Post Suicide Related Care Successes of Patients Identified in the Emergency Department

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Abstract

With many patients who died by suicide making contact with an Emergency Department in the year before death, it is important to screen all patients regardless of presenting complaint. The ED's pre-existing Behavioral Health Service implemented protocols to outreach by phone to patients with suicide risk discharged without receiving a suicide risk evaluation or any behavioral health interventions within 48-hours post-discharge. Outreach includes providing brief intervention, safety planning, means reduction counseling, and care transitions based on the Zero-Suicide Model. Over 50% of the identified have been successfully reached and 25% of all patients received a safety plan. Caring Contact Cards were mailed to more than 70% of patients. Using these validated methods, we will continue to identify and outreach to missed suicide risk patients.

Introduction

- Suicide is the tenth leading cause of death and many of those who die by suicide have visited an emergency department (ED) in the months prior to their death[1,2]
- Patients with lower acuity and non-psychiatric chief complaints may be discharged without additional behavioral health evaluation, intervention, and referral to treatment[3]
- The current project focuses on an initiative to leverage the ED's pre-existing Behavioral Health Service (BHS) to implement safety planning, means reduction counseling, and care transitions for patients at risk of suicide by using the *Zero-Suicide Model,* a suicide-prevention care program that aims to prevent these patients from "falling through the cracks" in the healthcare system

Methods

- The BHS incorporated screening, identification, and outreach to patients whose suicide risk was not addressed during the ED encounter, beginning in November 2017
- A daily report identifying positive suicide risk was generated using a data visualization application, which extracts suicide risk data from the Electronic Health Record (EHR)
- An abbreviated chart review of the EHR was conducted for each patient to understand care and treatment received during their ED encounter and if outreach is needed
- Outreach calls were conducted by BHS within 48 hours of identification
- On the calls, patients were assessed for suicide risk, provided brief intervention, and offered a safety plan and/or other relevant resources including referral to treatment
- All patients with available addresses, both reached and not reached by phone, were sent a Caring Contact Card with information on suicide hotlines and psychiatric emergency services


You will always have the help and support of people who care – people like us.

Hello,

We appreciated the opportunity to meet with you and get to know you a bit while you were at our Emergency Department. We just wanted to send a brief note to let you know we are thinking about you and hoping things are going well for you.

If you need immediate assistance, please reach out to the resources listed on this card.

Sincerely,

Your UMass Memorial Healthcare team

UMass Psychiatric emergency service: 866-549-2142
(regardless of your insurance or ability to pay)

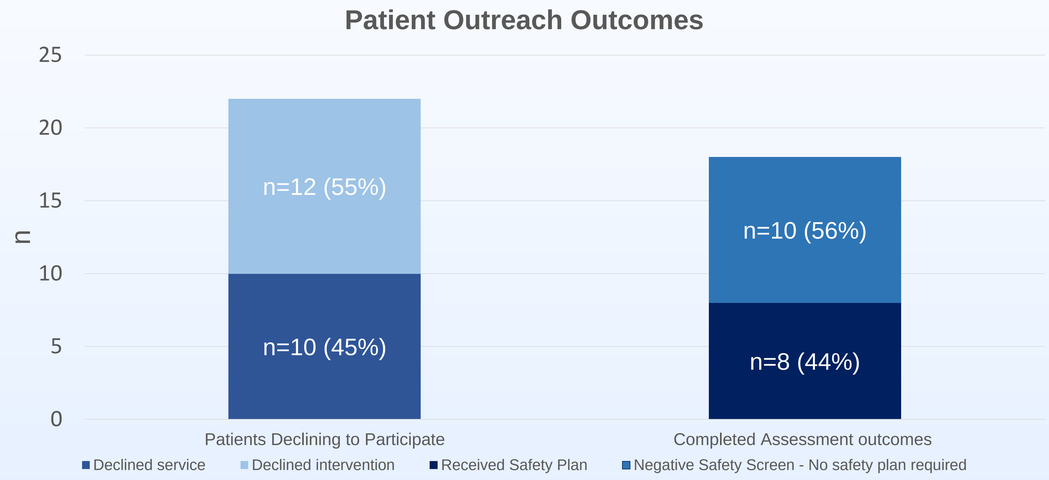
24/7 Suicide Prevention Lifeline: 1-800-273-8255

UMassMemorial Health Care

Components of the Zero-Suicide Model

Results

- Since November 2017 to mid-February 2018, 87 missed suicide positive patients have been identified
- 40 (46.0%) were reached successfully by phone
  → 22 (55.0%) declined to participate
  → 18 (45.0%) completed the assessment



- All patients with available addresses (62,71.3%) were sent Caring Contact Cards with information on suicide hotlines and psychiatric emergency services

Discussion and Conclusion

Implementing screening, identification, and outreach to missed suicide positive patients protocols for the BHS has already proved successful by reaching close to 50% of identified patients. Of these, around 50% reported content with their current services and the other 50% received a telephone-based intervention, with 25% of total patients receiving safety plans. Caring Contact Cards were sent to three-fourths of the patients. These additional outreach measures have been validated as cost-effective and having a significant impact on the population[4]. By incorporating these protocols and adhering to these best care practices outlined by *Zero-Suicide* Model, the UMass healthcare system is ensuring that all patients with some level of suicide risk are being detected, and are receiving the highest-quality of care achievable during and post their encounter.

References

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