Indian Health Service
Division of Behavioral Health

EMSC All Grantee Meeting

Ask Suicide Screen-Screening Questions Quality Improvement Pilot (ASQ QIP)

August 22, 2019

Disclaimer

Scope of the Problem

- Suicide Rate for American Indian/Alaska Native (AI/AN) adolescents and young adult ages 15 to 34 (19.1/100,000) was 1.3 times that of the national average for that age group (14/100,000).

- Suicide is the 8th leading cause of death among all AI/AN across all ages.

Background

- Between 2000 and 2015, only 30% of AI/AN people died by suicide in a hospital, according to CDC data.

- Information regarding suicide activity within AI/AN community is not always readily available or accessible.

- Some data from publically available sources
  - National Violent Death Reporting System
  - National Death Index

Rates are Rising

- Between 1999 and 2017 suicide rates increased for all race and ethnicity groups.

- The largest increase occurred for non-Hispanic American Indian or Alaska Native (AIAN) females (139% from 4.6 to 11.0 per 100,000).

- In 2017, rates for females aged 15–24 and 25–44 were highest among non-Hispanic AIAN females (20.5 and 20.7 per 100,000 respectively).

- The largest increase was observed among non-Hispanic AIAN males (71%, from 19.8 to 33.8 per 100,000).

- Rates for males aged 15–24 and 25–44 were highest for non-Hispanic AIAN males (53.7 and 58.1 per 100,000, respectively).

- Rates were calculated with the limitation of a likely underestimation of deaths by about 33% for non-Hispanic AIAN.

Suicide Surveillance System

- Enables ability to respond and prevent suicide.
- Describes patterns, tracks trends in patient behaviors
- Determines risk and protective factors
- Facilitates planning for future resource needs
- Provides an ability to evaluate efficacy of prevention programs
- Helps to detect epidemics and generate hypotheses
- Informs program and system improvements

Core Criteria

- Usefulness
- Flexibility
- Data quality
- Sensitivity
- Positive Predictive Value
- Acceptability

- Informatics
- Simplicity
- Representativeness
- Timeliness
- Stability

Data Availability within IHS

Data Source	Ideation	Attempt	Completion
IHS Electronic Health Records	Available	None	None
State-National, Vital Statistics	None	None	Available
Suicide Report Form	Available*	Available*	Available*
MSPI /Zero Suicide Program Reporting Documents	Available*	Available*	Available*

* Available for limited data from limited and time bound sources.

Sites submitting data to RPMS

	Number of Sites Reporting in FY10	Number of Sites Reporting in FY15	Number of Sites Reporting in FY17
RPMS	276	252	231
NON-RPMS	62	76	80
TOTAL	338	328	311

Suicide Reporting Form (SRF)

- In 2003, the SRF was established as an IHS Division of Behavioral Health Government Performance and Results Act (GPRA) measure.

- GPRA requires that IHS demonstrate that federal funds are being used effectively toward meeting our mission.

- GPRA requires a data supported audit trail from appropriated dollars to activities and ultimately to customer benefits or outcomes consistent with IHS mission.

- The focus of the SRF as a measure was the USE of the form and NOT the number of suicide events or activities. Performance is measured by the number of forms in the aggregate national RPMS database.

IHS Suicide Surveillance Review

- IHS Partnered with the Center for Disease Control (CDC) to determine strengths and weaknesses of the SRF as a tool for suicide surveillance.

SRF Overview

Strengths

- Addresses racial misclassification that exists among national databases.

- 100% Positive Predictive Value

- SRF collection data on ideation with plan, suicide attempts in addition to completions. These elements are not available via state or national databases.

Weaknesses

- Inability to mandate participation.

- Estimates are not possible due to inconsistency in site reporting.

- Lack of motivation among providers.

- Lack of interoperability with EHR

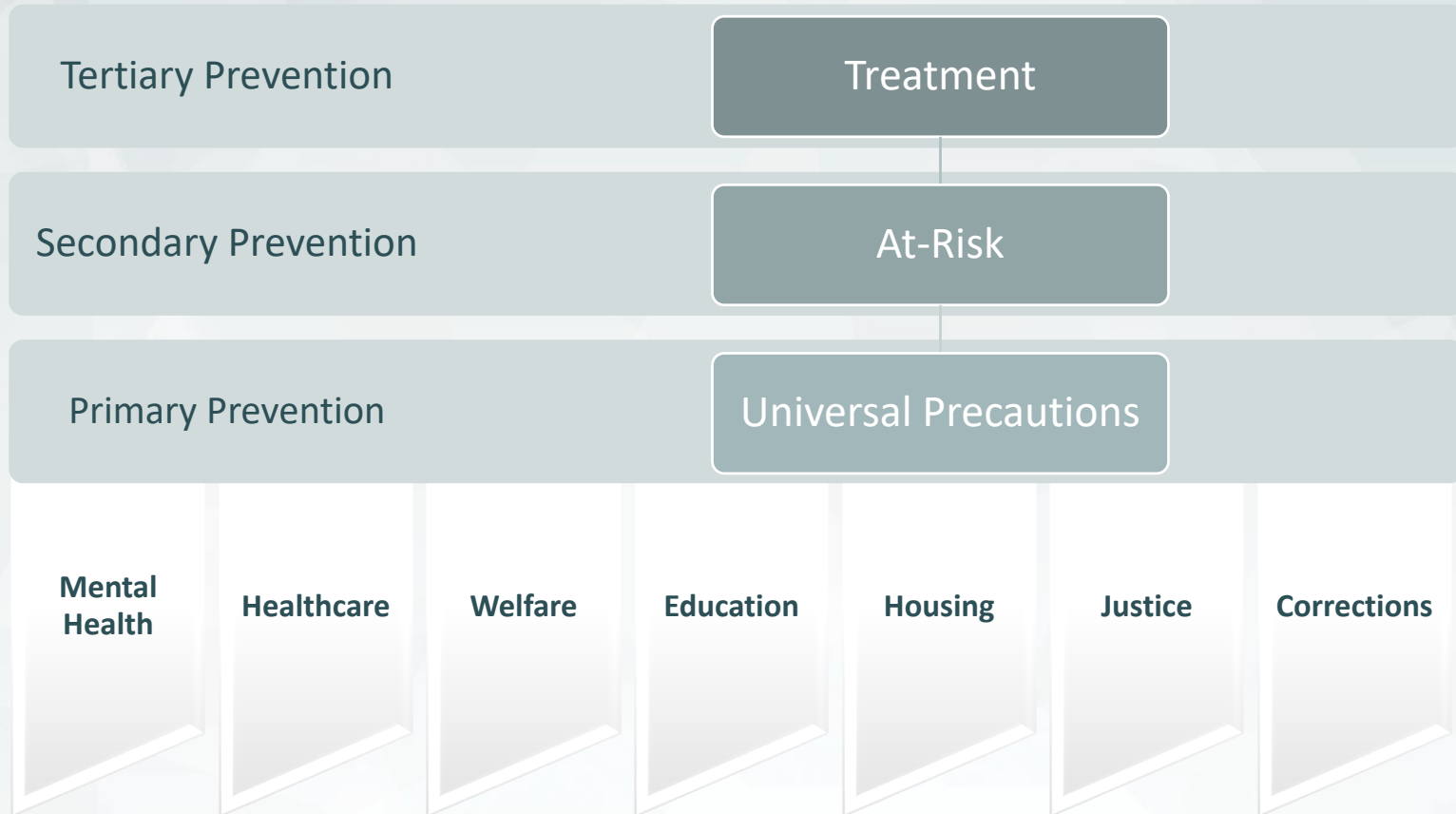- Aggregated data does not have standard suicide epidemiological data through IHPES.
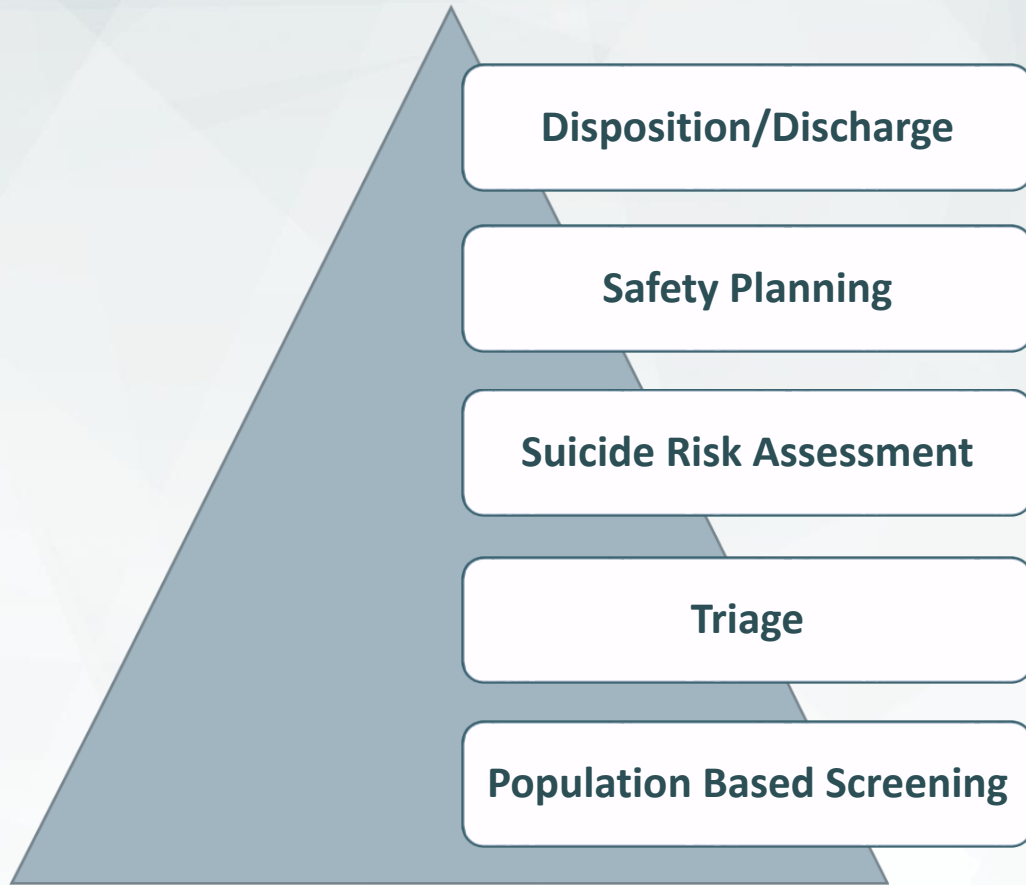
CDC Review Outcomes

- Opportunities for Fatal Suicide Surveillance
    - Integration with NVDRS and NDI

- Opportunities for Non-Fatal Suicide Surveillance
    - Enhance electronic health record
    - Improve existing SRF
    - Automate processing of EHR by computers to obtain data of interest for epidemiologic surveillance of suicide behavior using natural language processing and machine learning.

Public Health Approach

Tertiary Prevention	Treatment
Secondary Prevention	At-Risk
Primary Prevention	Universal Precautions

Mental Health	Healthcare	Welfare	Education	Housing	Justice	Corrections

Standard of Care

Disposition/Discharge

Safety Planning

Suicide Risk Assessment

Triage

Population Based Screening

Current Status

- The IHS suicide surveillance system is in need of enhancements to obtain vital patient health data that will enable capture of suicide-related patterns, track trends in behaviors, and determine risk and protective factors.

Ask Suicide Screening Questions (ASQ)

- The ASQ tool will capture patient-related data and initiate a suicide risk assessment protocol to ensure quality care.

- The ASQ screen and accompanying toolkit is a free resource for medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) that can help nurses or physicians successfully identify youth at risk for suicide.

- The ASQ screen is a set of four questions that takes 20 seconds to administer.

- In line with Sentinel Event 56 by the Joint Commission recommending all medical settings screen for suicide.

Quality Improvement Project

- On September 7, 2018 the Division of Behavioral Health (DBH) received approval to initiate a 3-year universal suicide screening pilot project in Indian Health Service (IHS) Emergency Departments for demonstration of potential developmental measure for IHS-wide implementation.

MOU NIMH & IHS

- Purpose
  - Three year partnership to develop, implement, and evaluate the ASQ within two IHS Emergency Departments.

- Goal
  - Implement universal screening for all patients in the IHS Emergency Departments of White River Indian Hospital, White River, AZ and Claremore Indian Hospital, Claremore, OK.

- Outcome
  - Evaluation of the ASQ within the American Indian population.

Activities To Date
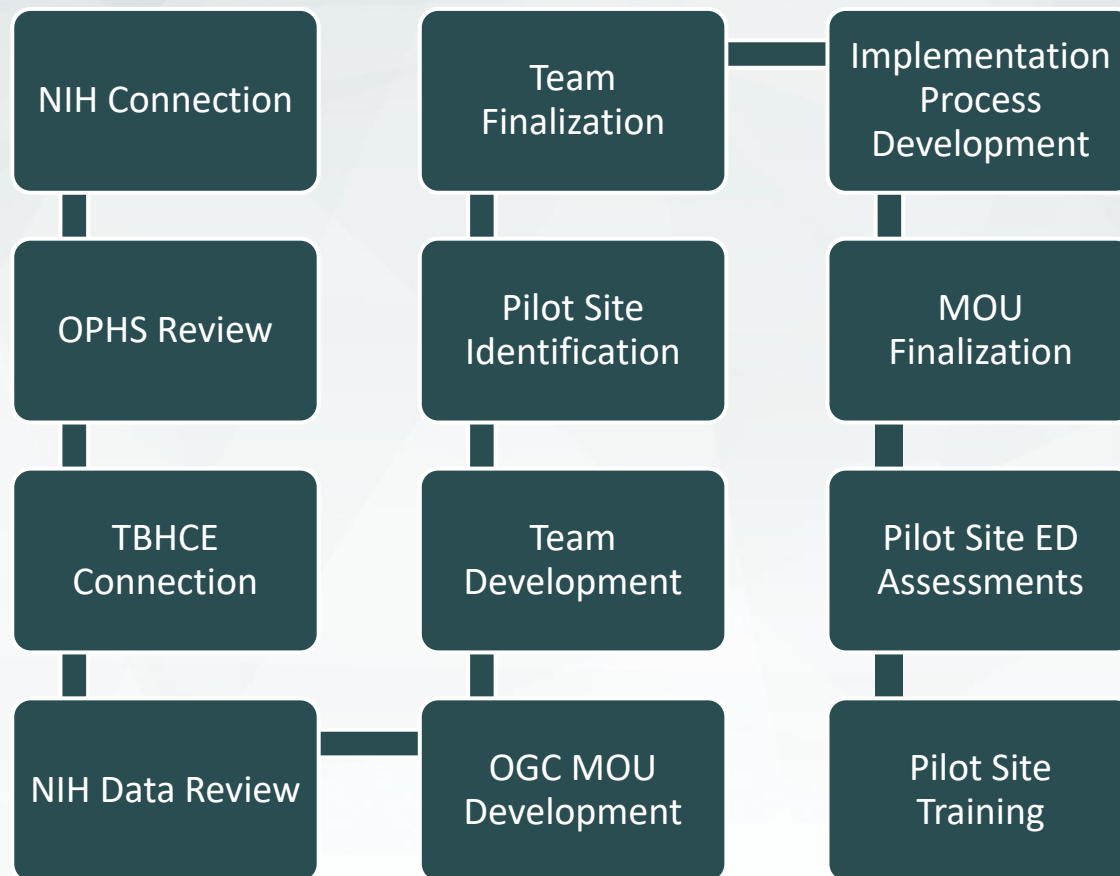
Next Steps

- Pilot Site Field Implementation

- In Person Training

- ASQ Screen Live Date

- Evaluation of Implementation Process

- Data Collection

- Evaluation of Data

- Final Report

Q&A

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References

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