
Team 58: St. Vincent's St. Clair - Alabama
Team 77: UPMC Lock Haven - Pennslyvania
Team 79: Person Memorial Hospital - North Carolina
Team 81: UPMC Pinnacle West Shore - Pennsylvania
Team 17: Ascension Mercy Hospital - Wisconsin
Team 26: Hiawatha Community Hospital - Kansas
Team 28: Western Wisconsin Health - Wisconsin
Team 32: Labette Health - Kansas
Team 33: Nemaha Valley Community Hospital - Kansas
Team 54: McLaren Thumb Region - Michigan
Team 67: Stewart Memorial Community Hospital - Iowa
Team 68: Atchison Hospital - Kansas
Team 70: Sparrow - Clinton Hospital - Michigan
Team 86: Scheurer Hospital - Michigan

Breakout Group 3: ALLIES: Advocate, Listen, Learn, Impact, Educate, Share
Facilitators: Eleni Balourdos, Sue Duffy, Steve Czekalinski
Team 3: Claremore Indian Hospital - Oklahoma
Team 5: Wayne HealthCare - Ohio
Team 16: Loyola MacNeal Hospital - Illinois
Team 30: Tomah Health - Wisconsin
Team 42: Prisma Health Upstate - South Carolina
Team 49: Adventist Medical Center - Illinois
Team 50: Memorial Hospital and Health Care Center - Indiana
Team 51: OSF Saint Anthony Medical Center - Illinois
Team 56: Ascension St. Vincent - Indiana
Team 73: Prairie Ridge Health - Wisconsin

Breakout Group 4: The Fantastic Four
Facilitators: Moh Saidinejad, Anna Goldman
Team 2: Kaiser Permanente Sunnyside Medical Center - Oregon
Team 21: Bon Secours Southside Regional Medical Center - Virginia
Team 29: Titus Regional Medical Center - Texas
Team 31: Carilion Roanoke Memorial Hospital - Virginia
Team 34: Baylor Regional Medical Center at Grapevine - Texas
Team 36: Gritman Medical Center - Idaho
Team 41: Emerson Hospital - Massachusetts
Team 55: Cedars Sinai Medical Center - California
Team 57: Geisinger Medical Center - Pennsylvania
Team 63: Good Samaritan Hospital Medical Center - New York
Team 75: UPMC Passavant - Cranberry - Pennsylvania

Breakout Group 5: Fabulous Fivers!
Facilitators: Kate Remick, Shari Snyder, Ashley Foster, Tishia Gunton
Team 9: Covenant Hospital - Michigan
Team 13: ProMedica Russell J. Ebeid Children's Hospital - Ohio
Team 38: Baptist Health Hardin - Kentucky
Team 40: Northwestern Medicine - Delnor Hospital - Illinois
Team 44: Advocate Good Samaritan Hospital - Illinois
Team 59: HSHS St. Elizabeth's Hospital - Illinois
Team 60: Silver Cross Hospital - Illinois
Team 65: SwedishAmerican Health System - Illinois
Team 69: Rush-Copley Memorial Center - Illinois
Team 76: UPMC Williamsport - Pennsylvania

Breakout Group 6: Sunshine Mood Movers
Facilitators: Kasey Petika, Mona Thompson, Neil Uspal
Team 6: Pomona Valley Hospital Medical Center - California
Team 35: MemorialCare Long Beach Medical Center - California
Team 43: Cape Fear Valley Medical Center - North Carolina
Team 46: Medical City Alliance -Texas
Team 48: Regional Medical Center - Greenville - Texas
Team 52: Pikeville Medical Center - Kentucky
Team 64: Torrance Memorial Medical Center - California
Team 74: County - Harbor UCLA Medical Center - California
Team 78: UNC Rex Healthcare - North Carolina
Team 80: UPMC Hamot - Pennsylvania
Team 82: WakeMed Health and Hospital - North Carolina

Breakout Group 7: CEASES: Children's ED Advocates for Suicide Evaluation and Support
Facilitators: Laura Aird, Sheryl Yanger, Vera Feuer
Team 1: Children's National Hospital - Dist. Col.
Team 10: Nationwide Children's Hospital - Ohio
Team 12: Robert Wood Johnson University Hospital - New Jersey
Team 15: Johns Hopkins Hospital - Maryland
Team 18: Connecticut Children's Medical Center - Connecticut
Team 23: Randall Children's Hospital at Legacy Emanuel - Oregon
Team 62: Akron Children's Hospital - Ohio
Team 66: Rhode Island Hospital - Hasbro Children's Hospital - Rhode Island
Team 72: Seattle Children's Hospital - Washington
Team 85: C.S. Mott Children's Hospital - Michigan

Breakout Group 8: Suicide Squashers
Facilitators: Angela Nguyen, Jen Donathan, Hanna De Hoyos
Team 11: Norton Children's Hospital - Kentucky
Team 20: Ann and Robert H. Lurie Children's Hospital of Chicago - Illinois
Team 27: Texas Childrens Hospital The Woodlands - Texas
Team 37: El Paso Children's Hospital - Texas
Team 39: Monroe Carell Jr. Children's Hospital at Vanderbilt - Tennessee
Team 45: Cook Children's Medical Center - Texas
Team 53: Nemours Childrens Hospital - Florida
Team 71: University of North Carolina Hospitals - North Carolina
Team 84: University Hospitals Rainbow Babies and Children’s Hospital - Pediatric ED - Ohio

Transition to Breakout Groups

Welcome Back!

- Quick Poll
- Report outs will start with Breakout Group #1+2: Saturday Night Fever + Rural Rules
- Share lessons learned along with potential barriers experienced

Poll

- What has been the biggest barrier you have experienced throughout your QI project work?

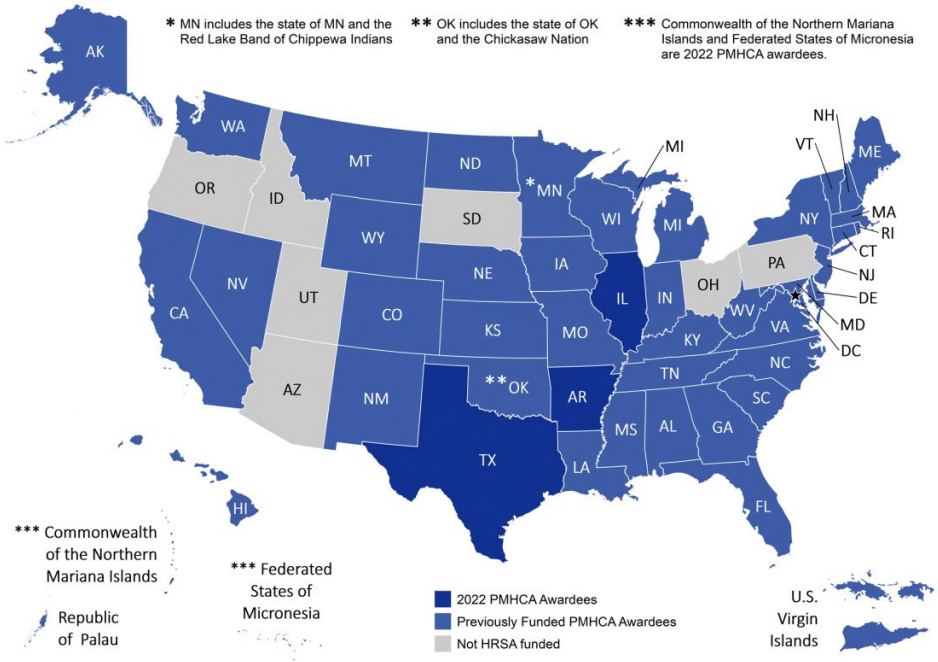
Breakout Group Reports

Order of Report Outs:

- 1+ 2: Saturday Night Fever / Rural Rules!
- 3: ALLIES: Advocate, Listen, Learn, Impact, Educate, Share
- 4: The Fantastic Four
- 5: Fabulous Fivers!
- 6: Sunshine Mood Movers
- 7: CEASES: Children's ED Advocates for Suicide Evaluation and Support
- 8: Suicide Squashers

Leveraging Regional Resources
** Session on August 24, 2023**

- Learn about **Pediatric Mental Health Care Access (PMHCA)** programs
- Find a PMHCA program in your region
- Register in advance/follow-up email will be sent soon



Next Steps

- **Continue your Improvement Journey**
  - Have you accessed resources (e.g., Have you watched the Fireside Chats?)
  - Implement your next change strategy
  - Track improvements, challenges, questions

- **Optional Office Hours July and August**
  - July 6th Registration: https://dellmed-utexas.zoom.us/meeting/register/tJIocOCtqjgiHNzzXhNjSh-nUFgbW2MK9c3y#/registration
  - August 3rd Registration: https://dellmed-utexas.zoom.us/meeting/register/tJwpcu-urT0sH9RYjuBaS09yRz4JV9U0Okie#/registration

- **New Opportunity to Share and Exchange Resources! / Web Update**

- **Reminder: Please continue your QI project work through the summer until our next collaborative session on September 7th, 2023**

Team Slides

Get Ready for Team Report Out on September 7, 2023

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Remind us of Your Bundle and SMART Aim

- Bundle Choice
- SMART Aim

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Describe Change Strategies and Outcomes

- Add change approaches here
- How did things go over the summer?
- What progress happened, what still needs work?
- Are you collecting data? How?
- What did you learn that others might benefit from hearing about?

What Will You Do Next?

- Add updates and future plans here

Please Complete Session Evaluation

Thank you!

We look forward to seeing you for Office Hours July 6th, 2023!

Nursing - CE contact hours

June 1, 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 **6/01/2023** to be eligible for CE contact hours

BRN CE Provider: Pediatric Liaison Nurses Los Angeles County.

Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 contact hour

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

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