Creating a System of Safety: Healthcare System and Communities Working Together

Centers of Excellence/Department of Mental Health Research Conference
March 16, 2017

Edwin D. Boudreaux, PhD
Emergency Medicine, University of Massachusetts Medical School

Celine Larkin, PhD
Emergency Medicine, University of Massachusetts Medical School

Learning Objectives:

1. To improve understanding of systems-based suicide prevention approaches within healthcare organizations.

2. To explore ways that healthcare systems can work collaboratively with the communities they serve to improve suicide prevention approaches

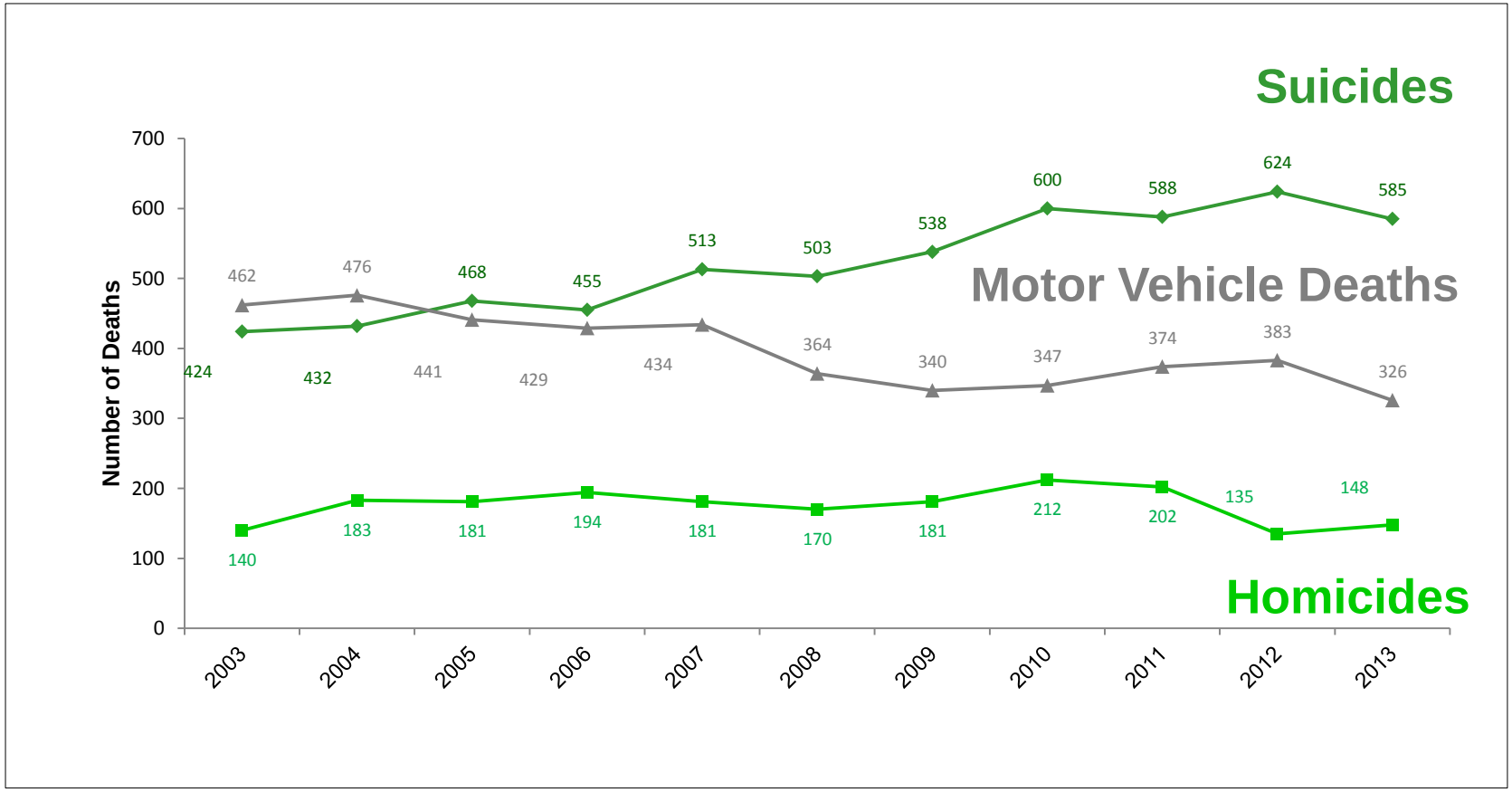
References:

- Boudreaux ED, Camargo CA Jr, Arias SA, Sullivan AF, Allen MH, Goldstein AB, Manton AP, Espinola JA, Miller IW. Improving suicide risk screening and detection in the emergency department. American Journal of Preventive Medicine, 2016;50(4):445-453. doi: 10.1016/j.amepre.2015.09.029 PMCID: PMC4801719

- Boudreaux ED, Miller I, Goldstein AB, Sullivan AF, Allen MH, Manton AP, Arias SA, Camargo CA, Jr. The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE): Methods and design considerations. Contemporary Clinical Trials, 2013;36(1):14-24. doi: 10.1016/j.cct.2013.05.008. PMCID: PMC3979300

Suicide In Massachusetts, 2003-2013

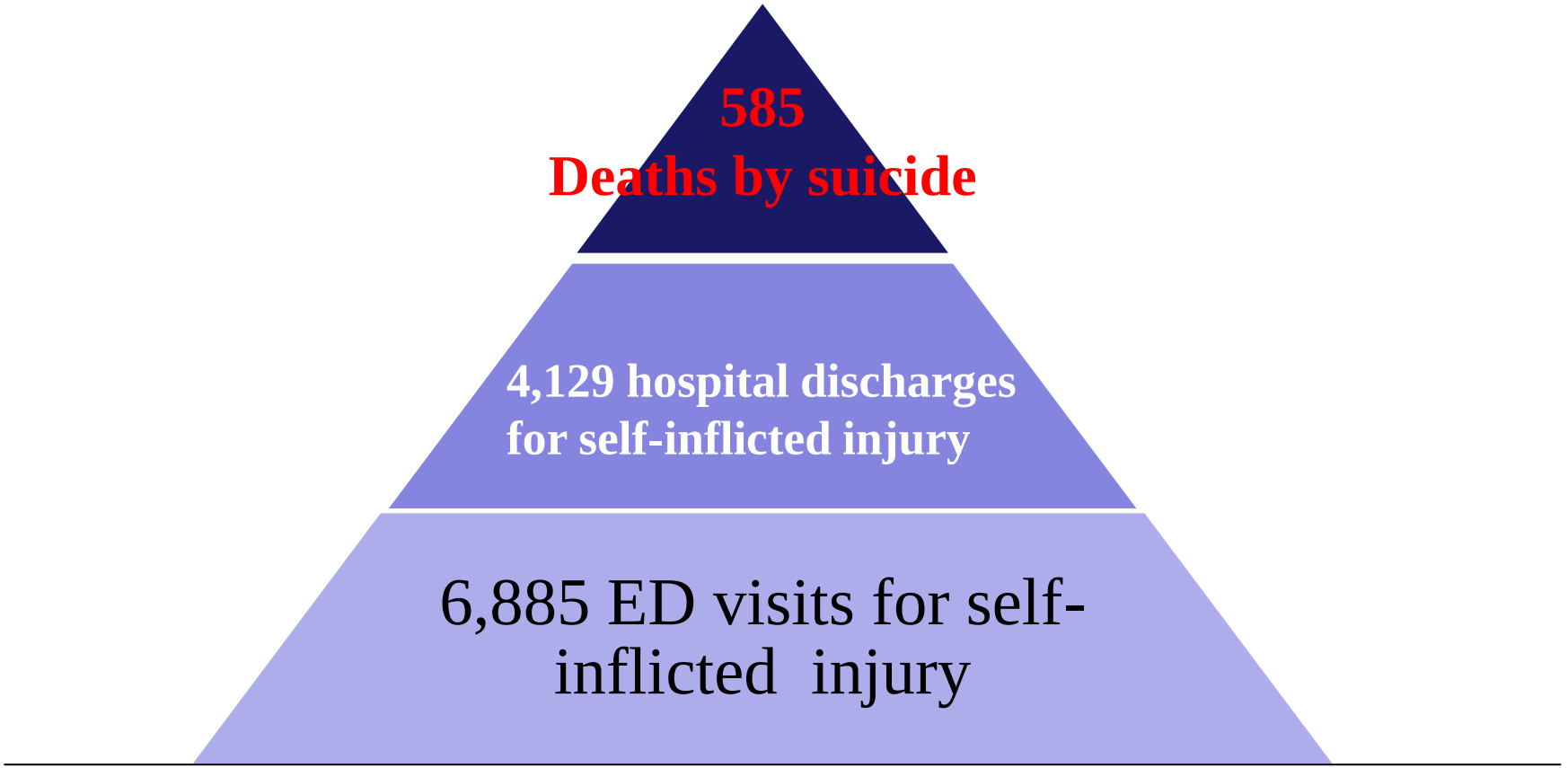
MA Dept of Public Health Data brief, Winter 2016



Preview: Suicide numbers in MA up again to 608 in 2014

Suicide In Massachusetts, 2013

MA Dept of Public Health Data brief , Winter 2016

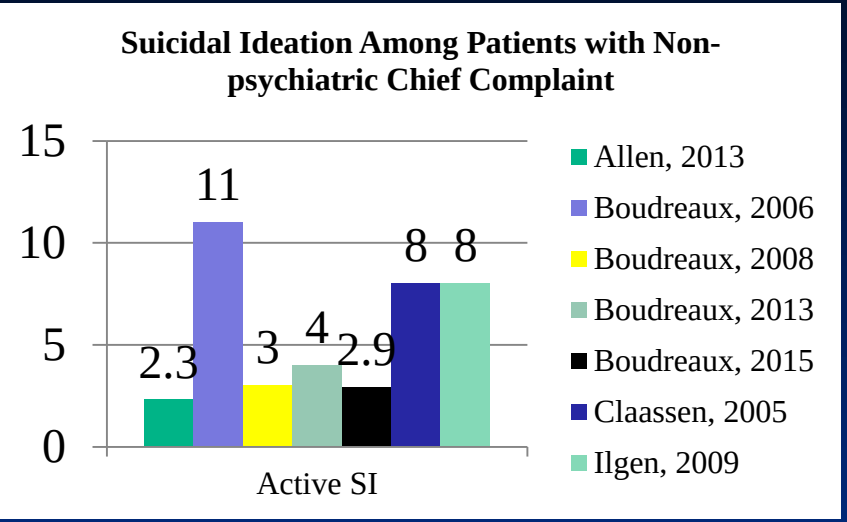


(Unknown quantity of untreated/undetected self-inflicted injury)

Hidden Risk: ED as an Example

- Suicide risk in ED patients presenting for medical disorders:
  - 8% current suicidal ideation
  - 12% past suicide attempt
  - 15% ideation or past attempt

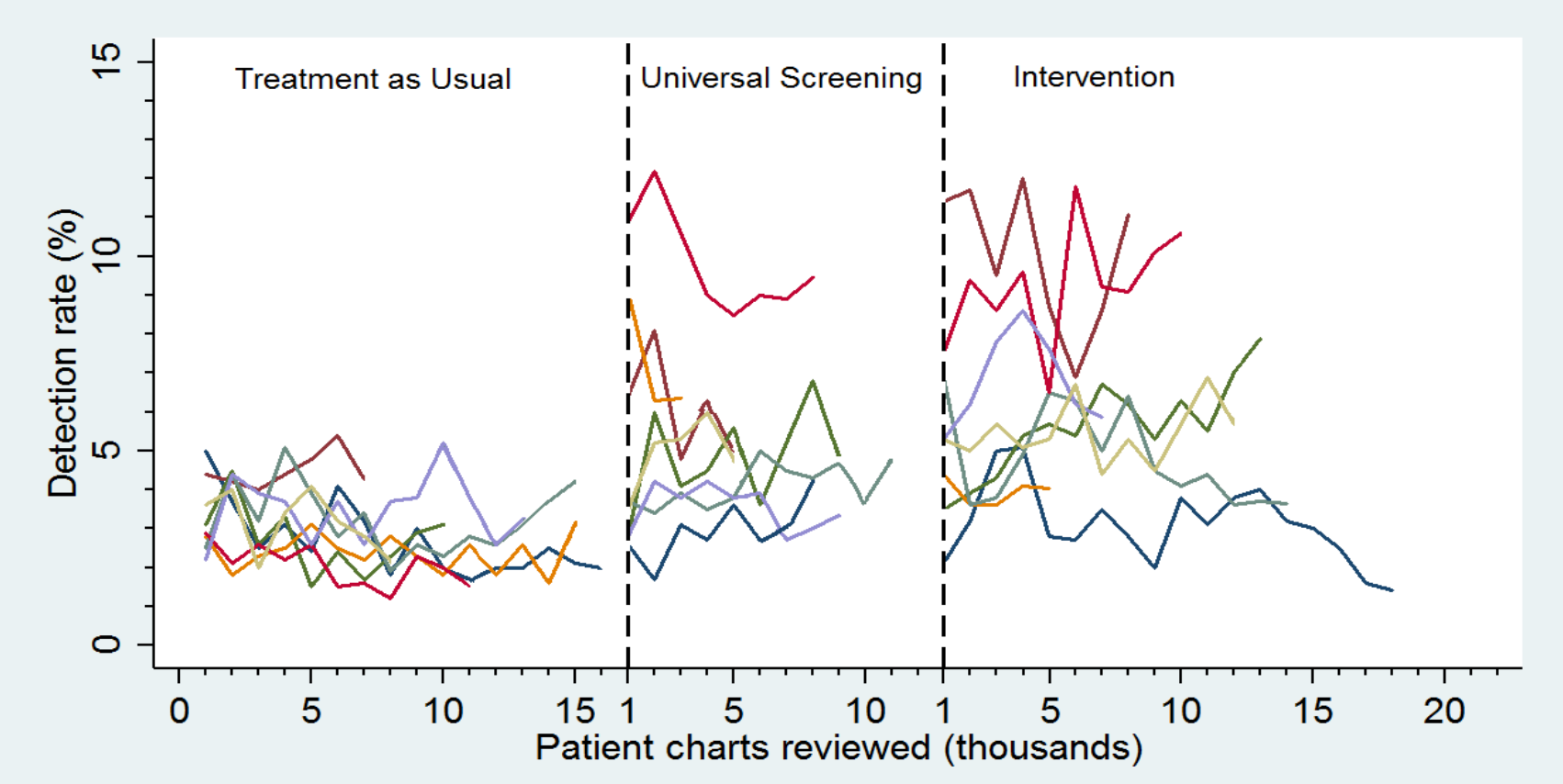
- **MANY OF THESE PATIENTS ARE NOT IDENTIFIED, AND, EVEN WHEN IDENTIFIED, NOT TREATED WITH BEST PRACTICES**



Basic Principles of System Change

- Use continuous quality improvement
- Build clinical workflows that are clear and compatible
- Train, monitor, reinforce performance
- Build EHR tools to facilitate implementation
  - Templated screening tools
  - Alerts with Guidance
  - Patient and family information and resources
- Performance reporting
- **Community engagement**
  - **Community providers**
  - **Patients and families**

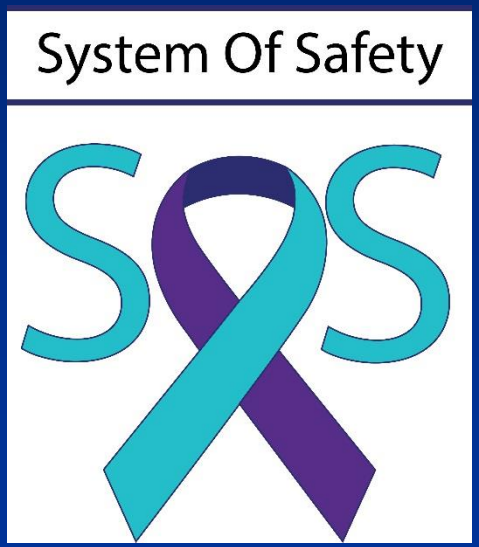
ED-SAFE 1: Time Series Plot: Detection of Non-negligible Suicide Risk



Boudreaux ED, Camargo CA Jr, Arias SA, Sullivan AF, Allen MH, Goldstein AB, Manton AP, Espinola JA, Miller IW. Improving suicide risk screening and detection in the emergency department. American Journal of Preventive Medicine, 2016;50(4):445-453.

System of Safety (SOS)

- SOS is a collaborative effort between UMMHC and UMMS to improve suicide prevention throughout the UMMHC
- The basic principles of system change will be used to transform care and reduce suicide and suicide attempts
- We will encompass all levels of care (ED, inpatient, outpatient), all five hospitals, medical and behavioral health patients, and adults and children
- Includes engagement and collaboration with community



Learning Objectives:

- ✓ To improve understanding of systems-based suicide prevention approaches within healthcare organizations.

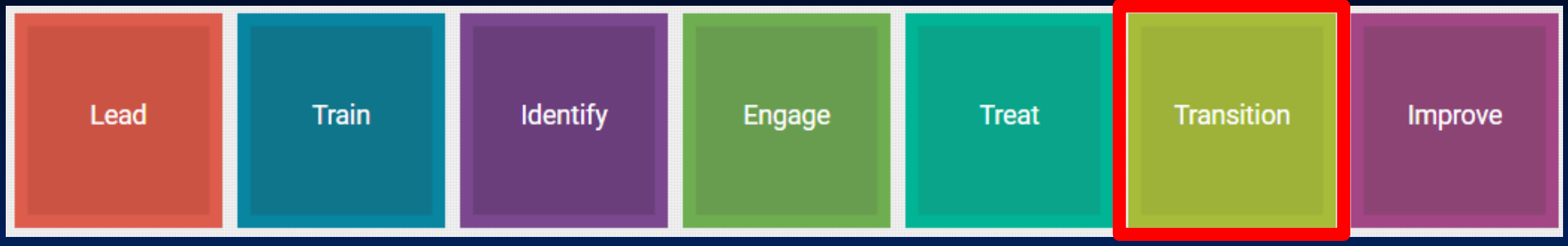
2. To explore ways that healthcare systems can tap into the communities they serve to improve suicide prevention approaches

Transitioning to Community

- Those who present to care with suicidal behavior are at increased risk of future suicidal behavior (Carroll et al., 2014)
  - Estimated 1-year rate of non-fatal repeat self-harm is 16.3%
  - One in 25 patients presenting to hospital for self-harm die by suicide in the subsequent 5 years

- Transitions from hospital to community-based care incomplete
  - Of the adults who reported that they had attempted suicide in the past 12 months, 60% did not participate in any outpatient mental health visit (2008–2012 National Survey of Drug Use and Health)
  - Transition is a core component of the effective suicide prevention models

Transition to Community



Components of Zero Suicide model (zerosuicide.sprc.org)

- Repeated post-DC follow-up contacts may reduce suicidal behavior (Luxton et al., 2013)
  - Caring letters, telephone contact, postcards
  - These can be tracked and managed in the electronic health record
  - Have been shown to be cost-effective (Richardson et al., 2014)
- Organizational policies for safe care transitions
- Memoranda of agreement with crisis services

Engaging the Community

- Leverage partnerships with crisis hotlines (recommended by NASMHPD, JC, and VA; Murphy et al., 2010)
  - Performance of crisis center volunteers is comparable to professional paid crisis center staff (Mishara et al., 2016)
- Meaningfully engag in community-based suicide prevention efforts
  - Sharing resources and experiences
  - Raising awareness in order to reduce stigma
- Find ways to make materials freely and easily available (toolkits)
- Incorporate voices with lived experience in practice and research
  - Service planning
  - Acceptability of interventions

Audience Challenge

- What are ways we can engage the community at a deeper level to prevent suicide?
- What barriers can we anticipate as we attempt to engage the community?

Engaging the Community

Challenges

- Healthcare settings are highly regulated and time-sensitive
- Healthcare professionals' incentives, priorities, and experience may differ from those of the community
- Competing demands within healthcare system and from funding agencies
- It requires significant effort and time to build strong partnerships

Suicide prevention is everyone's business

www.sprc.org/effective-suicide-prevention