ED Screening and Treatment Options for Pediatric (ED STOP) Suicide Discharge and Safety Planning

This guide was designed exclusively for sites participating in the ED STOP Suicide QI Collaborative and has not been validated. The clinical care team should use independent judgment in the management of any specific patient and is responsible, in consultation with the patient and/or the patient's family, to make the ultimate decisions regarding care. This intervention bundle may conflict with "existing" local quality improvement efforts. Participants are encouraged to seek support from your ED and hospital leadership regarding the adoption of the proposed change strategies as standard practice for your ED.

Introduction

Discharge and Safety Planning focuses on supporting ED professionals to create or enhance processes and clinical pathways to standardize discharge and safety planning for pediatric mental health patients who were determined to be at risk for suicide.

Considering the extreme shortage of mental health professionals to provide timely follow up care for a patient being discharged from the ED after visit for suicidal ideation or suicide attempt, this bundle encourages a written process or guidelines for safely discharging pediatric patients at risk for suicide, as well as promoting the development and distribution of materials for patients and families to take home. Addressing safety and supporting relationships that promote social and emotional bonds, decrease stress responses (i.e., "do no harm"), and promote building resilience are principles of trauma-informed care, which has the potential to improve patient engagement and treatment adherence, as well as improved outcomes upon discharge.[18]

It is anticipated that an individual ED site team will choose one or more measures to work on. The following measures have been suggested by the ED STOP Suicide QI Collaborative Advisory Committee.

(Structural) Measure 1 - Presence of a written process or checklist for safely discharging pediatric patients who screen "high-risk" for suicide to include lethal means restriction, safety planning, provision of resources to families, and follow up resources or an appointment with a mental health professional.

(Structural) Measure 2 - Presence of a family resource packet for families of "high risk" suicide patients that includes discharge instructions, outpatient mental health resources, recommendations for safety planning, and guidance on lethal means restriction.

(Process Stretch Goal: Optional) - Measure 3 - Percentage of physicians and nurse staff trained on how to counsel families on lethal means restriction and safety planning upon discharge.

(Process Stretch Goal: Optional) - Measure 4 - Percentage of families who report receiving counseling on lethal means restriction and safety planning upon discharge.

Data Collection

Assessment of Knowledge: Assessment of knowledge of content and use of the process and written materials for safely discharging pediatric patients at risk for suicide might include the following elements:

1. Presence of a written discharge process or checklist
2. Ability to access materials for patients and family and to talk to these individuals about safety planning
3. Appropriate use of the tool or steps to describe process for safely discharging pediatric mental health patients
4. Self-assessment of knowledge with using the written guidance
5. Self-assessment of proficiency in discharging and safety planning for a child who is determined to be at high-risk for suicide

*Assessment of knowledge of accessing community resources and/or use of telepsychiatry is another option.

Suggestions for data collection for process measures could include:

- Chart audits to evaluate usage of guidelines, checklists, documentation of safety planning
- Survey staff on usage and/or comfort with discharge and safety planning resources
- Consider adding "survey staff experience/satisfaction" as a layer related to implementation of your intervention strategy
- Create a brief survey for families upon discharge asking if they received counseling on lethal means restriction or written materials.

Metrics Calculation

- Process Measure #3: Numerator: Number of ED physicians and nurse staff who completed training. Denominator: Total number of ED physicians and nurse staff.
- Process Measure #4: Numerator: Number of families that report receiving lethal means counseling. Denominator: Number of total pediatric patients with mental health conditions discharged from ED.

Example Interventions

Completing a Key Driver Diagram can be a useful QI tool to help identify primary and secondary drivers as well as interventions, specific to QI projects or improvement processes. More information is available in the Quality Improvement Implementation Guide, which can be found on the collaborative resources webpage.

KEY DRIVER 1: POLICY/PROCEDURE

A full discharge and safety planning process should be completed by a trained (ideally licensed) mental health professional to assist with appropriate treatment and disposition.

Change Strategies

- Develop a written procedure or guideline that provides instructions on who should perform, and what should be included in discharge and safety planning of pediatric patients with a mental health condition, such as:
  - Scheduling the first follow-up appointment (ideally within less than 72 hours after discharge)
  - Facilitating a phone call/follow up communication to the primary care provider/outpatient clinician
  - Discussion of lethal means restriction: access to weapons, medications, etc.
  - Reviewing the discharge and safety plan, follow up, and resources with the patient and family
  - Provision of crisis cards with contact information
  - Development of a personalized safety plan
  - Considering a contract specific to safety issues
  - Providing a family resource packet
- Identify or develop a team of ED care providers (e.g., social workers, case managers, mental health consultants, or others) to arrange and support follow up for patients with suicidality.

KEY DRIVER 2: RESOURCES

Change Strategies

- Development of a family resource packet to help them navigate mental health follow up and provide guidance on safety. Consider resources on:
  - Safe storage of medications and firearms
  - Local resources for mental health services, medication disposal, and firearm storage
  - How to talk to children/adolescents about suicidal feelings
  - List of local outpatient mental health providers to consider for follow up appointments

KEY DRIVER 3: EMR OPTIMIZATION

Change Strategies

- EMR documentation of safety planning and lethal means restriction counseling
  - Integrate a discharge planning safety checklist into the EMR
- Document ED follow up plan in the EMR

KEY DRIVE 4: EDUCATION

Change Strategies

- Educate staff on process for ensuring that each high-risk pediatric mental health patient receives adequate safety planning prior to discharge follow up after their departure.
- Offer a training on how to conduct appropriate and thorough discharge and safety planning processes in the ED
  - Learning objectives could focus on the importance of discharge/safety planning, lethal means safety counseling, and the importance of establishing follow up plans
  - Identify training delivery modality (e.g., use of hospital's learning management system, PowerPoint slides, infographics or posters; presentations during staff meetings, just-in-time training, or peer to peer training/support)
  - Overview of the family resource packet and importance

KEY DRIVER 5: KNOWLEDGE REINFORCEMENT TOOLS

Change Strategies

- Post the discharge and safety planning process in a readily visible place in the ED
- Develop a written checklist for staff to use when discharging mental health patients
- Create a badge card that includes suggestions for lethal means restriction and family counseling

Resources and Tools

Stanley-Brown Safety Plan
https://bgg.11b.myftpupload.com/wp-content/uploads/2021/08/Stanley-Brown-Safety-Plan-8-6-21.pdf

Child Mind Institute - My Safety Plan
https://childmind.org/wp-content/uploads/2022/09/MySafetyPlan-v1.pdf

Seattle Children's Hospital Coping Card
https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe1029.pdf

The Bullet Points Project: Clinical Tools for Preventing Firearm Injury
https://www.bulletpointsproject.org/

ZEROSUICIDE Counseling on Access to Lethal Means Online Training
https://zerosuicidetraining.edc.org/enrol/index.php?id=20

American Academy of Pediatrics Suicide Prevention Campaign Toolkit
https://www.aap.org/en/news-room/campaigns-and-toolkits/suicide-prevention/

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