

# ZEROsuicide

Transforming systems for safer  
suicide care.



[www.zerosuicideinstitute.com](http://www.zerosuicideinstitute.com)  
[www.zerosuicide.com](http://www.zerosuicide.com)



# 2012 National Strategy for Suicide Prevention:

## GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

**8** Promote suicide prevention as a core component of health care services.

**9** Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.



# Why focus on health care?

- » 84% of those who die by suicide have a health care visit in the year before their death.<sup>(1)</sup>
- » 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.<sup>(1)</sup>
- » Almost 40% of individuals who died by suicide had an ED visit but not a mental health diagnosis.<sup>(2)</sup>



(1) Ahmedani, B. K., et al. (2014). Health care contacts in the year before suicide death. *J Gen Intern Med* 29(6):870-7. 10.1007/s11606-014-2767-3

(2) Ahmedani, B. K., Stewart, C., Simon, G. E., Lynch, F., Lu, C. Y., Waitzfelder, B. E., ... & Hunkeler, E. M. (2015). Racial/ethnic differences in healthcare visits made prior to suicide attempt across the United States. *Medical care*, 53(5), 430.

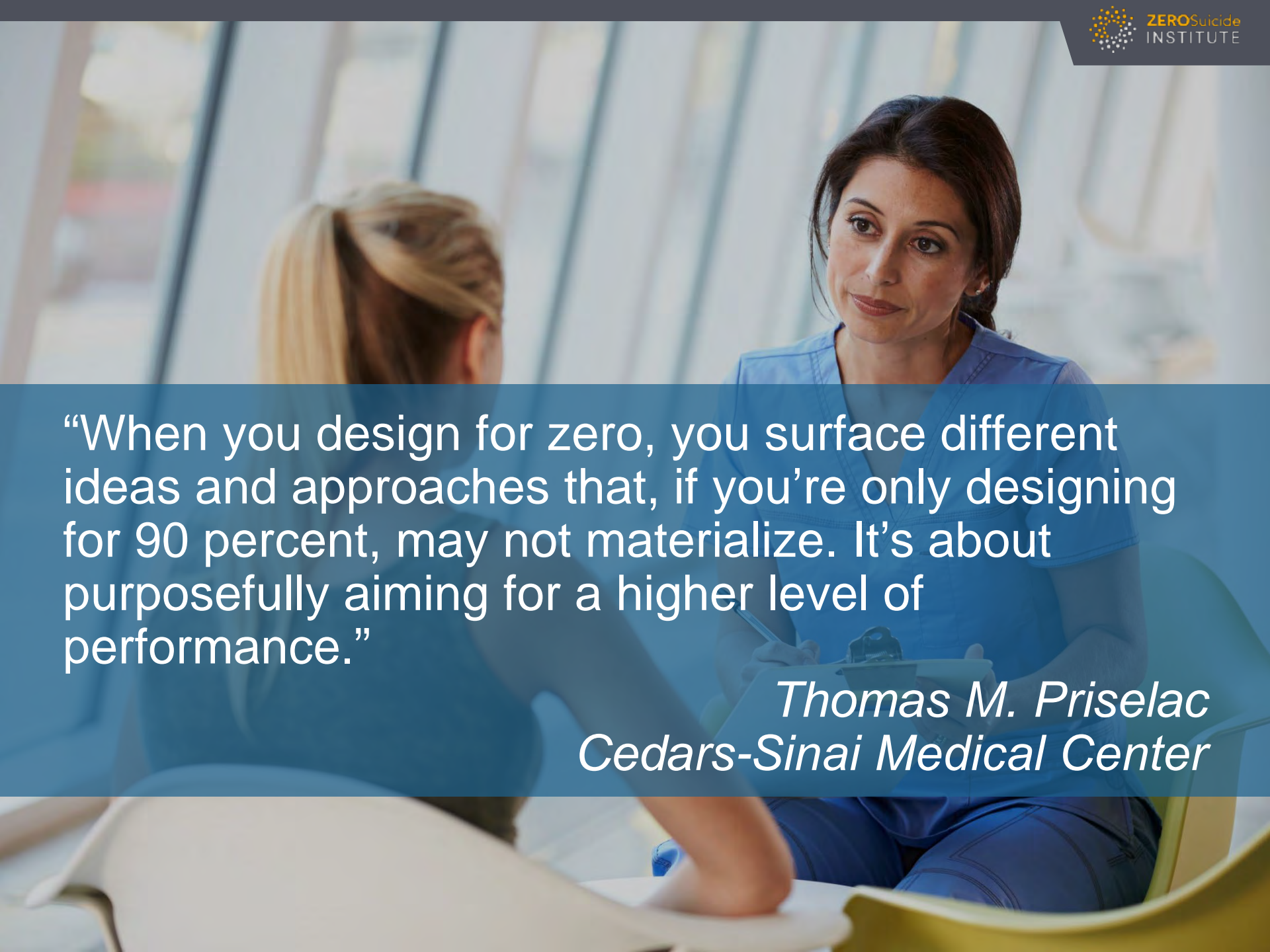
# ZERO Suicide



# Zero Suicide

- » Is an aspirational goal
- » Focuses on error reduction and continuous quality improvement
- » Fills in the gaps that exist in suicide care
- » Centers evidence-based practices

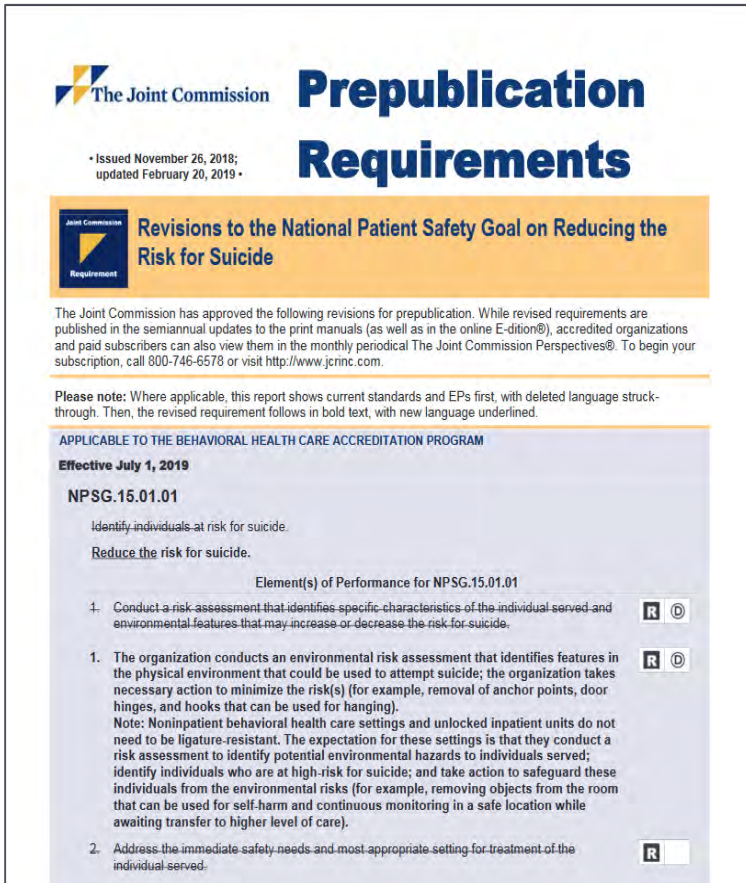


A woman with dark hair, wearing blue scrubs, is seated at a table. She is looking towards another person whose back is to the camera. She is holding a clipboard and a pen. The background is a bright, modern interior with large windows.

“When you design for zero, you surface different ideas and approaches that, if you’re only designing for 90 percent, may not materialize. It’s about purposefully aiming for a higher level of performance.”

*Thomas M. Priselac  
Cedars-Sinai Medical Center*

# The Joint Commission National Patient Safety Goal 15.01.01: Reduce the Risk for Suicide



The Joint Commission **Prepublication Requirements**

• Issued November 26, 2018; updated February 20, 2019 •

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

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcinc.com>.

**Please note:** Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE BEHAVIORAL HEALTH CARE ACCREDITATION PROGRAM

**Effective July 1, 2019**

**NPSG.15.01.01**

~~Identify individuals at risk for suicide.~~  
**Reduce the risk for suicide.**

Element(s) of Performance for NPSG.15.01.01

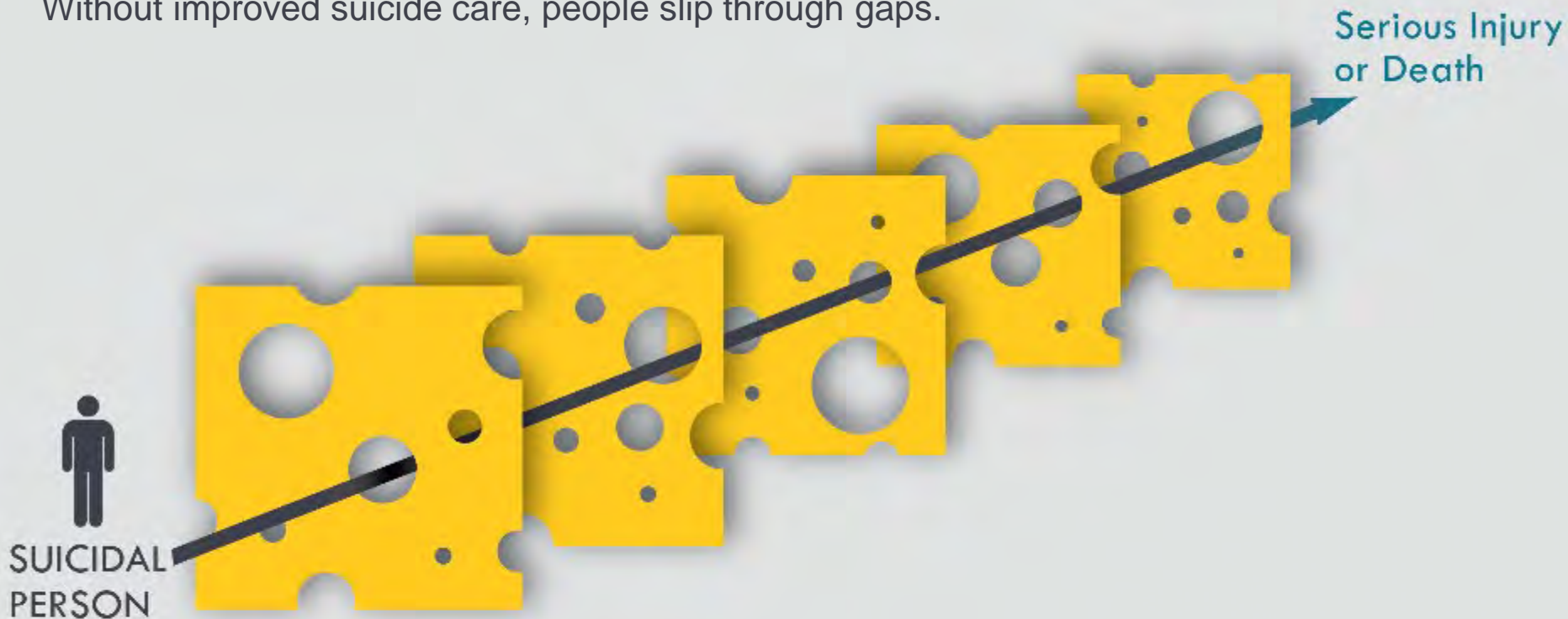
- Conduct a risk assessment that identifies specific characteristics of the individual served and environmental features that may increase or decrease the risk for suicide. R D
- The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).  
 Note: Noninpatient behavioral health care settings and unlocked inpatient units do not need to be ligature-resistant. 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 safeguard these individuals from the environmental risks (for example, removing objects from the room that can be used for self-harm and continuous monitoring in a safe location while awaiting transfer to higher level of care). R D
- Address the immediate safety needs and most appropriate setting for treatment of the individual served. R

“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”

## A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION

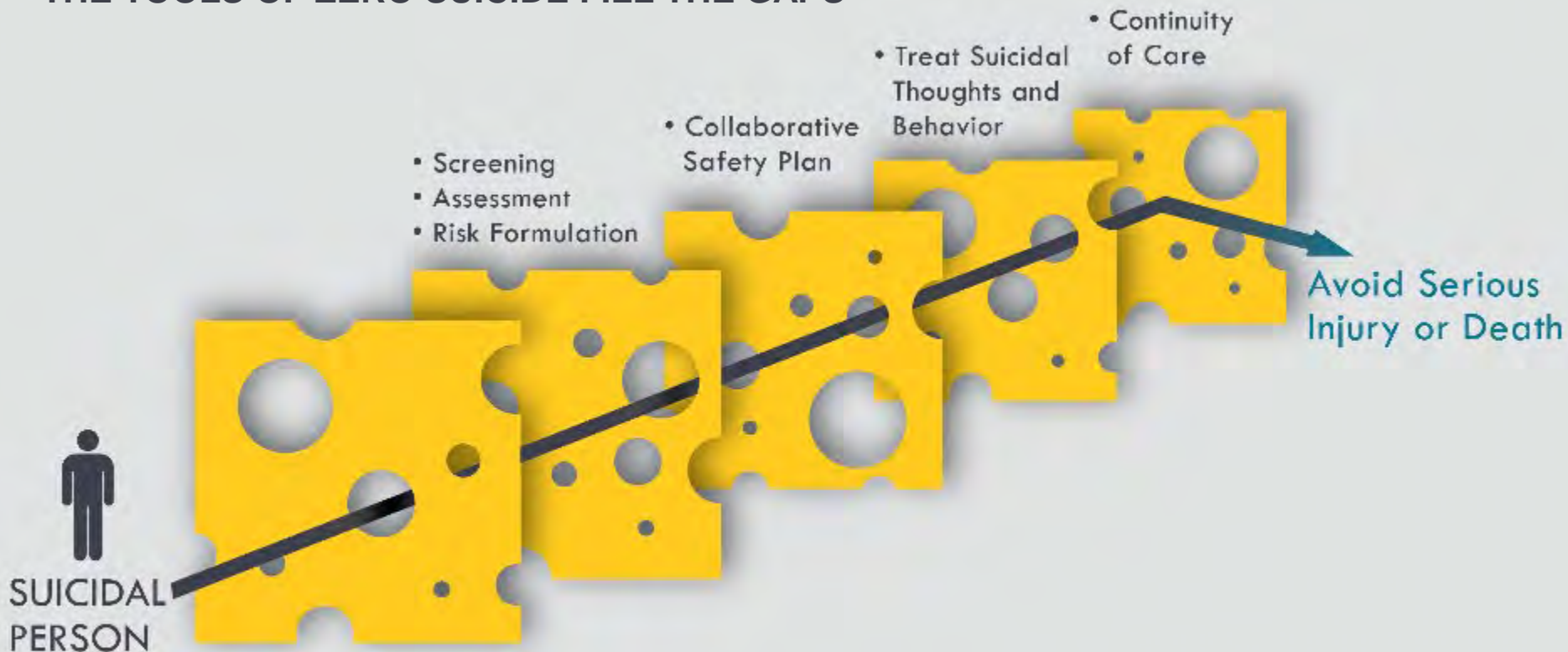
Without improved suicide care, people slip through gaps.



Adapted from James Reason's "Swiss Cheese framework of Accidents"



## THE TOOLS OF ZERO SUICIDE FILL THE 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.”



# What's in a Name?



- ✗ A marketing campaign
- ✗ An approach looking to place blame
- ✗ A quick fix



# Seven Elements of Zero Suicide



[www.zerosuicide.com](http://www.zerosuicide.com)

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

## LEAD

Lead system-wide culture change committed to reducing suicide.

## TRAIN

Train a competent, confident, and caring workforce.

## IDENTIFY

Identify individuals at-risk of suicide 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

Transition individuals through care with warm hand-offs and supportive contacts.

## IMPROVE

Improve policies and procedures through continuous quality improvement.



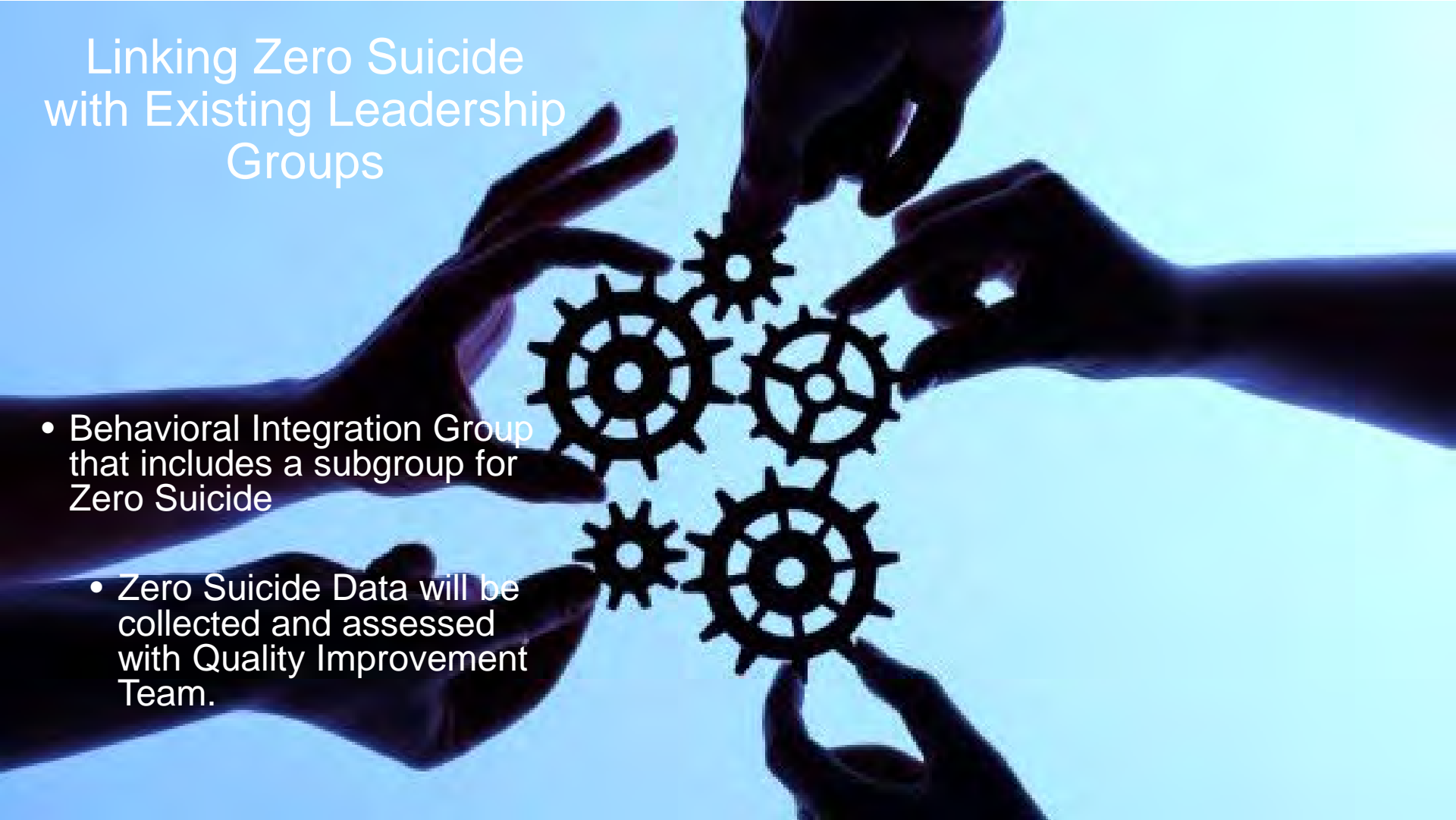
# LEAD

Lead system-wide culture change  
committed to reducing suicides.

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE

---

## Linking Zero Suicide with Existing Leadership Groups

- Behavioral Integration Group that includes a subgroup for Zero Suicide
  - Zero Suicide Data will be collected and assessed with Quality Improvement Team.
- 
- The background of the slide features a blue gradient. In the center, there are several black silhouettes of hands reaching in from different directions, holding and interlocking a cluster of gears. The gears are of various sizes and are arranged in a way that they mesh together, symbolizing teamwork, integration, and interconnected systems.



# TRAIN

Train a competent, confident,  
and caring workforce.

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE

All employees and new hires to receive mandatory training in suicide prevention within the first 60 to 90 days of employment.



**ASIST**

*Applied Suicide Intervention Skills*

POLICY



**QPR**  
For Suicide Prevention





# IDENTIFY

Identify individuals with suicide risk  
via comprehensive screening and assessment.

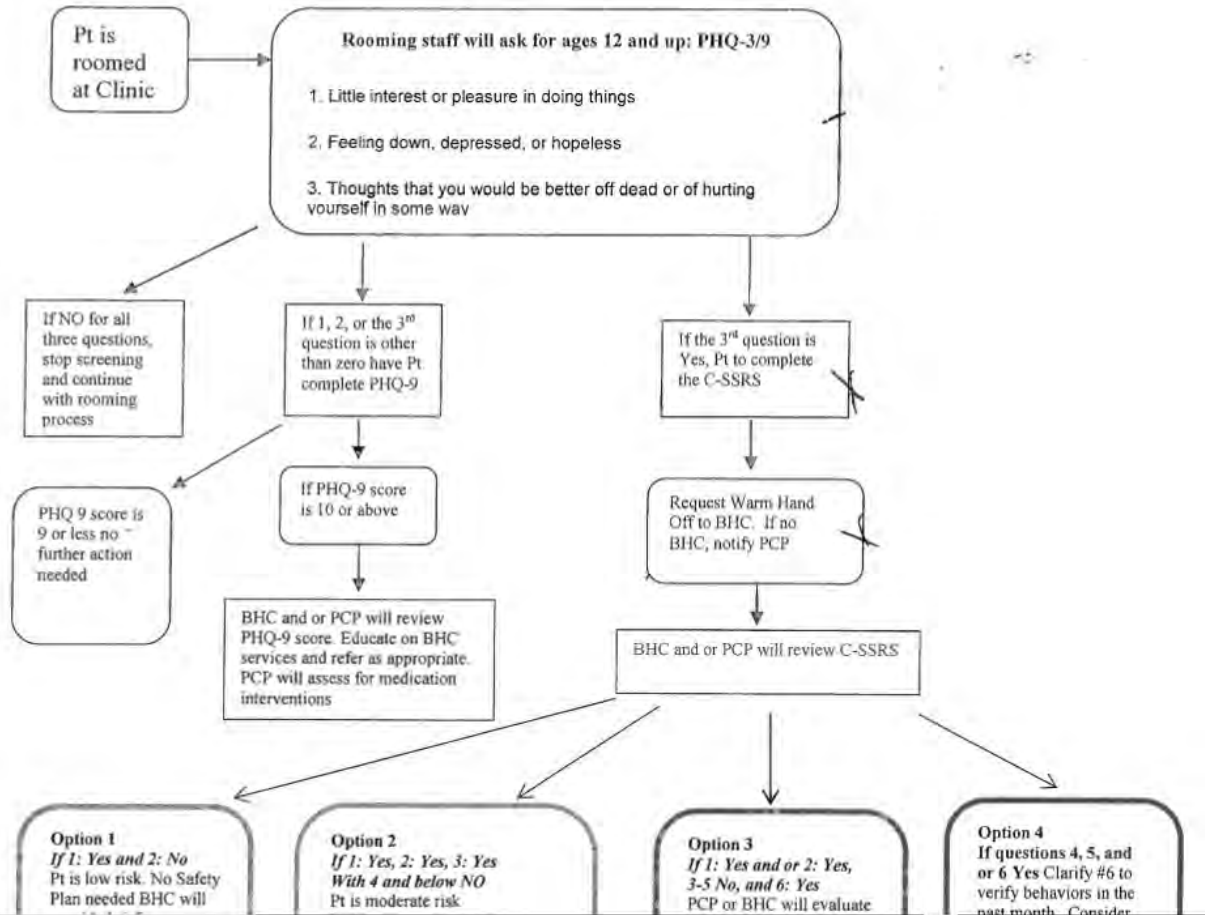
LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE

## Policy and Procedure describing AGE, FREQUENCY & EXPECTATION

*Example wording:* Following intake, the PHQ-3/9 to be completed at least once annually for all patients aged 12 and older who do not have an exclusionary diagnosis (e.g. bipolar disorder, dementia, etc.) For those with ongoing depression, the PHQ-9 is completed at each visit, at least once a month, for all patients with an active depression diagnosis.



## Primary Care Depression and Suicide Care Pathway



**Screening and Identification Workflow**



# ENGAGE

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

LEAD TRAIN IDENTIFY **ENGAGE** TREAT TRANSITION IMPROVE

# Adding Alerts in EHR for Patients Screening Positive for Suicide Risk

The screenshot displays the Epic EHR interface for a patient named Zzdaiz, Zzchris, 25 years old, born 7/22/1988, male, with MRN 1246425. The patient is currently in a visit with Zztest, Becky Mh for a MENTAL HEALTH ASSESSMENT on 8/17/2013. The interface shows a navigation bar with various tools like ProbRpt, In Basket, Encounter, and Appts. Below the navigation bar, the patient's demographic and clinical information is displayed, including Care Team (Mental Health Clinician: Dil..., Psychiatrist: Zztest, Becky ...), Allergies (No Known All...), Health Maintenance (FYI), Language (English), Mychart (Active), Insurance (Uninsured), and NO HIE/NO AD status.

The main content area shows the 'Problem List' for the visit, with 'Suicidal Ideation' highlighted in a red circle. Below this, the 'Safety Plan' section is visible, containing a 'File Documentation' link and a 'Completed/Reviewed' date of 8/7/13. The safety plan includes two sections: 'These are triggers that cause me to feel bad or "set me off":' and 'I know I am in need of increased support when I feel the following ways:'. Each section has a list of triggers/support items, with '1' and '2' indicating the first and second items respectively.

**My Personal Safety Plan** Suicidal Ideation

These are triggers that cause me to feel bad or "set me off":

1	Triggers
2	

I know I am in need of increased support when I feel the following ways:

1	Support
2	

Safety Planning Intervention  
for Suicide Prevention

Counseling on Access to  
Means (CALM) online training

Securing Weapons for  
Suicidal/Homicidal Clients  
procedure by Centerstone



# TREAT

Treat suicidal thoughts and behaviors  
using evidence-based treatments.

LEAD TRAIN IDENTIFY ENGAGE **TREAT** TRANSITION IMPROVE

# Use effective Evidence-Based Practices







# TRANSITION

Transition individuals through care with warm hand-offs and supportive contacts.

LEAD TRAIN IDENTIFY ENGAGE TREAT **TRANSITION** IMPROVE



MARIMN  
HEALTH

From:  
Marimn Health  
PO Box 388  
Plumer, ID 83851

PLACE  
STAMP  
HERE

find something you love  
and never let it go.



Caring  
Cards



# IMPROVE

Improve policies and procedures  
through continuous quality improvement.

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION **IMPROVE**

Today's date: \_\_\_\_\_

Three-month reporting period (DD/MM/YY to DD/MM/YY): \_\_\_\_\_

Name of organization: \_\_\_\_\_

Name of person completing worksheet: \_\_\_\_\_

**Recommended Measures:**

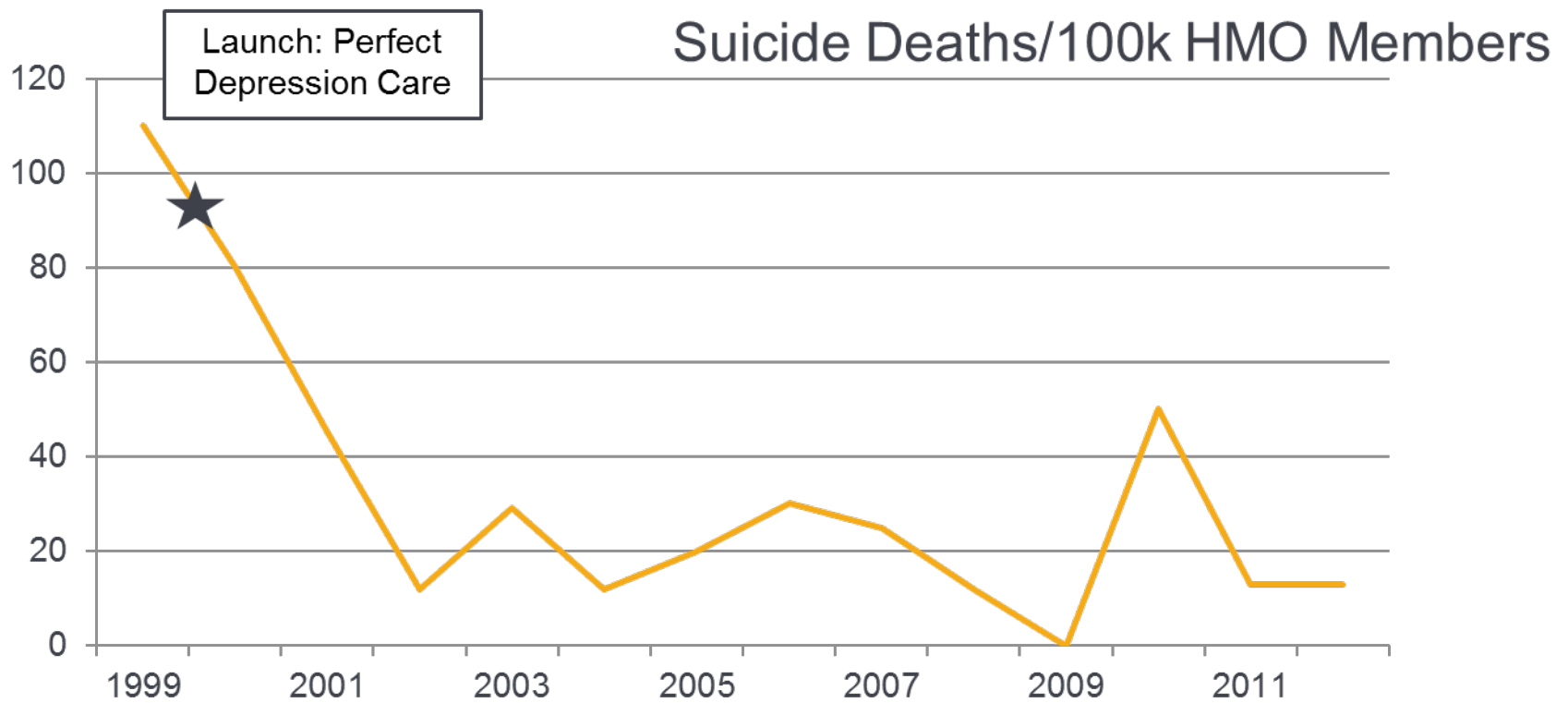
	Measure	Numerator		Denominator		%
1	Screening	Number of clients who received a suicide screening during the reporting period		Number of clients enrolled during the reporting period		
2	Assessment	Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period		Number of clients who screened positive for suicide risk during the reporting period		
3	Safety Plan Development	Number of clients with a safety plan developed (same day as screening) during the reporting period		Number of clients who screened and assessed positive for suicide risk during the reporting period		
4	Lethal Means Counseling	Number of clients who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting		Number of clients who screened and assessed positive for suicide risk during the reporting period		

<http://zerosuicide.sprc.org/toolkit/improve>



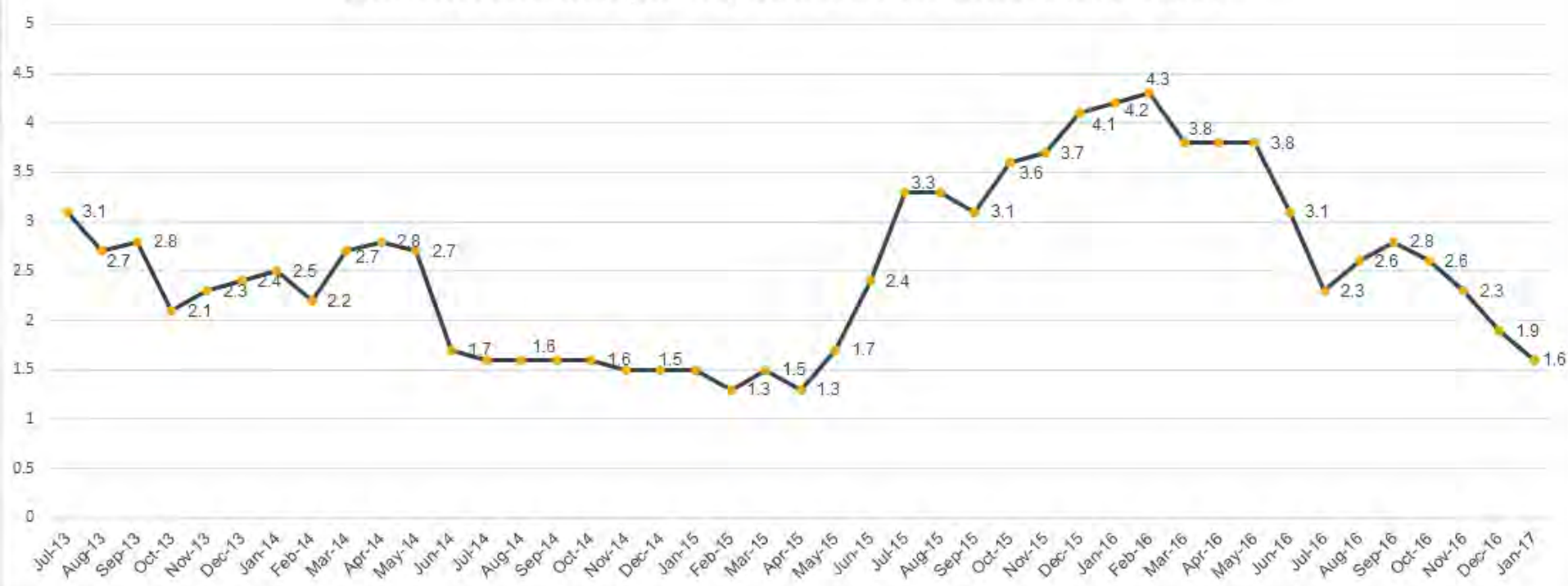
## Random Chart Reviews

# A System-Wide Approach for Health Care: Henry Ford Health System



# Zero Suicide at Centerstone: Results

Annual Suicides per 10,000 Clients Seen 2013-2017



# Getting Started

- » Who will be the face of Zero Suicide for your System?
- » Who are the other champions in your agency?
- » What data do you have to tell you how you're doing today?
- » Create an Implementation Team
- » Use the Organizational Self-Study as a needs assessment and base line measure





# Zero Suicide Toolkit

**ZERO** Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE

Contact Us Login Suicide Prevention Lifeline 1-800-273-TALK (8255)

» Suicide Prevention Resource Center » Zero Suicide Institute

HOME

ABOUT

TOOLKIT

CHAMPIONS

RESOURCES

Search

## ZERO SUICIDE

The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an



[www.zerosuicide.com](http://www.zerosuicide.com)

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 resources
- » Access templates from implementers across the country
- » Connect with national implementers on the Zero Suicide email list

# Zero Suicide in the Indian Health Service

- » Best and Promising Practices for the Implementation of Zero Suicide in Indian Country, [http://zerosuicide.sprc.org/toolkit/indian-country#quicktabs-native\\_american=0](http://zerosuicide.sprc.org/toolkit/indian-country#quicktabs-native_american=0)
- » [Zero Suicide Implementation at Lawton Indian Hospital in Lawton, Oklahoma](#)
- » [Tsehootsooi Medical Center in Fort Defiance, AZ](#)

---

# Zero Suicide in Oregon

Meghan Crane

Zero Suicide Program Coordinator

[Meghan.crane@state.or.us](mailto:Meghan.crane@state.or.us)



INJURY AND VIOLENCE PREVENTION PROGRAM  
Public Health Division

---

# Zero Suicide in Oregon

- » Started state level Zero Suicide work in 2015 through state SAMHSA Garrett Lee Smith Youth Suicide Prevention (GLS) funding
- » 2015-2019: Engagement with healthcare entities through GLS counties and state suicide prevention efforts
  - » Washington County (GLS granted county) starts work with LifeWorks NW on Zero Suicide
  - » Zero Suicide included as a guiding principle with objectives in the 2016-2020 Oregon Youth Suicide Intervention and Prevention Plan
  - » 2016 Oregon Suicide Prevention Conference:
    - » David Covington provides plenary on Zero Suicide and meets with healthcare leaders
    - » Breakout session on Oregon efforts
  - » 2018 Oregon Suicide Prevention Conference:
    - » Becky Stoll (plenary session, introduction of Zero Suicide Academy to healthcare leaders, breakout sessions)
    - » Breakout session on Oregon and Oregon healthcare system efforts

# Zero Suicide in Oregon

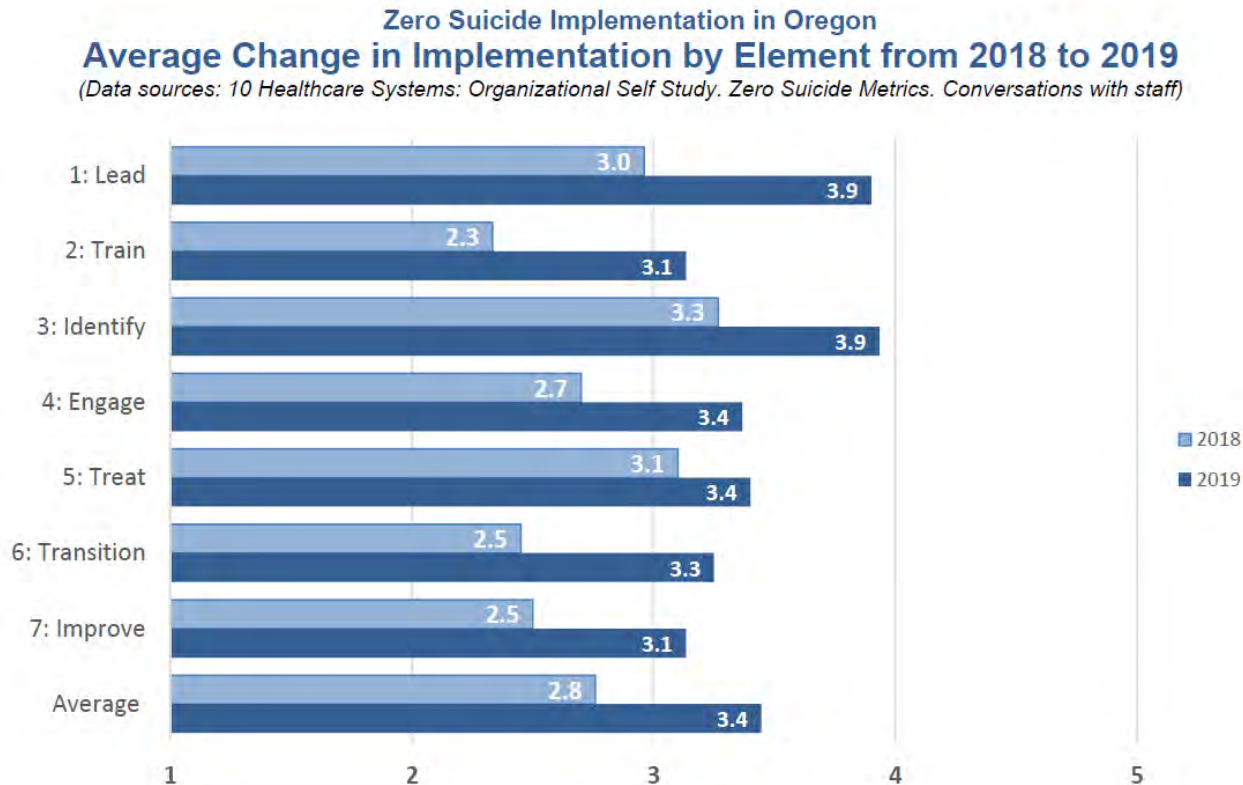
- » 2015-2019: Engagement with healthcare entities through GLS counties and state coordinator
  - » September 2018: Oregon Zero Suicide Academy:
    - » 16 organizations participate including hospitals, youth serving organizations, Tribal entities, county services, behavioral health focused organizations and primary care representing a geographically diverse group.
  - » November 2018 – Sept. 2019
    - » Facilitated Community of Practice with 9 organizations that attended Zero Suicide Academy with the purpose to:
      - » Gain knowledge and ideas to address on-the-ground challenges
      - » Have opportunities to share expertise in a particular topic area
      - » Share peer learning opportunities with other healthcare organizations in the state
  - » June – September 2019
    - » Provided mini-grants (\$15,000 or under) to organizations that attended the Zero Suicide Academy through competitive application process

# Zero Suicide in Oregon

- » 2019-2024: Oregon awarded new GLS funds allowing for continuation and expansion of state Zero Suicide program
  - » Facilitate another Oregon Zero Suicide Academy in 2021 or 2022 to support healthcare organizations newer to Zero Suicide
  - » Determine “Zero Suicide Academy 2.0” structure and learning objectives to support organizations who attended the 2018 Zero Suicide Academy or have started Zero Suicide implementation
  - » Provide TA and learning opportunities through state Suicide Prevention Conferences and other platforms (i.e., Community of Practice, quarterly webinars, etc.)
  - » Include Zero Suicide goals and objectives in the revision to the Oregon Youth Suicide Intervention and Prevention Plan as well as OHA emerging adult suicide prevention efforts
  - » Support implementation of evidence-based and best practice suicide assessment, management and treatment training in Oregon healthcare organizations implementing Zero Suicide

# Evaluation of Oregon Zero Suicide Efforts

- » OHA modified Zero Suicide Organizational Self-Assessment to monitor and provide results-based statewide and individual healthcare system to show change over time related to Zero Suicide implementation.
- » Scores were analyzed between the Zero Suicide Academy and September 2019



Scale: 1=Routine care or care as usual. 3=Several steps towards improvement made. 5=Comprehensive practices in place.

*Note: Change in self-reported score at follow-up may be due in part to the addition of a related metric from the data elements worksheet rather to a change in practice.*

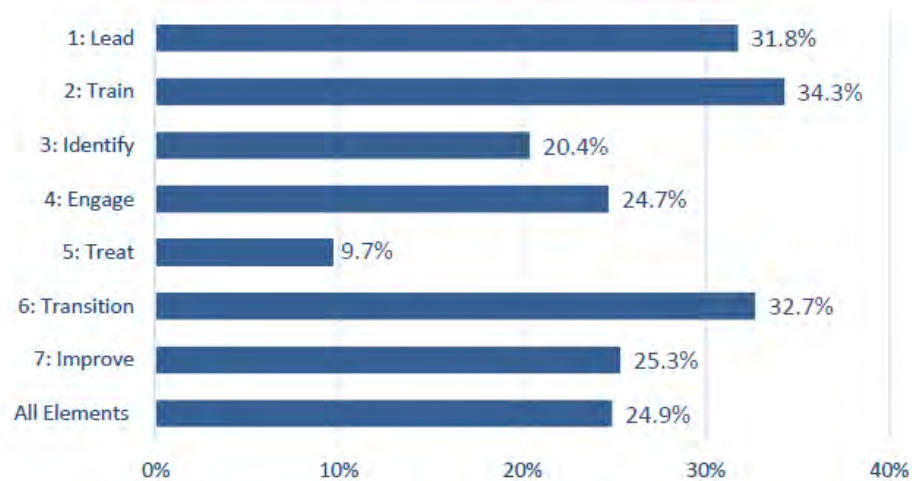
# Evaluation of Oregon Zero Suicide Efforts

## Zero Suicide Implementation in Oregon Rate of Change from 2018 to 2019

(Sorted in descending order by rate of change)

Element	2018	2019	Rate of Change
2: Train	2.3	3.1	34.3%
6: Transition	2.5	3.3	32.7%
1: Lead	3.0	3.9	31.8%
7: Improve	2.5	3.1	25.3%
4: Engage	2.7	3.4	24.7%
3: Identify	3.3	3.9	20.4%
5: Treat	3.1	3.4	9.7%
<b>Average</b>	<b>2.8</b>	<b>3.4</b>	<b>24.9%</b>

## Average Change in Zero Suicide Implementation across 10 Health Systems from 2018 to 2019



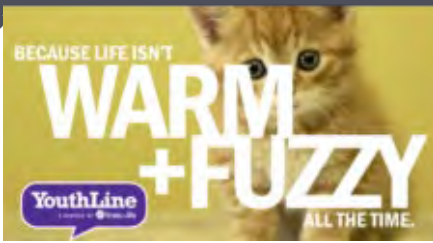


# OHA Assistance for Zero Suicide

- » Zero Suicide Academy (2021 or 2022)
- » Oregon Suicide Prevention Conference (Fall 2020)
- » Oregon Suicide Prevention website with Zero Suicide section (coming soon!)
- » Funding to support training in suicide assessment, management and treatment for healthcare professionals
- » Meeting the needs of Oregon healthcare partners:
  - » Community of Practice
  - » Online quarterly learning opportunity (with state and national presenters)
  - » Individual technical assistance/support

# OHA Suicide Prevention Updates

- » Hiring Adult Suicide Prevention Coordinator
- » Received \$6.7 million during the 2019 legislative session to support the Youth Suicide Intervention and Prevention Plan implementation. Increased funding to:
  - » Coordinate statewide access to suicide prevention, intervention and postvention programs and services supported by OHA
  - » Expansion of Sources of Strength, CONNECT, Mental Health First Aid, QPR, safeTALK and ASIST
  - » Tribal support: Provide mini-grants that would allow tribes to select projects that would respond to their community need.
- » Development of 2021-2026 Youth Suicide Intervention and Prevention Plan



[YouthLine](https://www.youthline.org)

1-877-968-8491

(text teen2teen at 839863)



## Resources

- **Sign up for the OHA Suicide Prevention Network:**  
<http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork>
- [Oregon Violent Death Data Dashboards](#)
- [Oregon Alliance to Prevent Suicide](#)
- [2016-2020 Youth Suicide Intervention and Prevention Plan and Youth Suicide Intervention and Prevention Plan 2018 Annual Report](#) (including youth suicide data)
- [OHA HB 3090 Hospital Discharge Planning Fact Sheet and HB 3090 Report on Emergency Department Release Survey](#) (March 2019)
- » [Oregon Extreme Risk Protection Order Information](#)

**Meghan Crane, MPH**  
**Zero Suicide Program Coordinator**  
OREGON HEALTH AUTHORITY  
Public Health Division  
Injury and Violence Prevention Program  
p: 971-673-1023  
e: [meghan.crane@dhsosha.state.or.us](mailto:meghan.crane@dhsosha.state.or.us)

**Jill Baker, LSC**  
**Youth Suicide Prevention and Intervention Coordinator**  
OREGON HEALTH AUTHORITY  
Health Systems Division  
Child, Adolescent & Family Behavioral Health Services  
c: 503.339.6264  
e: [jill.baker@dhsosha.state.or.us](mailto:jill.baker@dhsosha.state.or.us)

PUBLIC HEALTH DIVISION  
Injury and Violence Prevention  
Program

**Questions?**



## 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](http://www.sprc.org)



# Zero Suicide Institute®

The 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](http://www.zerosuicideinstitute.com)

# ZERO Suicide

Join systems nationwide  
striving for zero suicide  
among patients in care.



[www.zerosuicideinstitute.com](http://www.zerosuicideinstitute.com)  
[www.zerosuicide.com](http://www.zerosuicide.com)



# Contacts

- » Colbie Caughlan, MPH
  - » Project Director - THRIVE, TOR, & Response Circles
  - » NPAIHB EpiCenter
  - » [ccaughlan@npaihb.org](mailto:ccaughlan@npaihb.org) or 503-416-3284
- » Petrice Post
  - » Health Systems Change Consultant
  - » [petricepost68@gmail.com](mailto:petricepost68@gmail.com)
- » Meghan Crane, MPH
  - » Zero Suicide Program Coordinator
  - » Public Health Division at the Oregon Health Authority
  - » [meghan.crane@state.or.us](mailto:meghan.crane@state.or.us) or 971-673-1023
- » Indian Health Service Division of Behavioral Health
  - » Pamela End of Horn, [pamela.endofhorn@ihs.gov](mailto:pamela.endofhorn@ihs.gov)