

# ED STOP Suicide QI Collaborative

Final Session

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November 2, 2023



# Funding Acknowledgements

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**The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.**

# Impact of QI, Team Presentations, Positive Change

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

## 1. Large Group (entire session)

- Kate Remick, MD, FAAP, FACEP, FAEMS, will present on the overall impact of a QI collaborative and accelerating work in your ED, and Susan Duffy, MD, will present on the influence of applied strategies and positive changes experienced thus far.

## 2. Team Presentations

## 3. Q&A, Next Steps, CE/CEU Credits

# Objectives

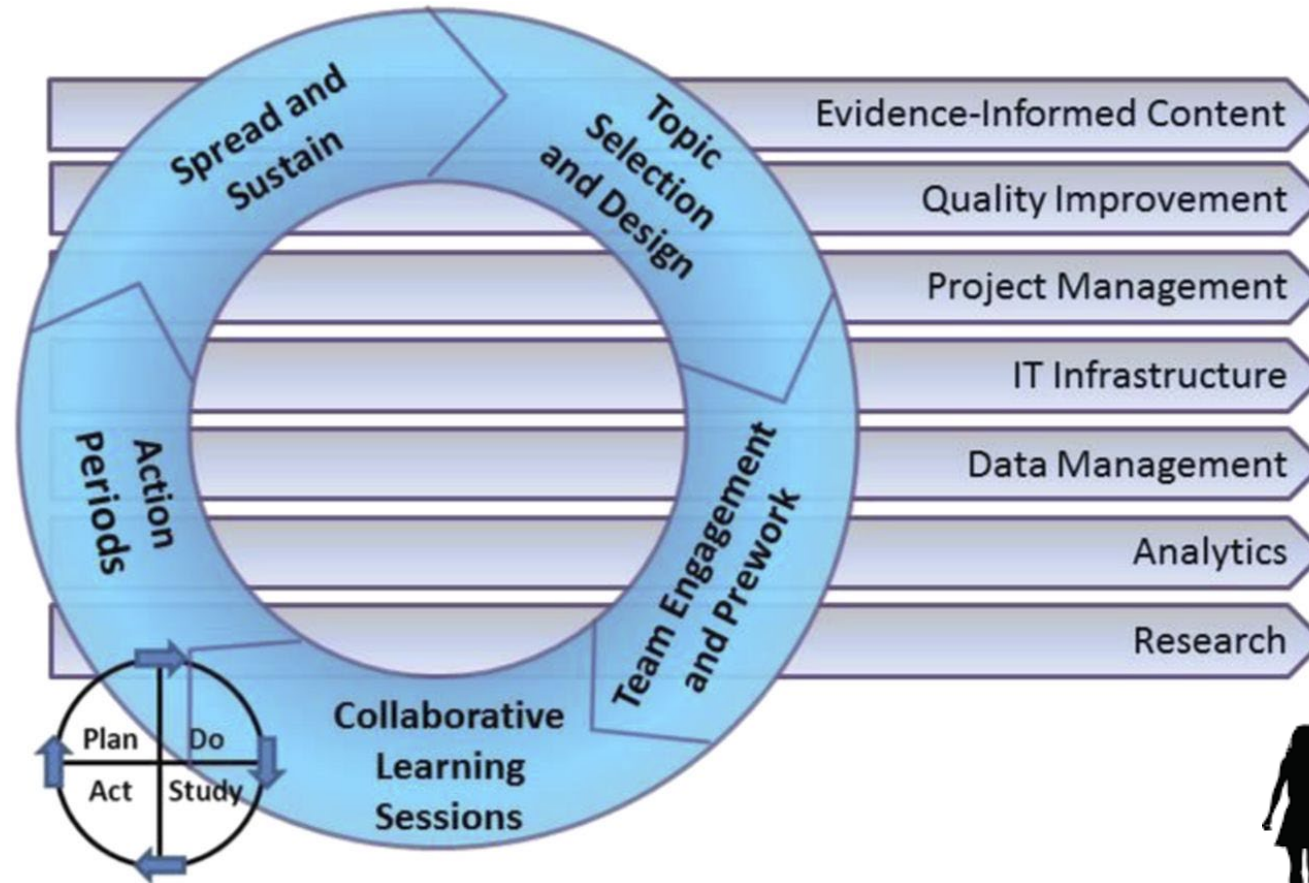
After participating in this collaborative session, attendees will be able to:

1. Summarize the impact of a QI collaborative on accelerating work in your ED
2. Describe best practices and strategies to improve suicide clinical care processes
3. Review the impact of change strategy implementation

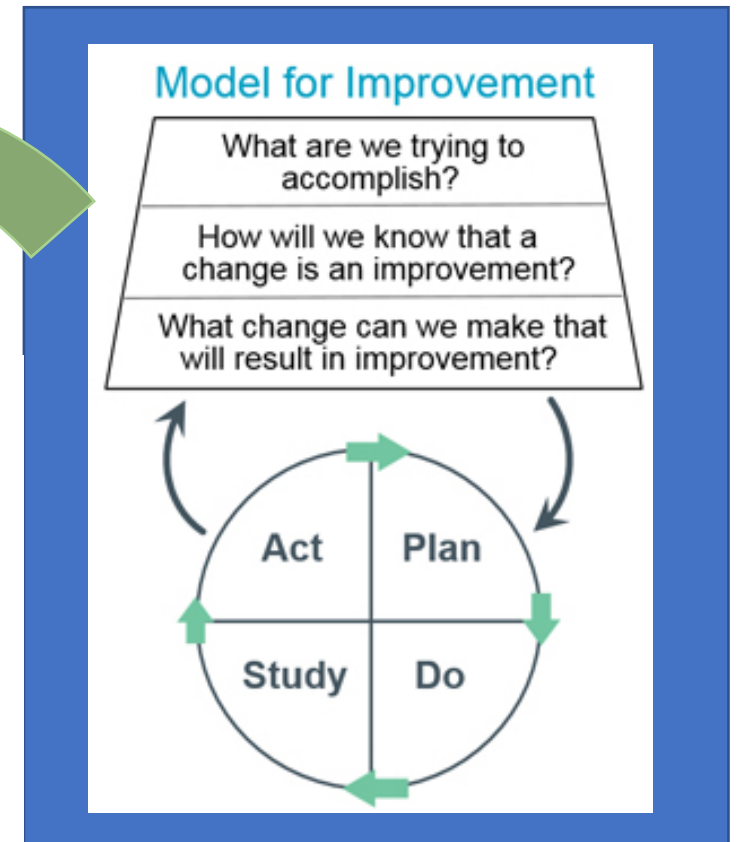
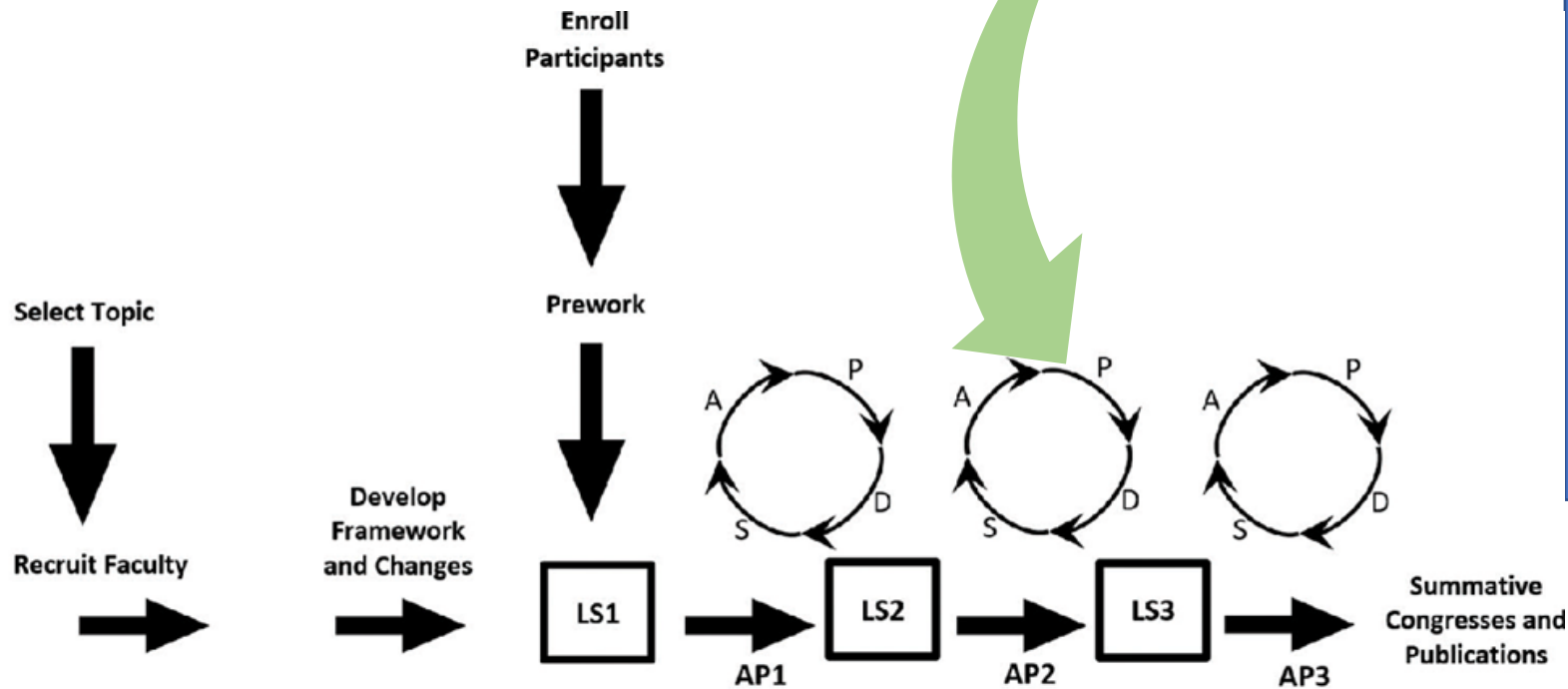
# Quality Improvement Collaboratives



Trust across institutions  
Incentives to engagement



# Institute for Healthcare Improvement's Breakthrough Series Model



LS1: Learning Session  
 AP: Action Period  
 P-D-S-A: Plan-Do-Study-Act

**Supports:**  
 Email • Visits • Phone Conference • Monthly Team Reports • Assessments



# Quality Improvement Collaboratives as a Model for Rapid Transformation of Our Healthcare Systems



- Research to practice: average 17-23 years
- QI Collaboratives to practice: 3-5 years

*“Quality teaches you how to use water.  
It doesn’t provide the water pump.”*





# Observations from a QI Collaborative

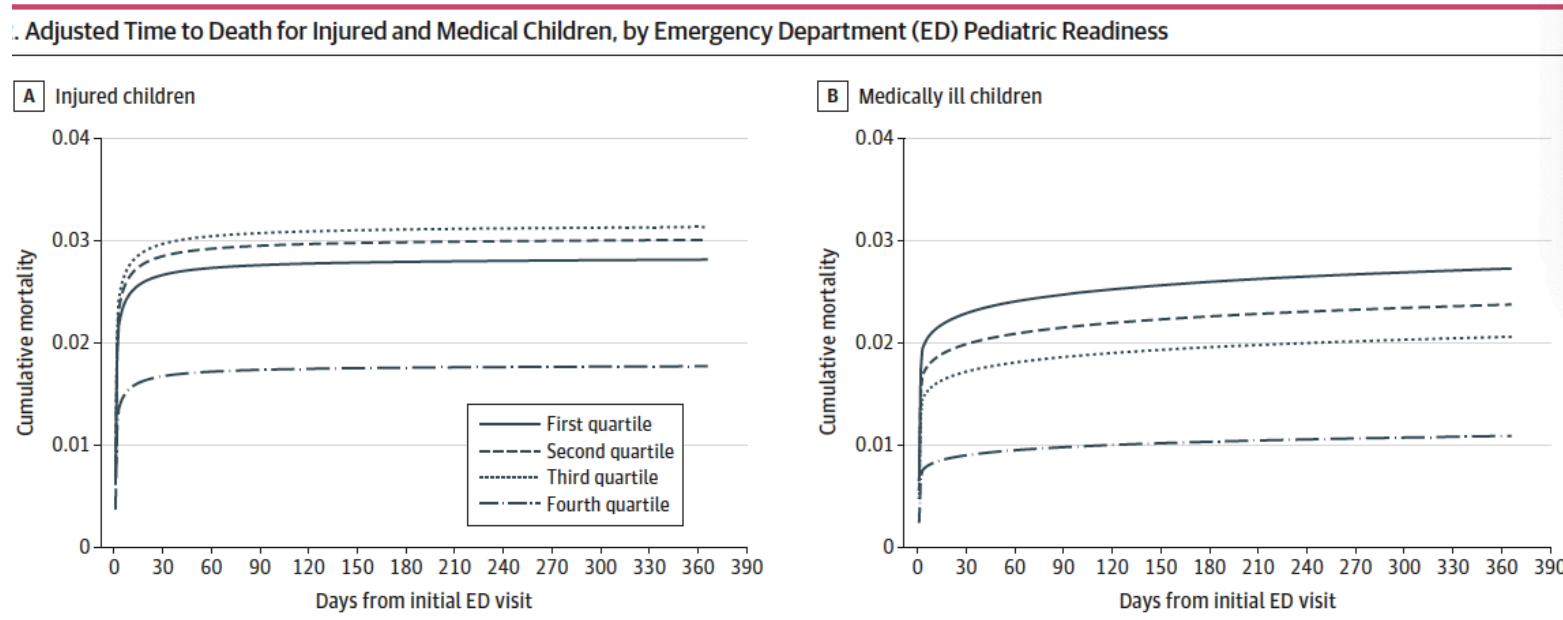
- Founded upon evidence-based practice recommendations
- Supportive environment, shared understanding of challenges
- Learning from experts and peers is motivational
- Best practices shared from similarly resourced environments
- Active implementation of strategies that directly impact patients
- New networks formed
- Practitioners become leaders

January 13, 2023

# Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care

60% (injured) to 76% (ill) lower odds of in-hospital death in high-readiness ED

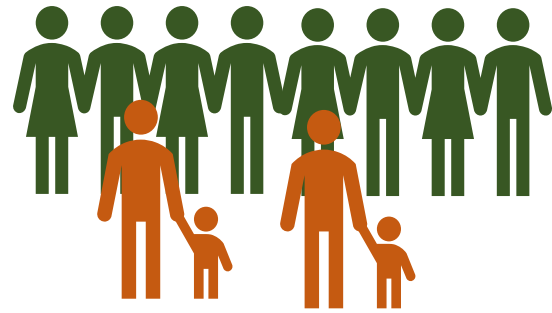
Craig D. Newgard, MD, MPH<sup>1</sup>; Amber Lin, MS<sup>1</sup>; Susan Malveau, MS<sup>1</sup>; et al



The presence of a full QI plan = average **26pt increase** in adjusted wPRS.



# Most emergency departments are not “pediatric ready”



*70% of EDs see fewer than 15 children per day*

**>80% of children (28M/yr) are seen in general EDs**

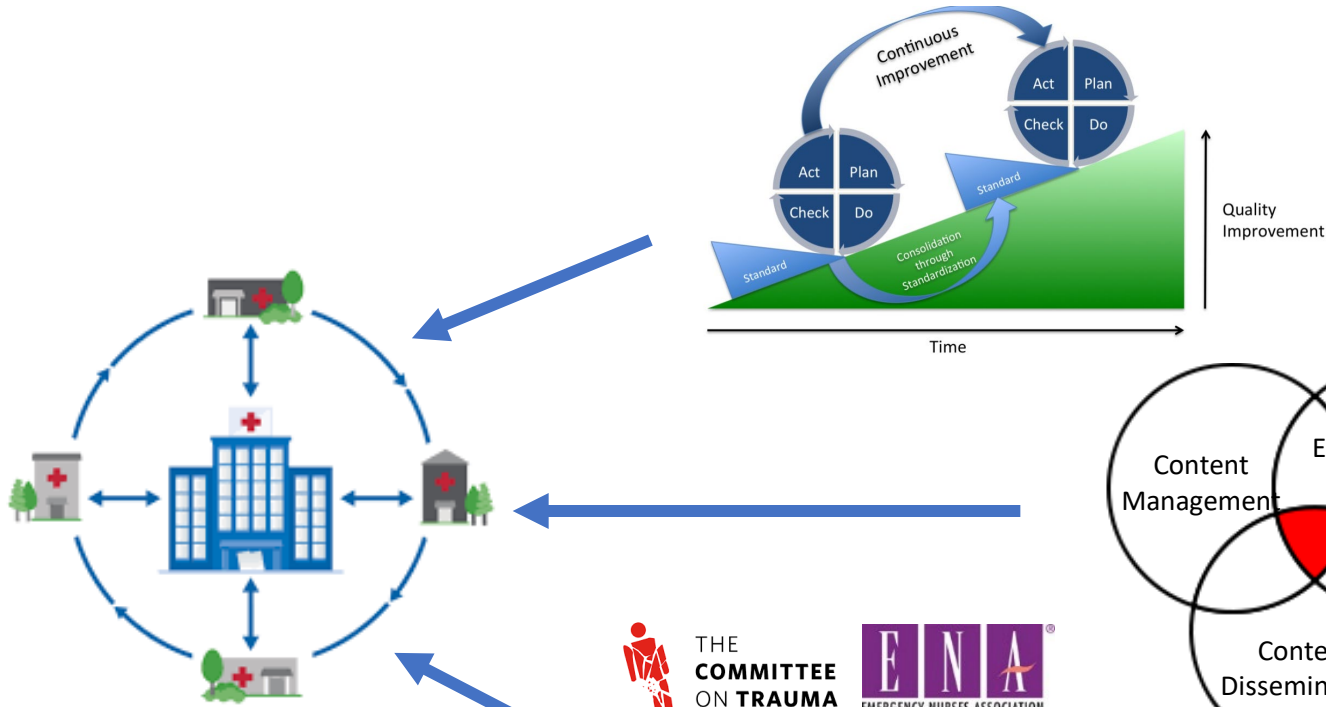
**Quality means doing it right when no one is looking.**  
– Henry Ford

## Pediatric Readiness in the Emergency Department

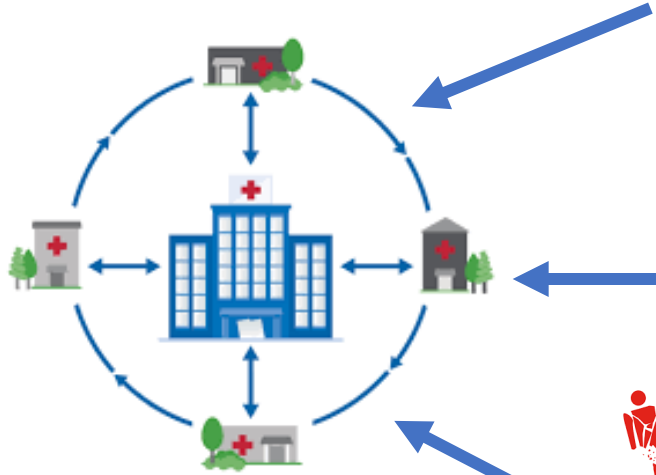
Katherine Remick, MD, FAAP, FACEP, FAEMS,<sup>a,b,c</sup> Marianne Gausche-Hill, MD, FAAP, FACEP, FAEMS,<sup>d,e,f</sup> Madeline M. Joseph, MD, FAAP, FACEP,<sup>g,h</sup> Kathleen Brown, MD, FAAP, FACEP,<sup>i</sup> Sally K. Snow, BSN, RN, CPEN,<sup>j</sup> Joseph L. Wright, MD, MPH, FAAP,<sup>k,l</sup> AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric



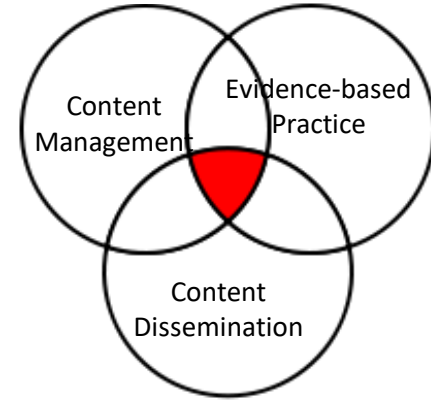
# EIIC Efforts to Improve Pediatric Emergency Care



Quality Improvement Science



Increase Access to High Quality Health Services



Knowledge Management



Partnerships





# ED Site Presentations







# Positive Changes

*Improvements Demonstrated*

# Recognized the Need for Systematic ED Processes to Improve Delivery of Care

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- Created Clinical pathways for suicide screening and assessment
  - Universal suicide screening vs targeted screening
- Developed procedures for triage, safety assessment and monitoring
- Developed processes and accountability for medical clearance and mental health consultation
- Formed specialized and trained teams to provide trauma informed and developmentally appropriate safe care
- Implemented quality process metrics to test changes and provide ongoing quality control



# Created Systems to Plan Safe Discharge and Facilitate Follow up and Mitigate Risk

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- Developed Suicide prevention Resource packets for patients and families at discharge
- Implemented Discharge Care Coordination for patients at Risk for Suicide to improve linkage to follow-up
- Developed Discharge Bundle and Safety Planning toolkits
- Developed Processes to educate staff to provide Lethal Means Restriction Counseling. Provided gun locks and medication bags
- Improved communication with Mental Health assessment team to facilitate and reinforce safe discharge and follow up
- Implemented call backs and follow up calls to improve linkage to follow up
- Improved Process and communication around transfers and admissions



# Improved the Quality of ED Experiences for Patients and Families

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- Staff education to provide trauma informed and developmentally appropriate care to children with mental health issues
- Adapt ED environments to decrease stimulation, be youth and family friendly, incorporate distractions, relaxation, diversion
- Incorporate mental health and family support staff into ED care
- Implement customized care plans and routines for patients with prolonged stays
- Train staff and form teams to manage agitation and focus on de-escalation



# You are Invited: The ED and Pediatric Mental Health Care Access (PMHCA) Collaborative

- First PMHCA Collaborative Session: **February 22, 2024, at 1pm ET.**
- Participating PMHCA States: Washington, Tennessee, Michigan, Oklahoma, Louisiana, Virginia, Delaware
  - Currently adding more states / US territories
- Check out the EICC website for updated information:
  - <https://emscimprovement.center/partners/pmhca/>

# Next Steps

## Continue your Improvement Journey

- Fill out the ED STOP Suicide QI Collaborative Post-Collaborative Final Evaluation Survey



# Nursing - CE hours November 2, 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 **11/04/2023** 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](mailto:robin.goodmanrn@gmail.com)**



**<https://bit.ly/EDSTOP8>**

# Social Work Professionals – CEUs

## Collaborative Session November 2, 2023

1. Enter your first and last name in the **chat** if you have not done so already
2. Scan the QR code/use link to access session evaluation



[https://utexas.qualtrics.com/jfe/form/SV\\_cJjyBkZ9JZt8kui](https://utexas.qualtrics.com/jfe/form/SV_cJjyBkZ9JZt8kui)

Scan the QR code below for Social Work, LMFT, or Psychology CEUs for this session.

**THANK YOU!**