Getting to Zero Suicide
Zero Suicide Initiative
Getting to Zero - Year 2

DATE: February 10, 2015
PRESENTED BY: Whitney Black, MD, Department of Psychiatry Quality
Medical Director; Liz Stevenson, JD MPH, Senior Department Administrator; Lisa de Jongh,
Department of Psychiatry Manager of Ambulatory Care
Medical Examiner’s Duty

Deaths requiring investigation

1. The medical examiner shall investigate and certify the cause and manner of all human deaths.
2. Apparently homicidal, suicidal, or occurring under suspicious or unusual circumstances.
3. Drug or alcohol abuse, including the unlawful use of controlled substances or the abuse of controlled substances or their analogues.
4. According to the standards set by the Oregon Department of Justice.
5. Accidental or following an injury.
6. By drowning, suicide, death in a hospital or by poisoning.
7. With or without the consent of the decedent’s family or a peace officer.
8. Related to disease which might constitute a threat to the public health or the safety of others.
9. In which a human body has been disposed of in an offensive manner.

Suicide Rates
2015 ORS 146.090¹
Deaths requiring investigation

(1) The medical examiner shall investigate and certify the cause and manner of all human deaths:

(a) Apparently homicidal, suicidal or occurring under suspicious or unknown circumstances;
(b) Resulting from the unlawful use of controlled substances or the use or abuse of chemicals or toxic agents;
(c) Occurring while incarcerated in any jail, correction facility or in police custody;
(d) Apparently accidental or following an injury;
(e) By disease, injury or toxic agent during or arising from employment;
(f) While not under the care of a physician during the period immediately previous to death;
(g) Related to disease which might constitute a threat to the public health; or
(h) In which a human body apparently has been disposed of in an offensive manner.
Suicide Rates

http://geo.maps.arcgis.com/apps/MapSeries/index.html?appid=9c59be59ef7142dfad40c95e3b36f588
Suicide Rate

19.2/100,000
CDC, BRFSS
<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>YPLL</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Causes</td>
<td>123,812</td>
<td>100.0%</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>24,710</td>
<td>20.0%</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>20,172</td>
<td>16.3%</td>
</tr>
<tr>
<td>Suicide</td>
<td>14,044</td>
<td>11.3%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>10,070</td>
<td>8.1%</td>
</tr>
<tr>
<td>Pernatal Period</td>
<td>7,499</td>
<td>6.0%</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>5,200</td>
<td>4.2%</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>4,166</td>
<td>3.4%</td>
</tr>
<tr>
<td>Homicide</td>
<td>3,603</td>
<td>2.9%</td>
</tr>
<tr>
<td>Diabtes Mellitus</td>
<td>3,330</td>
<td>2.7%</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>2,103</td>
<td>1.7%</td>
</tr>
<tr>
<td>All Others</td>
<td>28,996</td>
<td>23.4%</td>
</tr>
</tbody>
</table>

National Center for Injury Prevention and Control, CDC
National Center for Health Statistics (NCHS) Vital Statistics System.
Everybody wants to help
Getting to Zero Suicide

WHAT IS...

[Image: Zero Suicide Initiative]
WHAT IS...

ZERO Suicide in Health and Behavioral Health Care

Lead

Train
WHAT IS...

ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

Lead

Train

In two weeks....
Organizational Self-Study
ZSI Charter

Priority for Department of Psychiatry
We need to act

Whitney Black and David Nagarkatti-Gude

- OB/GYN
- Medicine
- Peds
Continuing Committee Meetings....expanding membership
Workforce Survey Results

Zero Suicide Workforce Survey

- August 2017
- 8 Week Roll Out
- Survey Sent to Dept. of Psychiatry Staff
- Reminders Sent out Regularly
- Close to 95% Survey Return
Zero Suicide Workforce Survey

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Survey Results

- Suicide Prevention at Work
- Training on Screening and Risk Assessment
- Training and Resource Needs
Suicide Prevention at Work

I am familiar with the zero suicide initiative.

I understand my role and responsibility to suicide prevention within this organization.

I believe suicide prevention is an important part of my professional role.

This organization has clear policies and procedures in place that define each employee’s role in preventing suicide.
Training on Screening and Risk Assessment

Have you EVER received training on conducting suicide screenings or conducting risk assessment?

Has your current organization provided you with training on conducting suicide screenings or conducting suicide risk assessment?
Training and Resource Needs

Suicide prevention and awareness

Policies and procedures within your work environment

Crisis response procedures and de-escalation techniques
Action Items
### Performance, Gaps & Targets

**PERFORMANCE GAP**

According to the Zero Suicide Initiative (ZSI) Workforce Survey completed by all Department of Psychiatry (DoP) clinic staff, a significant amount of staff reported they desired training related to suicide prevention (n=17/100% survey completion rate). We presume this need is based on staff’s perceived knowledge deficits, particularly in these areas:

- 52.93% of staff reported negatively, “I have received training at this organization related to suicide prevention (Section 2, Question 5, sub-question G)”
- 51.41% of staff in the DoP indicated that they desired opportunities for Suicide Prevention and Awareness knowledge (Section 9)
- 50.70% of staff wanted to know about Policies and Procedures within your work environment (Section 9)
- 54.93% of staff desire training in Crisis Response Procedures and De Escalation Techniques

**TARGET**

Increase DoP staff’s perceived knowledge related to suicide prevention.
Performance, Gaps & Targets

Performance Gap
According to the Zero Suicide Initiative (ZSI) Workforce Survey completed by all Department of Psychiatry (DoP) clinic staff, a significant amount of staff reported they desired training related to suicide prevention (n=157; 100% survey completion rate). We presume this need is based on staff’s perceived knowledge deficits, particularly in these areas:

- 53.29% of staff reported negatively, “I have received training at this organization related to suicide prevention (Section 2, Question 5, sub question 6)”
- 51.41% of staff in the DoP indicated that they desired opportunities for Suicide Pervention and Awareness knowledge (Section 9)
- 50.70% of staff wanted to know about Polices and Procedures within your work environment (Secion 9)
- 54.93% of staff desire training in Crisis Response Procedures and De-Escalation Techniques

Target
Increase DoP staff’s perceived knowledge related to suicide prevention.
**Rationale for Current Activities**

The team explored all possible causes that could lead to a knowledge gap in suicide prevention, either now or in future situations. Upon further drill down using the cause/effect (fishbone) diagram above, themes surrounding a lack of standard work for staff to follow and a lack of training plan to roll out the standard work were identified. In order to create standard work in DoP clinics and propose a training plan, the team felt a quick dive into researching best practices was required before choosing solutions.

**The team split into two small groups to research before the next meeting:**
- Best Practices (Training) -> ex: other centers using ZSI resources to roll out education, ZSI website
- Best Practices (Standard Work for staff + all roles) -> ex: other center’s successful workflows, published studies, legal/risk obligations

**Anticipated next steps:** Develop standard work for all roles in clinic, and propose a training plan to the appropriate committee(s) who can allocate resources to implement and manage the process through PDSA cycles.
Rationale for Current Activities

The team explored all possible causes that could lead to a knowledge gap r/t suicide prevention, either now or in future situations. Upon further drill down using the cause/effect (fishbone) diagram above, themes surrounding a lack of standard work for staff to follow and a lack of training plan to roll out the standard work were identified. In order to create standard work in DoP clinics and propose a training plan, the team felt a quick dive into researching best practices was required before choosing solutions.

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Anticipated next steps: Develop standard work for all roles in clinic, and propose a training plan to the appropriate committee(s) who can allocate resources to implement and manage the process through PDSA cycles.
Next Steps

What training is best? (Web-based, face-to-face, role-playing, etc.)
How Do We Roll Out Trainings?
What Training Do We Use?
Feasibility of a Web-based Gatekeeper Training: Implications for Suicide Prevention

Pour E. Lauterbach, PhD, J. Taylor Morey, MD, Susan K. Peterson, PhD, and Eric C. Grant, PhD, MD, MPH, MD, PhD, MPH

Implementation of Online Suicide-Specific Training for VA Providers

Orienteck Russell, MD, York, J., Bepko, G. M., Overman, K., and Wood, R. M.

Search report

Training mental health professionals in suicide practice guideline adherence: time-effectiveness analysis alongside a satisfaction controlled trial

Pour E. Lauterbach, PhD, J. Taylor Morey, MD, Susan K. Peterson, PhD, Eric C. Grant, PhD, MD, MPH, MD, PhD, MPH
Research report

The effect of an e-learning supported Train-the-Trainer programme on implementation of suicide guidelines in mental health care

derek p. de beurs, marielle h. de groot, jos de keijser, jan mokkenstorm, erik van duijn, remco f.p. de winter, ad j.f.m. kerkhof

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EMPIRICAL REPORT

Implementation of Online Suicide-Specific Training for VA Providers

elizabeth marshall, janet york, kathryn magruder, derik yeager, rebecca knapp, mark l. de santis, louisa burris, mary mauldin, stan sulkowski, charlene pope, david a. jobes

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Feasibility of a Web-based Gatekeeper Training: Implications for Suicide Prevention

pag e g. lancaster, phd j. taylor moose, phd, stefanie e. putter, phd, peter y. chen, phd, konstantin p. ceglarov, phd, aaron baker, psyd, and paul quinnett, phd

research report
Education/Training Considerations for EOC Admin/Office Support Staff

QPR
Suicide Prevention Training

Mental Health First Aid

ASIST
Applied Suicide Intervention Skills Training

SPRC
Suicide Prevention Resource Center
Education/Training Consideration for DoP Admin/Office Support Staff

QPR
Suicide Prevention Training

ASIST
Applied Suicide Intervention Skills Training

USA
Mental Health First Aid®

SPRC
Suicide Prevention Resource Center
Quick Hits

Medication Bags
Gun Locks
Suicide Pathways for Care (Patients, Employees)
Brochures (Patients, Employees)
2/27 Grand Rounds

Part 2 of Getting to Zero

Whitney Black, MD
David Nagarkatti-Gude MD PhD

Identify, Engage and Improve