The National Zero Suicide Initiative: Levers for Maternal Mental Health

Hosted by
2020 Mom

November 12, 2020

www.2020Mom.org
Who is 2020 Mom?

Mission: To Close Gaps in Maternal Mental Health Care

We provide tools and convenings to support champions in health care settings, public health and those with lived experience, to improve diagnosis, treatment and support.
Meet our Speakers

Joy Burkhard, 2020 Mom
Founder & Executive Director

Cindy Herrick, 2020 Mom
Maternal Suicide Campaign Lead
Strategic Partnerships Lead

Julie Goldstein Grumet, PhD
Director, Zero Suicide Institute

Edwin Boudreaux, PhD
Professor, University of
Massachusetts Medical School
Departments of Emergency
Medicine, Psychiatry, and
Population and Quantitative
Health Sciences
The National Zero Suicide Initiative: Levers for Maternal Mental Health

November 12, 2020
Zero Suicide Institute at EDC guides organizations in their implementation of Zero Suicide by providing consultation, training, and resources to make suicide care safer.

www.zerosuicideinstitute.com
EDUCATION DEVELOPMENT CENTER (EDC)

EDC designs, implements, and evaluates programs to improve education, health, and economic opportunity worldwide. Collaborating with both public and private partners, we strive for a world where all people are empowered to live healthy, productive lives.

www.edc.org
Suicide Prevention: We All Have a Role to Play

The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.

www.sprc.org
We all have a role to play. Together, we can save lives.

Effective prevention starts with you.

- Make a plan to prevent suicide
- Find a suicide prevention program
- Measure your program’s success
- Improve suicide care for your patients
- Take action after a suicide

Featured Resources

**DIRECTOR’S CORNER**

**WEBINAR**

The Intersection of Opioid Abuse, Overdose, and Suicide:

**SPRC RESOURCE**

After a Suicide: A Toolkit for Schools, Second Edition
Suicide deaths for people under the care of health and behavioral health systems are preventable.

www.zerosuicideinstitute.com
www.zerosuicide.com
The National Action Alliance for Suicide Prevention outlined seven core components necessary to transform suicide prevention in health care systems:

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Lead system-wide culture change committed to reducing suicide.</td>
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<tr>
<td>Train</td>
<td>Train a competent, confident, and caring workforce.</td>
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<tr>
<td>Identify</td>
<td>Identify individuals at-risk of suicide via comprehensive screening and assessment.</td>
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<tr>
<td>Engage</td>
<td>Engage all individuals at-risk of suicide using a suicide care management plan.</td>
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<tr>
<td>Treat</td>
<td>Treat suicidal thoughts and behaviors using evidence-based treatments.</td>
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<tr>
<td>Transition</td>
<td>Transition individuals through care with warm hand-offs and supportive contacts.</td>
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<tr>
<td>Improve</td>
<td>Improve policies and procedures through continuous quality improvement.</td>
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</tbody>
</table>
Why focus on health care?

» 84% of those who die by suicide have a health care visit in the year before their death. (1)

» 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt. (1)

» Almost 40% of individuals who died by suicide had an ED visit but not a mental health diagnosis. (2)


Prepublication Requirements

Revisions to the National Patient Safety Goal on Reducing the Risk for Suicide

The Joint Commission has updated the following revisions for prepublication. While prepublication requirements are published in the annual update to the print manuals (as well as in the online Editions), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives. To begin your subscription, call 800-466-JTNC or visit http://www.jointcommission.org.

Please note: Where applicable, this report where current standards and EEHs first, with deleted language struck-through. Then, the revised requirements follow in bold text, with new language underlined.

APPLICABLE TO THE BEHAVIORAL HEALTH CARE ACCREDITATION PROGRAM

Effective July 1, 2019

NP00G.15.01.01

Identify individuals at risk for suicide

Reduce the risk for suicide

Element(s) of Performance for NP00G.15.01.01

1. Conduct a risk assessment that identifies specific characteristics of the individual served, and environmental features that increase or decrease the risk for suicide.

2. The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to eliminate the risk (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).

Note: Inpatient behavioral health care settings and locked inpatient units do not need to be Sujikawa compliant. The expectation for these settings is that they conduct a risk assessment to identify potential environmental hazards to individuals served; identify individuals who are at high risk for suicide, and take action to mitigate these factors. The organization must ensure that the risk assessment and mitigation strategies are documented. The organization must take immediate actions that are necessary to reduce the risk to the patient.

3. The organization monitors the implementation and effectiveness, with action taken as needed to improve compliance.

“The new and revised requirements address:

» Environmental risk assessment and action to minimize suicide risk

» Use of a validated screening tool to assess patients at risk

» Evidence-based process for conducting suicide risk assessments of patients screened positive for suicidal ideation

» Documentation of patients’ risk and the plan to mitigate

» Written policies and procedures addressing care of at-risk patients, and evidence they are followed

» Policies and procedures for counseling and follow-up care for at-risk patients at discharge

» Monitoring of implementation and effectiveness, with action taken as needed to improve compliance”
Zero Suicide

» Is an aspirational goal

» Focuses on error reduction & continuous quality improvement

» Fills in the gaps that exist in suicide care

» Supports the use of evidence-based practices
A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION

Without improved suicide care, people slip through gaps.

Adapted from James Reason’s “Swiss Cheese framework of Accidents”
What’s Different About Zero Suicide?

» Suicide prevention is accepted as a core responsibility of health care

» Patient deaths by suicides are not treated as inevitable

» Emphasizes data, best practices, and continuous quality improvement

» A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
ZERO Suicide Framework
LEAD

Lead system-wide culture change committed to reducing suicides.
Train a competent, confident, and caring workforce.
Identify individuals with suicide risk via comprehensive screening and assessment.
ENGAGE

Engage all individuals at-risk of suicide using a suicide care management plan.
TREAT

Treat suicidal thoughts and behaviors using evidence-based treatments.
Transition individuals through care with warm hand-offs and supportive contacts.
IMPROVE

Improve policies and procedures through continuous quality improvement.
The online Zero Suicide Toolkit offers free and publicly available tools, strategies, and resources, plus links and information to:

» Get key implementation steps and research information
» Explore tools, readings, webinars and other public resource
» Access templates from implementers across the country
» Connect with national implementers on the Zero Suicide email list
Toolkit: Organizational Self-Study

- Review your Organizational Self-Study responses every year
- Version specifically for inpatient psychiatric settings available as well
Zero Suicide Workforce Survey Resources

The five items below comprise a package of resources intended to support your administration of the Zero Suicide Survey.

- Online Workforce Survey Request Form
- Workforce Survey Questions
- Guidelines for Administering the Workforce Survey
- Sample Letter to Staff about Zero Suicide Workforce Survey
- Workforce Survey Rollout Tips
- Sample Workforce Survey Results Report
- Template for Reviewing New Workforce Survey Results as a Team

http://zerosuicide.sprc.org/resources/zero-suicide-workforce-survey-resources

Section 1. Your Work Environment

Thank you for participating in this survey. In the first series of questions we would like to learn more about your work environment and your role within that environment.

1. In which of the following settings do you work? (choose one)
   - Direct Intake Facility
   - Prison

2. Please indicate your Department/Unit from the following list. (choose one)
   - General Housing Unit
   - Specialized Restrictive Status Housing Unit
   - (Administrative Segregation, Restrictive Housing, Security Risk Group, Protective Custody)
   - Specialized Housing Unit
   - (Mental Health Housing, Infirmary Units, Orientation Units)
   - 5K2 Post Not Working in a Housing Unit

3. Please identify many years you have been with our department. (choose one)
   - 0-5 years
   - 6-10 years
   - 11-15 years
   - 16-20 years
   - 21 years or more
Stay Connected

Zero Suicide
(www.zerosuicide.com):
» Review the Zero Suicide Toolkit
» Join the Zero Suicide Email List
» Take the Organizational Self-Study

Zero Suicide Institute
(www.zerosuicideinstitute.com):
» Learn more about our ZSI services
» Join the ZSI Email List
» Reach out to schedule a consultation
ZERO Suicide

Thank you for joining systems nationwide striving for zero suicide among patients in care.

www.zerosuicideinstitute.com
www.zerosuicide.com
Small Lean Teams, Worked on mapping Current State, Building Future State, Building EHR Tools, Implement at Unit Level.

Lot's of Effort = Modest Progress

Strong Leadership Sponsorship, Steering Committee with Authority, Program Management, Stakeholder Engagement, Iterative Feedback, Multi-Modal Training, Epic Tools

Lot's of Effort = Transformative Progress

Leadership Transition, Lack of Project Management Support, Clinic Variability, COVID-19

Lot's of Effort = Modest Progress

C-SSRS in epic & BH go live
Fireside Chat

Joy Burkhard, 2020 Mom
Founder & Executive Director

Julie Goldstein Grumet, PhD
Director, Zero Suicide Institute

Edwin Boudreaux, PhD
Professor, University of Massachusetts Medical School
Departments of Emergency Medicine, Psychiatry, and Population and Quantitative Health Sciences
Thank you!