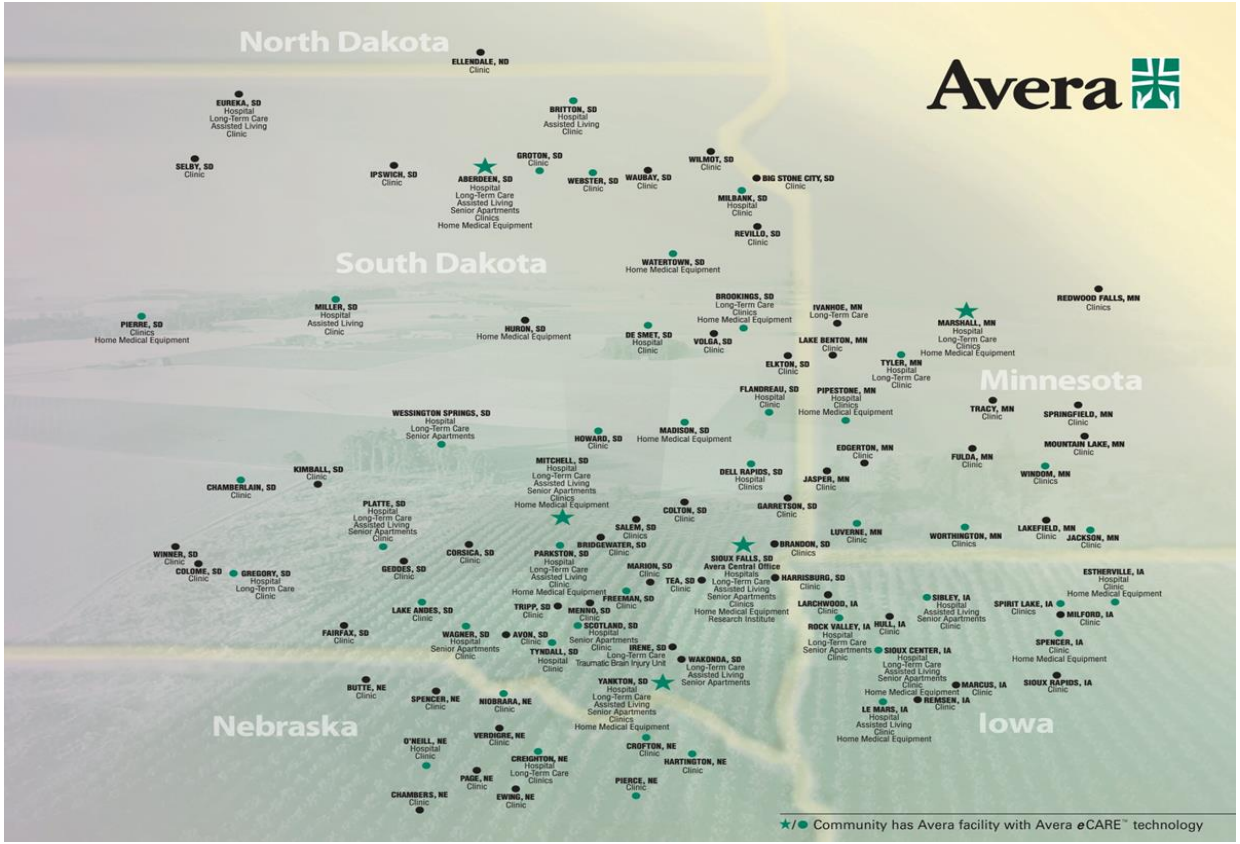
Avera's Strategic Approach to Zero Suicide

Avera eCARE®

Objectives:

- Using a quality improvement framework to provide best practice to patients with risk of suicide
- Use the electronic health record to track compliance of standard interventions implemented
- Standardize education and training of staff on suicide risk and assessment

About Avera Health

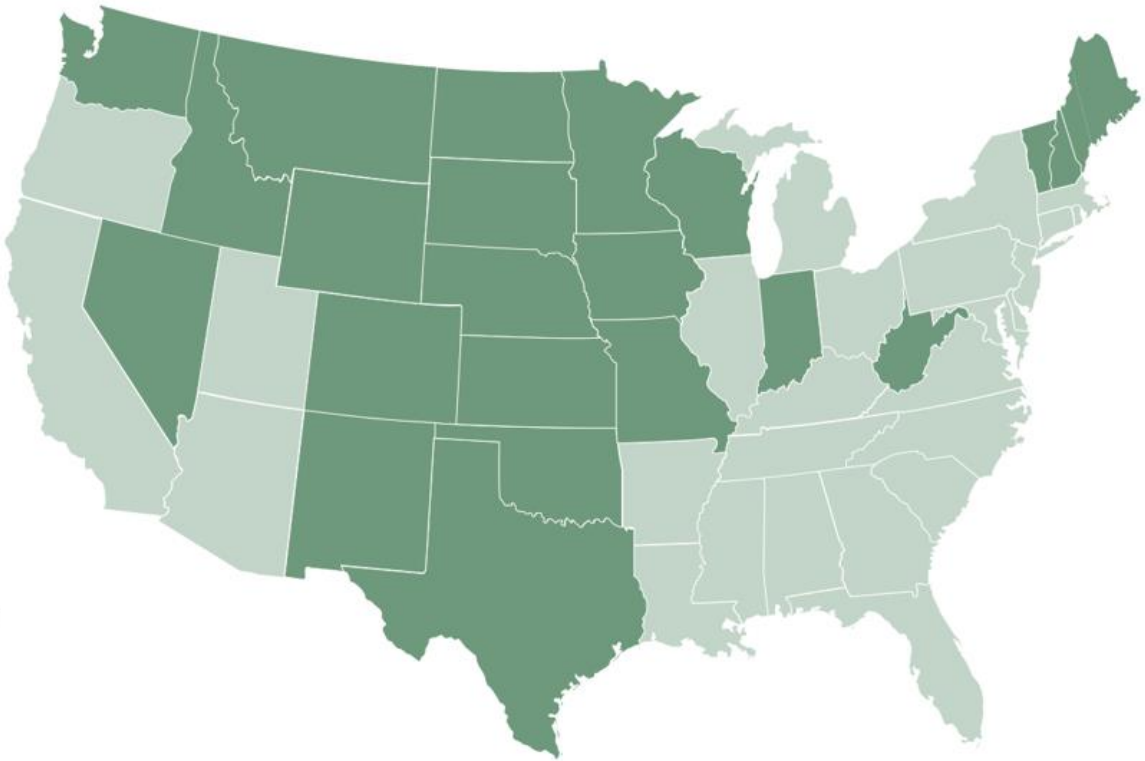


Discover

Over **400** sites
in **22** states

1+ million
lives impacted

Serves **13 percent**
of all Critical Access Hospitals
in the nation



Discover Avera eCARE®


Interesting facts about South Dakota
850,000
PEOPLE
VS
3.6 Million
CATTLE

Avera Behavioral Health

- Inpatient BH Services
  - Aberdeen, SD (10 bed unit at Avera St. Luke's Hospital)
    - Avera Addiction Care Center (Worthmore)
  - Marshall, MN (10 bed unit at Avera Marshall Regional Medical Center)
  - Sioux Falls, SD (122 beds – 6 units at Avera Behavioral Health Center)
    - 24/7 Assessment Program
    - TMS Therapy and ECT Services
    - Partial Hospital Day Program for Adults
    - Outpatient Group Therapy for Adolescents

- Outpatient Services
  - Counseling, Psychology and Psychiatric Care
  - Triage Therapy
  - eAssessment

- Avera Addiction Care Center planned for Sioux Falls (32 bed facility)

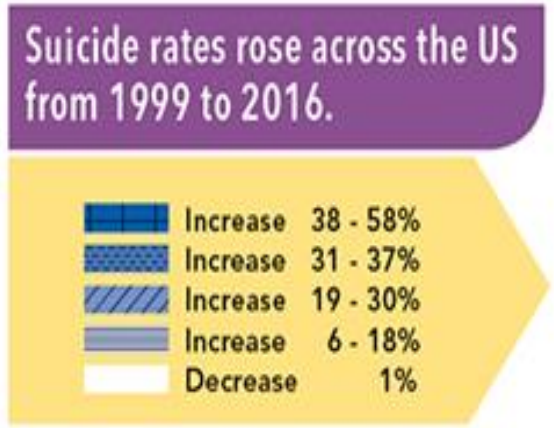
Suicide is a Leading Cause of Death in the US

- According to the CDC WISQARS leading causes of death reports in 2016
  - Suicide was the tenth leading cause of death overall, claiming the lives of nearly 45,000 people
  - Suicide was the 2nd leading cause of death among ages 10-34 and 4th among 35-54
  - Twice as many suicides (44,965) as homicides (19,362)

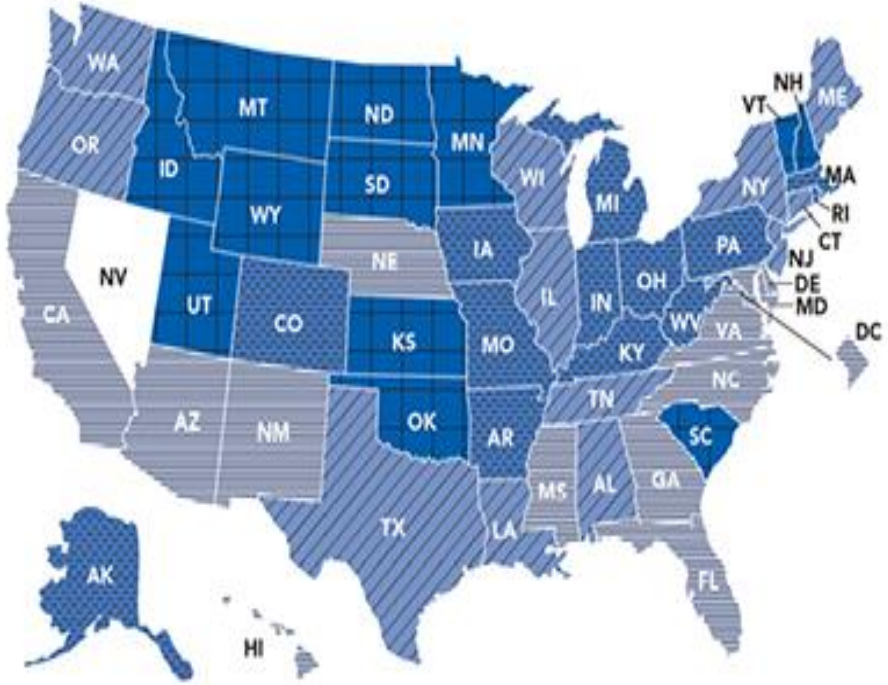
https://webappa.cdc.gov/sasweb/ncipc/leadcause.html

Leading Cause of Death in the United States (2016) Data Courtesy of CDC							
	Select Age Groups						
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 635,260
2	**Suicide 436**	**Suicide 5,723**	**Suicide 7,366**	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 598,038
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Unintentional Injury 161,374
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	**Suicide 7,030**	**Suicide 8,437**	CLRD 17,810	CLRD 154,596
5	Congenital Abnormalities 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Cerebro-vascular 142,142
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Alzheimer's Disease 116,103
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Diabetes Mellitus 80,058
8	Cerebro-vascular 50	CLRD 206	Cerebro-vascular 575	Cerebro-vascular 1,851	CLRD 4,307	**Suicide 7,759**	Influenza & Pneumonia 51,537
9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 50,046
10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	**Suicide 44,965**

Suicide rates rose across the US from 1999 to 2016.



SOURCE: *CDC's National Vital Statistics System; CDC Vital Signs, June 2018.*

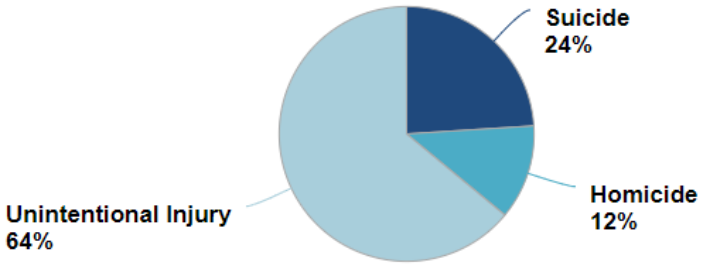


Cost of Suicide Deaths

- In addition to the emotional loss, there is also an economic loss as the burden of suicide falls most heavily on adults of working age
  - Suicide accounted for $50.8 billion (24%) of the fatal injury cost

Medical and Work Lost Costs of Injury by Intent in the United States (2013)

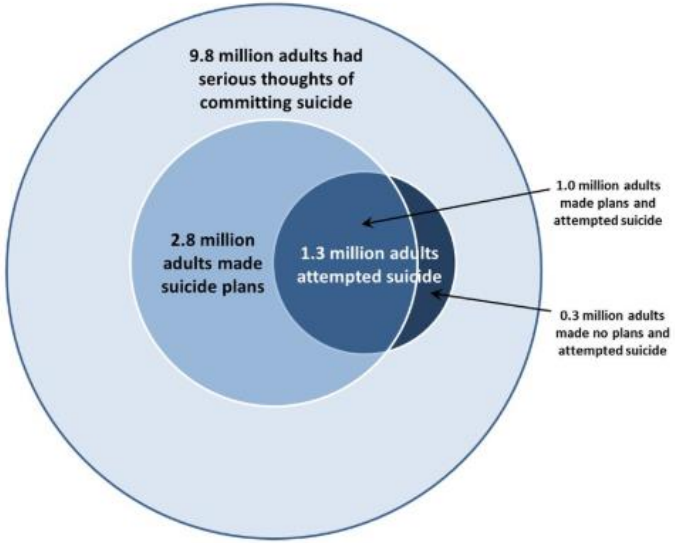
Data Courtesy of CDC



DATA

Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2016)

Data Courtesy of SAMHSA



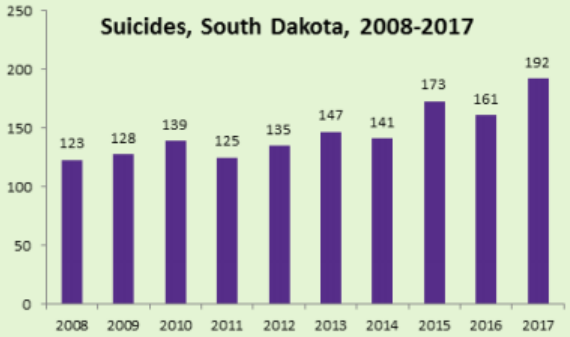
Data Courtesy of SAMHSA
https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154972

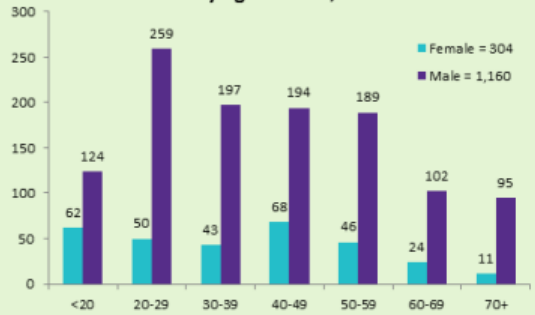
South Dakota Facts and Stats

Did You Know...

- Suicide is the 9th leading cause of death in SD, but is the 2nd leading cause among ages 15 to 34.
- With 192 suicides, SD has the 6th highest suicide rate in United States in 2017 (crude rate).
  - SD = 22.0 per 100,000 population
  - US = 14.5 per 100,000 population
- There were 192 suicides in 2017 in SD, the most ever reported for the state.
- 79 percent of suicides were male and 21 percent were female.
- The SD American Indian suicide rate is 2.3 times higher than the SD White suicide rate for 2008 - 2017.
- SD suicide methods: firearm 49 percent, hanging 35 percent, poisoning 13 percent and other 4 percent.
- 16.1 percent of SD high school students considered suicide (2015, Youth Risk Behavior Surveillance System).
- 8.4 percent of SD high school students attempted suicide (2015, Youth Risk Behavior Surveillance System).

South Dakota Statistics





SD suicide surveillance report:
doh.sd.gov/documents/statistics/SuicideSurveillanceJan2017.pdf

SOUTH DAKOTA DEPARTMENT OF HEALTH

SD Suicides by County, 2008-2017
(Crude Rate: suicides per 100,000 population per year)

- Aurora <5 (††)
- Beadle 23 (13.1)
- Bennett 9 (26.3†)
- Bon Homme 9 (12.8†)
- Brookings 32 (9.8)
- Brown 50 (13.4)
- Brule 7 (13.3†)
- Buffalo 15 (73.7†)
- Butte 17 (16.8)
- Campbell 0 (0)
- Charles Mix 22 (23.9)
- Clark <5 (††)
- Clay 15 (10.8†)
- Codington 38 (13.8)
- Corson 28 (67.8)
- Custer 17 (20.4)
- Davison 28 (14.3)
- Day 5 (8.9†)
- Deuel 6 (13.9†)
- Dewey 28 (49.4)
- Douglas <5 (††)
- Edmunds 5 (12.5†)
- Fall River 14 (20.1)
- Faulk 5 (21.4†)
- Grant 10 (13.9†)
- Gregory 6 (14.3†)
- Haakon <5 (††)
- Hamlin 5 (8.4†)
- Hand <5 (††)
- Hanson 5 (14.6†)
- Harding <5 (††)
- Hughes 28 (16.1)
- Hutchinson 5 (6.9†)
- Hyde <5 (††)
- Jackson 13 (41.8†)
- Jerauld <5 (††)
- Jones <5 (††)
- Kingsbury 11 (21.5†)
- Lake 18 (14.9†)
- Lawrence 47 (19.2)
- Lincoln 42 (8.6)
- Lyman 12 (31.2†)
- Marshall 8 (17.3†)
- McCook 6 (10.7†)
- McPherson 5 (20.5†)
- Meade 58 (22.2)
- Mellette 6 (29.0†)
- Miner <5 (††)
- Minnehaha 296 (16.4)
- Moody 13 (20.2†)
- Oglala Lakota 67 (47.7)
- Pennington 205 (19.5)
- Perkins <5 (††)
- Potter 6 (26.3†)
- Roberts 27 (26.4)
- Sanborn <5 (††)
- Spink 5 (7.7†)
- Stanley 11 (37.4†)
- Sully <5 (††)
- Todd 57 (57.2)
- Tripp <5 (††)
- Turner 12 (14.5†)
- Union 16 (10.9†)
- Walworth 10 (18.3†)
- Yankton 41 (18.2)
- Ziebach 6 (21.7†)
- TOTAL 1,464 (17.5)

†Unstable rate due to fewer than 20 deaths. Interpret with caution.
††Suppressed rate due to fewer than 5 deaths.

Zero Suicide Initiative

- Foundational belief is that suicide deaths for individuals under the care of health & behavioral health systems are preventable
- Presents an aspirational challenge and framework for system-wide transformation toward safer suicide care

https://zerosuicide.sprc.org/

Zero Suicide Approach

- Culture shift away from fragmented suicide care toward a holistic & comprehensive approach to patient safety & quality improvement
  - Safety and support of the staff who do the demanding work of treating and caring for suicidal patients

Zero Suicide Approach

Elements of Zero Suicide

1. **Lead** system-wide culture change committed to reducing suicides
2. **Train** a competent, confident, and caring workforce
3. **Identify** patients with suicide risk via comprehensive screenings
4. **Engage** all individuals at-risk of suicide using a suicide care management plan
5. **Treat** suicidal thoughts and behaviors using evidence-based treatments
6. **Transition** individuals through care with warm hand-offs and supportive contacts
7. **Improve** policies and procedures through continuous quality improvement

A Silent Epidemic – changing the conversation

- Our words matter, especially when it comes to mental health
  - Destigmatizing mental health
  - Listening and asking appropriate questions
  - Communicating effectively
  - Collaborating care and transitioning patients
  - Anticipating problems

“When attaching the word ‘committed,’ it further discriminates against those who lost their battle against a disease.”

- DAN REIDENBERG, EXECUTIVE DIRECTOR, SUICIDE AWARENESS VOICES OF EDUCATION

Avera Zero Suicide Journey

What Are We Doing

- Using the quality improvement framework, we are integrating behavioral healthcare into all aspects of our health system
  - Zero Suicide is an effective framework
- Data driven approach utilizing evidence-based tools and interventions

LEAD

1. Leadership mobilizing staff to believe that suicide can be prevented
   - Provide tangible supports in a safe & blame free environment (Just Culture)
2. Unwavering focus that zero suicides is the goal

LEAD

- Physician Champion Crucial
- Zero Suicide Initiative team established
  - MD, BH, IT, Quality, Patient Advocate, Therapists, Clinic
  - Regular team meetings
  - Authority for changing policies and procedures
    - Support provided to staff that have experience suicide death of client
    - Colleague Assessments – who to contact

TRAIN

- Assess staff knowledge, practices and confidence – Workforce survey
  - Training, resources and support
- Suicide prevention-specific trainings & educational opportunities for clinical & non-clinical staff
  - Addressed gaps in workforce readiness survey

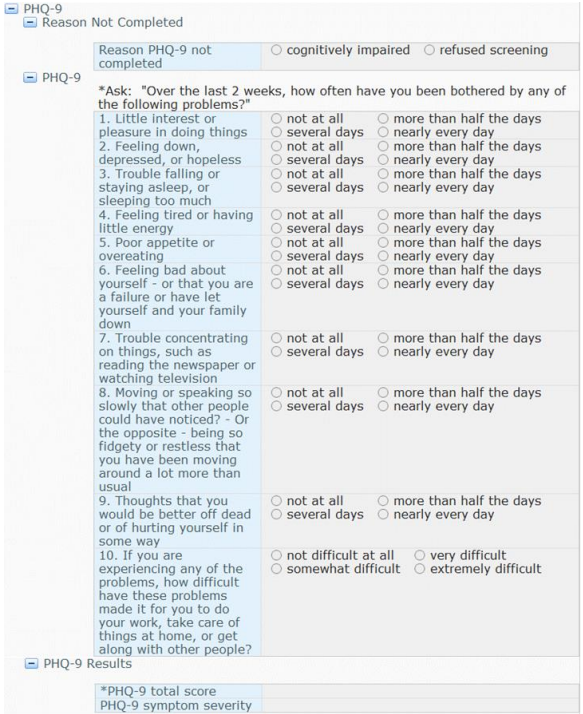
TRAIN

- Local community partner, the Helpline Center
  - In-service trainings for BH Staff in Question, Persuade, Refer, Treat (QPR non clinical staff – QPRT clinical staff)
- Optimizing coding can improve fiscal and quality metrics
    - FY16: 77 coded attempts; FY17: 146

IDENTIFY

- All persons receiving care are screened for suicidal thoughts and behaviors using a standardized tool
  - Inpatient and Outpatient (PHQ-9)
  - Inpatient (Columbia)
- Staff receives formal training on suicide screening and documentation

Standardized Screening



PHQ-9

Reason Not Completed

Reason PHQ-9 not completed	○ cognitively impaired ○ refused screening

PHQ-9

*Ask: "Over the last 2 weeks, how often have you been bothered by any of the following problems?"

1. Little interest or pleasure in doing things	○ not at all ○ several days	○ more than half the days ○ nearly every day
2. Feeling down, depressed, or hopeless	○ not at all ○ several days	○ more than half the days ○ nearly every day
3. Trouble falling or staying asleep, or sleeping too much	○ not at all ○ several days	○ more than half the days ○ nearly every day
4. Feeling tired or having little energy	○ not at all ○ several days	○ more than half the days ○ nearly every day
5. Poor appetite or overeating	○ not at all ○ several days	○ more than half the days ○ nearly every day
6. Feeling bad about yourself - or that you are a failure or have let yourself and your family down	○ not at all ○ several days	○ more than half the days ○ nearly every day
7. Trouble concentrating on things, such as reading the newspaper or watching television	○ not at all ○ several days	○ more than half the days ○ nearly every day
8. Moving or speaking so slowly that other people could have noticed? - Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	○ not at all ○ several days	○ more than half the days ○ nearly every day
9. Thoughts that you would be better off dead or of hurting yourself in some way	○ not at all ○ several days	○ more than half the days ○ nearly every day
10. If you are experiencing any of the problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	○ not difficult at all ○ somewhat difficult	○ very difficult ○ extremely difficult

PHQ-9 Results

*PHQ-9 total score	
PHQ-9 symptom severity	

IDENTIFY

Emergency Department

- Pediatric (10-17)
  - Ask Suicide Screening Questions (ASQ)
- Adult
  - Patient Safety Screener (PSS-3)

Standardized Screening

Age 10-17 Behavioral Health Concerns	
Child or Guardian Have Concerns Re: Child's Mood or Behavior	○ Yes ○ No *A "Yes" response requires additional screening. Document on "Suicide Risk Screen Adolescent".

ED Suicide Risk Screen Adol	
Suicide Risk Screen	
Reason Not Completed	○ Cognitively Impaired ○ Unable to Complete
Wish To Be Dead	○ Yes ○ No ○ Refused *Ask: "In the past few weeks, have you wished you were dead?"
Patient/Family Would Be Better Off If Patient Were Dead	○ Yes ○ No ○ Refused *Ask: "In the past few weeks, have you felt that you or your family would be better off if you were dead?"
Suicidal Thoughts	○ Yes ○ No ○ Refused *Ask: "In the past few weeks, have you been having thoughts about killing yourself?"
Suicide Attempt	○ Yes ○ No ○ Refused *Ask: "Have you ever tried to kill yourself?"
Suicide Attempt Method	*Ask: "How did you try to kill yourself?"
Last Suicide Attempt	*Ask: "When did you try to kill yourself?"
Suicidal Thoughts Right Now	○ Yes ○ No ○ Refused *Ask: "Are you having thoughts of killing yourself right now?"
Suicide Risk Screen Result	*If Suicide Risk Screen is Positive: - Provide patient education: **Warning Signs of Suicide and What You Can Do **AH How To Safeguard Your Home - Initiate the ED BH Assessment and Suicide Precautions Interventions
Level of Suicide Risk	*Acute/Imminent Risk: Requires a full suicide safety assessment/mental health evaluation. Patient cannot leave until evaluated for safety. *Non-Acute/Potential Risk: Requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
Name of Provider Notified	

Suicide Risk Primary Screen Adult	
Educate Patient on Rationale for Screening	○ Yes *Say: "I'm going to ask you some questions that we ask everyone treated here, no matter what problem they are here for. It is part of the hospital's policy and it helps us to make sure we are not missing anything important."
Reason Not Completed	○ Cognitively Impaired ○ Pt Unable to Complete
Depression	○ Yes ○ No ○ Refused *Ask: "Over the past two weeks, have you felt down, depressed or hopeless?"
Suicidal Ideation	○ Yes ○ No ○ Refused *Ask:"Over the past two weeks, have you had thoughts of killing yourself?"
Suicide Attempt	○ Yes ○ No ○ Refused *Ask:"Have you ever attempted to kill yourself?"
Last Suicide Attempt	○ Within the Past 24 Hrs ○ Within Last Month ○ Between 1 & 6 Months Ago ○ More Than 6 Months Ago ○ Refused *Ask: "When did this last happen?"
Depression Screen Result	
Suicide Risk Screen Result	*If suicide risk screen in positive: - Provide Pt Education: Warning Signs of Suicide and What You Can Do, AH How To Safeguard Your Home - Initiate the ED BH Assessment and Suicide Precautions Interventions
Name of Provider Notified	

IDENTIFY

- Education into Learning Center
- Embed into Daily Lineup
- 1:1 algorithm/policy developed
- In inpatient treatment, patients are screened at discharge
  - Measuring patients responses to the PHQ-9 at admission & discharge starting in July

IDENTIFY

Columbia Suicide Severity Rating Scale (C-SSRS)

- Simple, plain language questions
- Identifies whether someone is at risk for suicide
- Assesses the severity & immediacy of that risk
- Gauges the level of support that person needs

"It's about saving lives and directing limited resources to the people who actually need them. "

Dr. Kelly Posner Gerstenhaber, Founder and Director, The Columbia Lighthouse Project

ENGAGE

Safety Planning

- All patients identified at risk of suicide
  - Be brief, in patient's own words and easy to read
  - Involve family members as full partners

Means Safety Counseling

- Included in safety plan to address reduction in access to any lethal means

ENGAGE

Engage patient about suicide risk includes the following:

- Takes into account the individual's experiences and resources
- Builds hope for recovery
- Empowers the individual to resolve crises and longterm problems using the least invasive methods possible
- The result of active engagement in suicide care is that the patient feels heard, cared for, and empowered to make safe decisions.

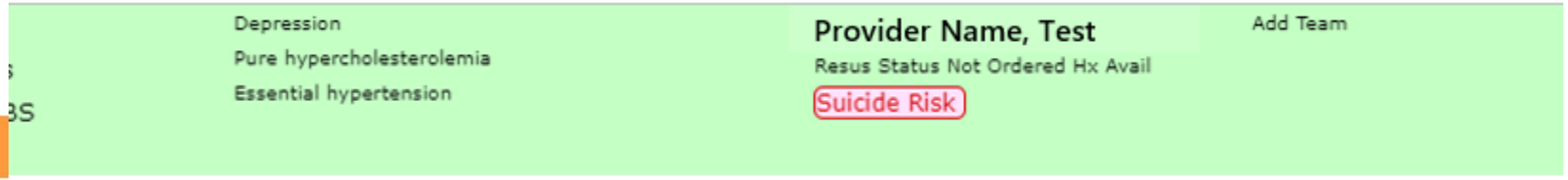
TREAT

- Quick response to care
  - Embedded behavioral health therapist where feasible
  - Develop solutions for easy access into BH for urgent/emergent patients
    - Triage Therapists
- Make it simple
  - Give non-behavioral health providers confidence
  - Algorithms and medication charts

TRANSITION

Care transitions are high-risk times for patients

- The burden lies on the provider, rather than on the patient & family members, to develop systems to ensure that patients make & keep appointments
- Special indicator in EHR that follow the patient from visit to visit regardless of their status



TRANSITION

Of the adults who reported they had attempted suicide in the past 12 months:

- 43% received no mental health treatment
- 60% did not participate in any outpatient mental health visit
- 48% of those receiving mental health treatment received prescription medication for a mental health disorder

2008-2012 data from the National Survey of Drug Use and Health

TRANSITION

- Bridge appointments
  - Brief Follow Up appointments for Medication Management upon discharge from the hospital
- Coordinated care for BH
- Pharmacogenetics

TRANSITION

Crisis Triage therapist

- Access to a mental health therapist in a patient's time of need
- Often seen same day or within 3 business days
- Brief therapy session
- Reduce suicidal ideation
- Crisis intervention/safety planning/ means restriction counseling

Avera eCARE Behavioral Health

Visionaries in Virtual Health

- Emergency
- Medical Inpatient
- Psychiatric Inpatient
- 24/7
- Crisis Triage
- Education

Receive instant access to an interdisciplinary team of behavioral health clinicians

Timelier treatment of patient crisis, reducing unintended consequences of not receiving appropriate care

Provide relief to providers while enhancing current services through after-hour and gap coverage

Improve recruitment and retention

Access supportive resources to help with complex behavioral health patients and crisis situations

Discover Avera eCARE

Telemedicine Education

The Telebehavioral Certificate Program will be a first of its kind to provide participants the opportunity to gain knowledge in a unique and increasingly relevant skillset to add to current or future practice.

The eight-week program will consist of:

- Didactic education and case-based learning
- Skills training
- ECHO training
- Telemedicine consult for medication management

This project will provide an effective solution to the region's psychiatrist shortage, increasing the workforce trained in telemedicine, and increase the opportunity for patients and families to obtain mental health care regardless of the geographic location and limitations.

Due to its trailblazing nature, the program will establish standards of care, best practices, ethical considerations, and other factors important to any new model of care delivery.

FOR MORE INFORMATION
EMAIL: telebehavioralprogram@avera.org

PHONE: 605-322-2660

Discover the possibilities at AveraeCARE.org

Avera eCARE

Discover Avera eCARE

IMPROVE

DATA IS ESSENTIAL!

- Specifying all aspects of suicide care in the clinical workflow and monitored in the electronic health record will provide necessary data to identify successes and failures in care

Recommended Current Measures

Measure	Numerator	Denominator
Screening	# of pts who received a PHQ9 Screening	# of inpatients
Assessment	# of pts who had a Columbia Assessment on day of PHQ9 screening	# of pts who screened positive for suicide (Question 9)
Safety Plan Development	# of pts with a safety plan documented	# of pts who screened positive for suicide (Question 9)
Lethal Means Counseling	# of pts with lethal means counseling documented	# of pts who screened positive for suicide (Question 9)

Supplemental Measures

Measure	Numerator	Denominator
Emergency Department Usage	# of pts who went to the ED for a self harm visit after initial IPF stay	# of pts with a positive PHQ9 during initial inpt IPF stay
Inpatient Admissions	# of pts with an inpt self harm visit after initial IPF stay	# of pts with a positive PHQ9 during initial inpt IPF stay

Monthly Scorecard

Avera

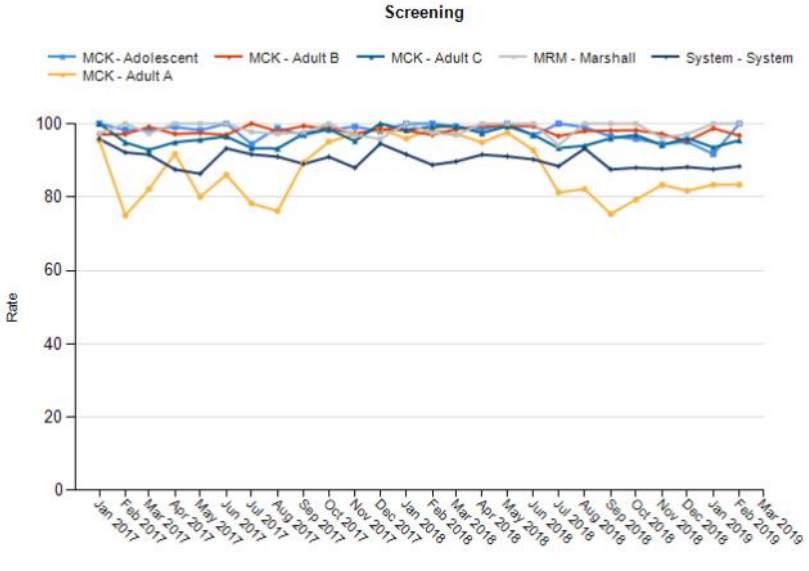
Clinical Intelligence System Quality

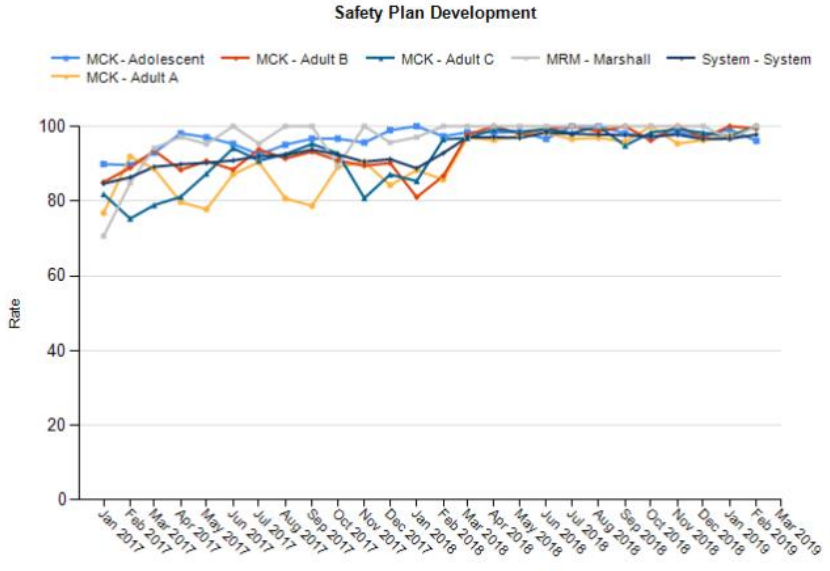
Zero Suicide Monthly Scorecard

* This report is refreshed on the 5th day of the month.

			Avera Marshall			Avera McKennan			Avera St. Luke's		
Measure	Measure Name	Goal	Jan 2019	Feb 2019	Mar 2019	Jan 2019	Feb 2019	Mar 2019	Jan 2019	Feb 2019	Mar 2019
1	Inpatient PHQ9 Screening	95%	100 %	100 %	100 %	87 %	89 %	94 %	86 %	79 %	84 %
2	Columbia Assessment	90%	100 %	100 %	100 %	88 %	89 %	91 %	77 %	88 %	79 %
3	Safety Plan Development	90%	97 %	100 %	64 %	99 %	99 %	81 %	82 %	88 %	95 %
4	Lethal Means Counseling	90%	100 %	100 %	100 %	100 %	100 %	94 %	84 %	92 %	95 %
9	Post IPF Stay with ED Visit for Self Harm	0	0	0	0	4	0	0	0	0	0
10	Post IPF Stay with Inpatient Admission with Self Harm (>10 days)	0	1	0		21	25		5	6	
10	Post IPF Stay with Inpatient Admission with Self Harm (0-10 days)	0	0	0		3	6		1	0	
11	Suicide Attempt not in PHQ9 Denominator	0	0	0	1	21	13	4	3	4	0

Data Visualization





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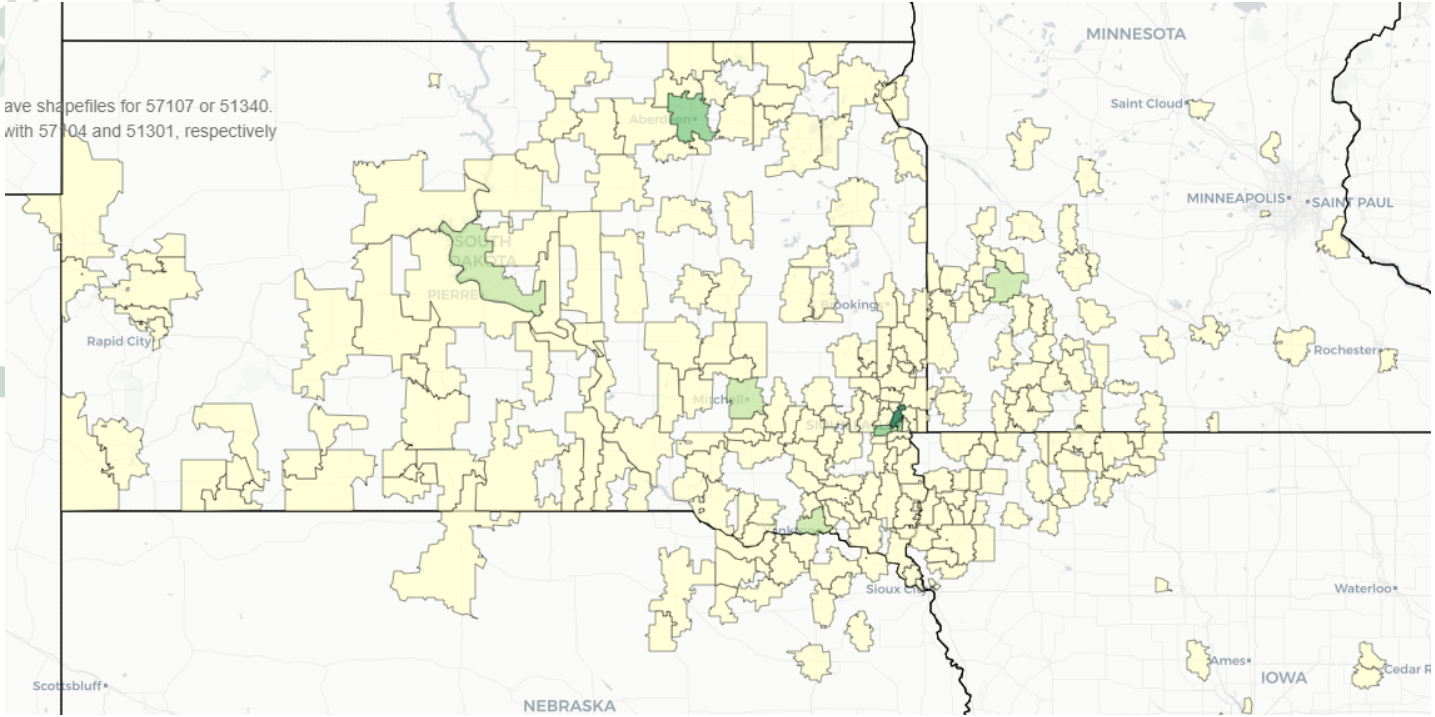
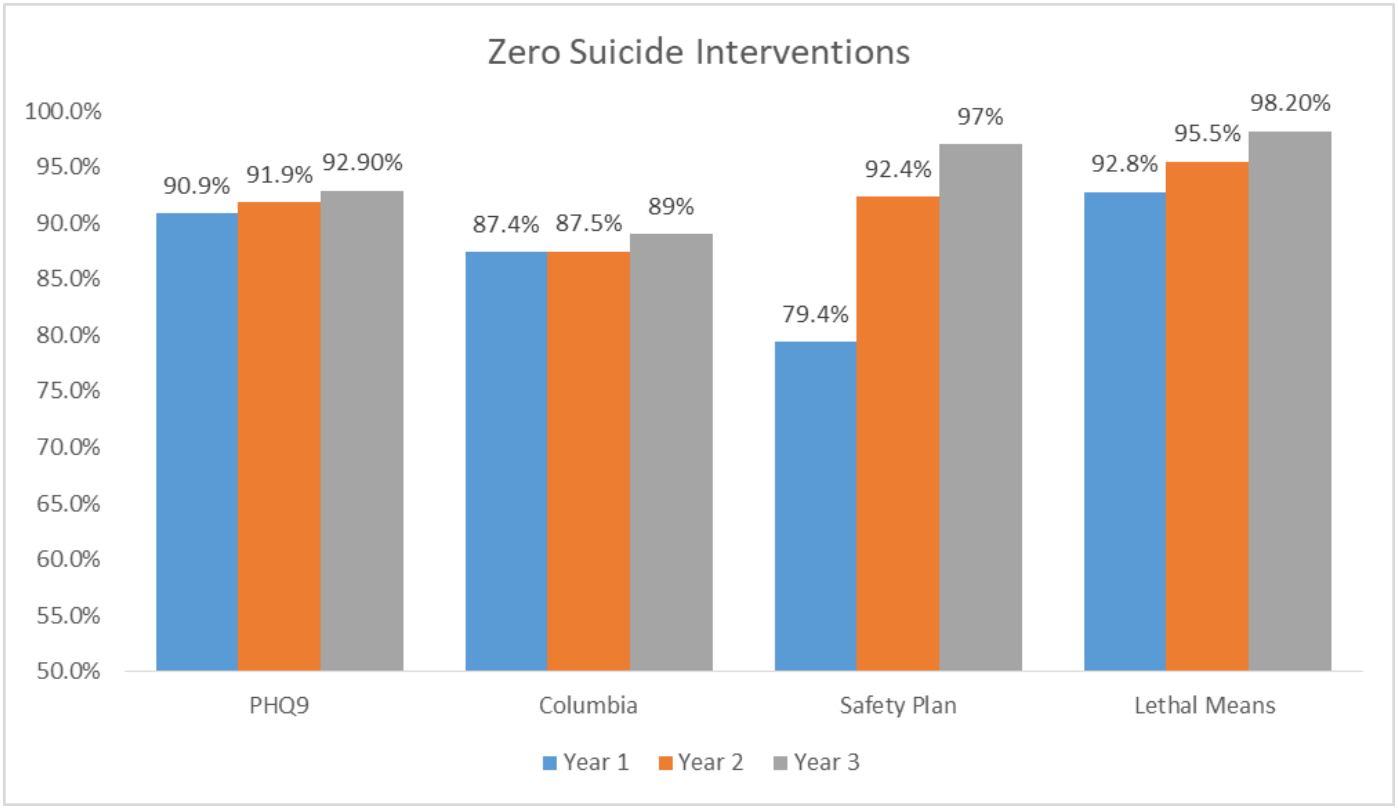
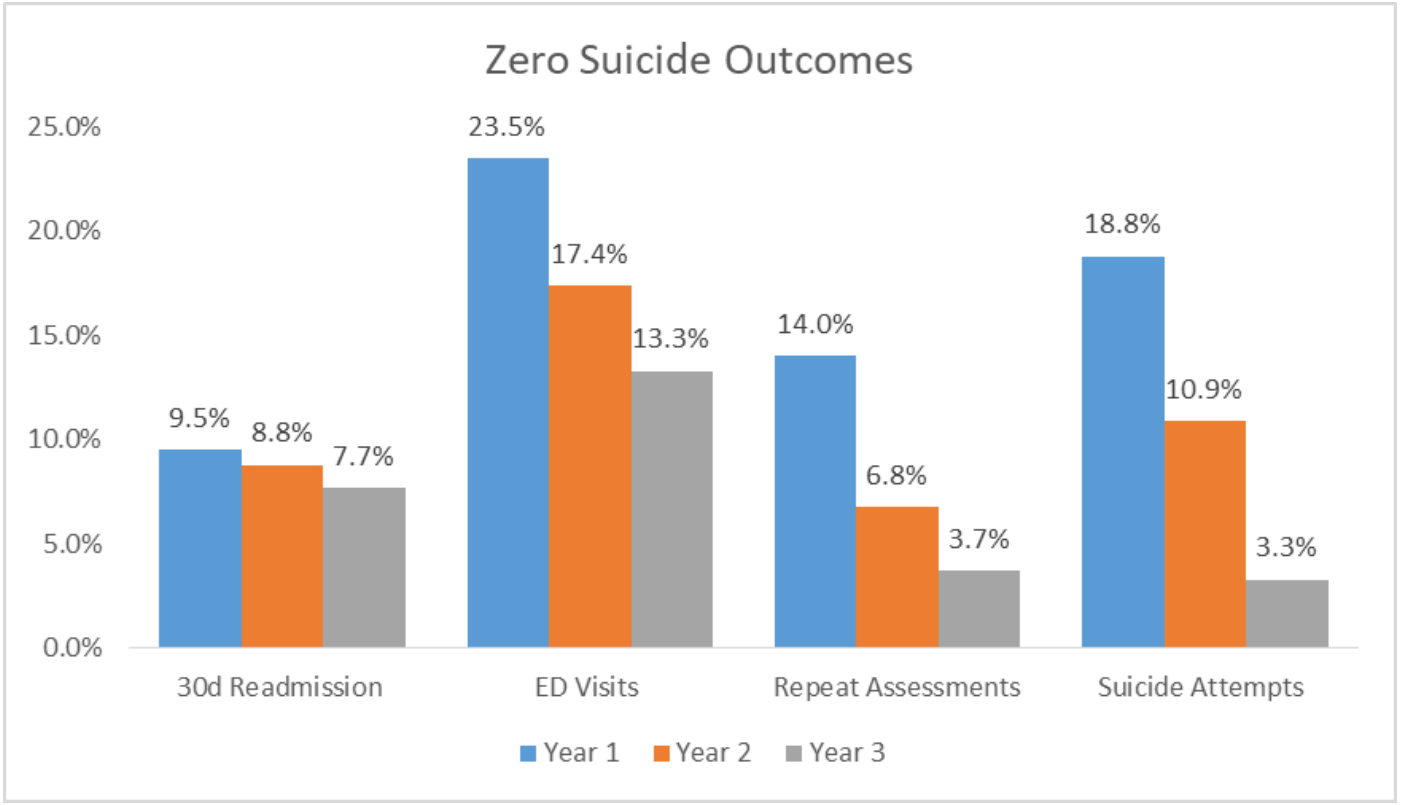
Innovative Thinking

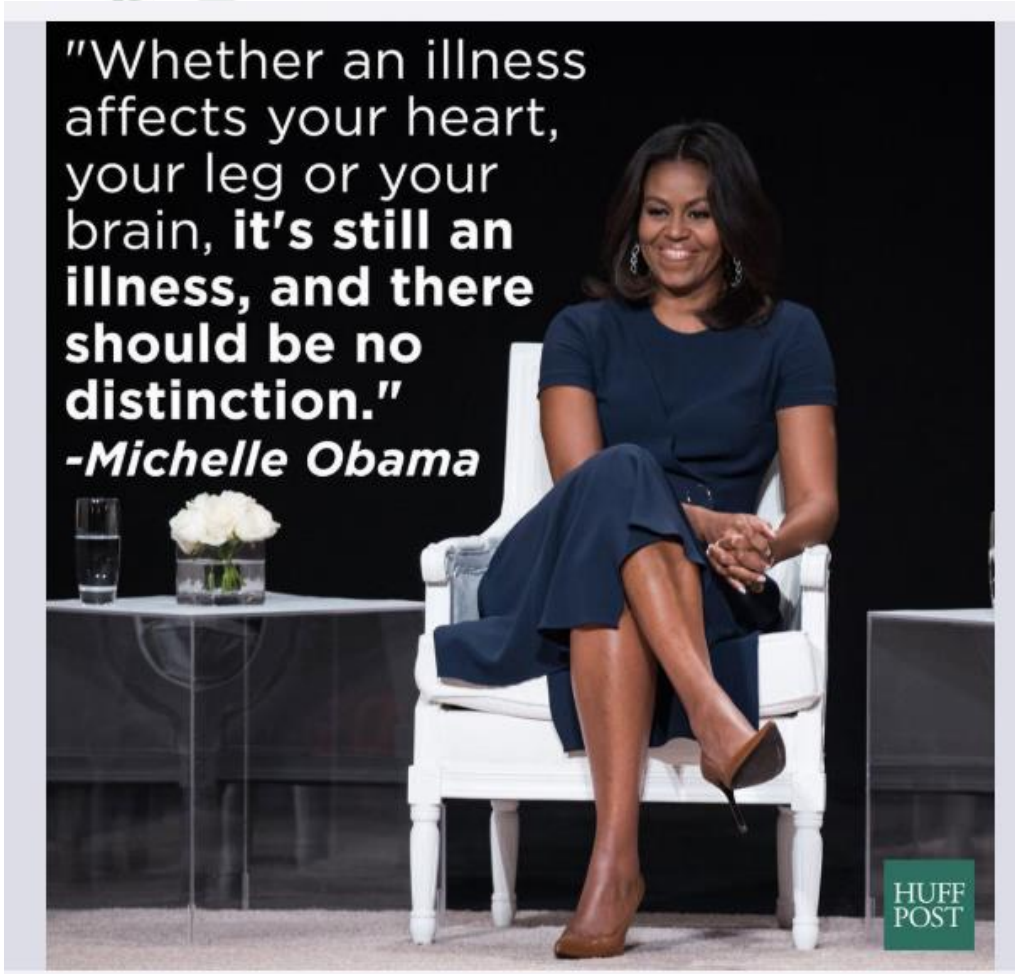



Zero Suicide Interventions
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
90.9%
91.9%
92.90%
87.4%
87.5%
89%
79.4%
92.4%
97%
92.8%
95.5%
98.20%
PHQ9
Columbia
Safety Plan
Lethal Means
Year 1
Year 2
Year 3


Zero Suicide Outcomes
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
9.5%
8.8%
7.7%
23.5%
17.4%
13.3%
14.0%
6.8%
3.7%
18.8%
10.9%
3.3%
30d Readmission
ED Visits
Repeat Assessments
Suicide Attempts
Year 1
Year 2
Year 3

Next Steps

- Continue to track completed suicides
  - Collaboration with SD Health Link and SD Vital Statistics
- Expand and sustain depression screening across the continuum
  - Acute Inpatient, Critical Access Hospitals, ED's, Clinic
- Expand Telemedicine Education platform
  - Strategic focus in the Avera System Quality Plan



THANK YOU

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