SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

QTIP Suicide Prevention Project 2020-2021

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South Carolina Department of Health and Human Services
Nov. 8, 2021

Why?

Suicide is the #1
cause of preventable deaths
in South Carolina for
our children ages 10-14.

Joint Citizens and Legislative Committee on Children. Committee on Children: 2021 Data Reference Book, 2021. https://ae801dc1-5c04-4b1c-8b71-09d3c73c273a.filesusr.com/ugd/587cb7_2d3f3aa9ac564b018424628a406b08c9.pdf

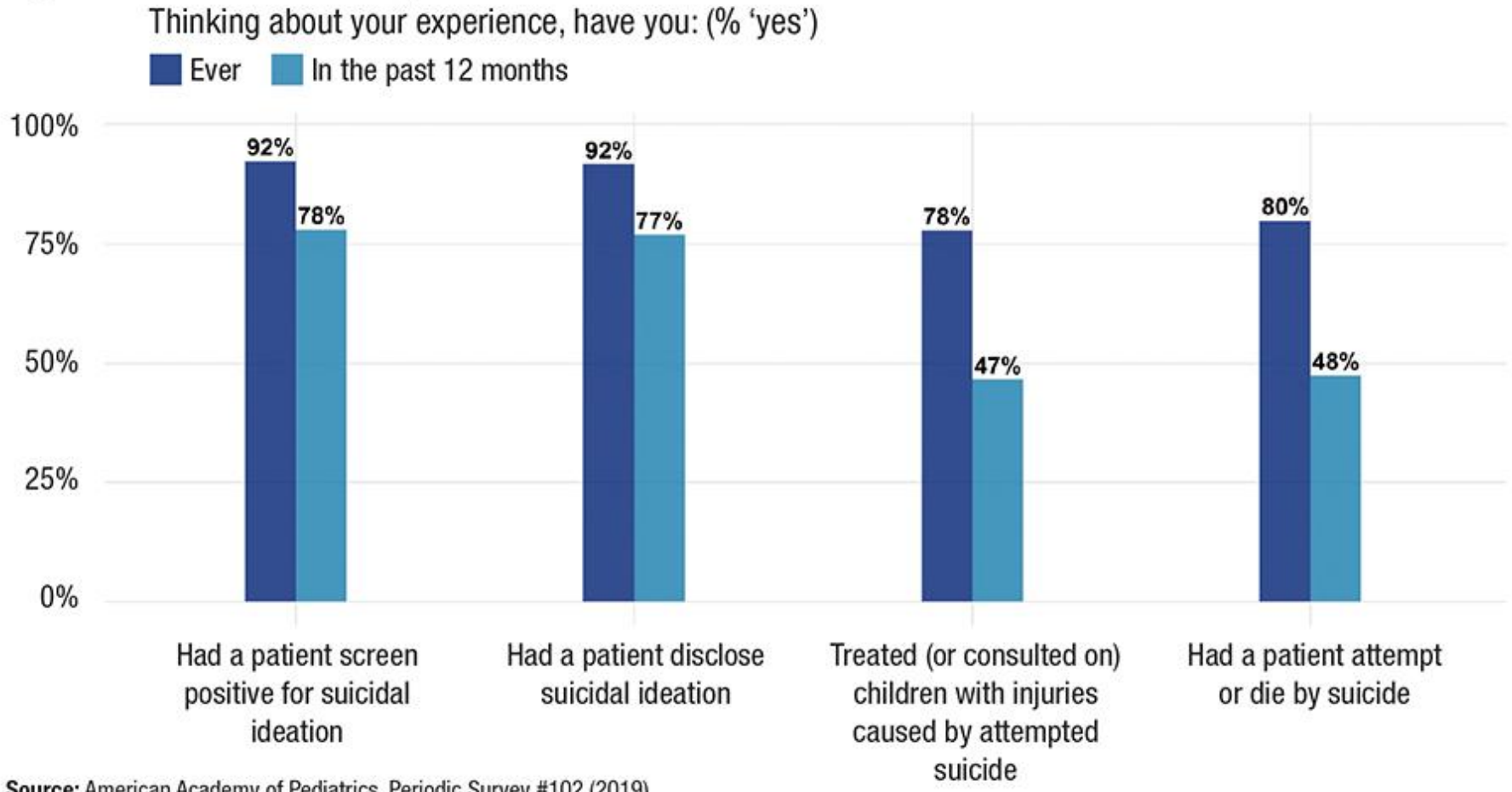
Why?

Suicide is the #2
cause of preventable deaths
in South Carolina
for our children ages 15-19.

Joint Citizens and Legislative Committee on Children. Committee on Children: 2021 Data Reference Book, 2021. https://ae801dc1-5c04-4b1c-8b71-09d3c73c273a.filesusr.com/ugd/587cb7_2d3f3aa9ac564b018424628a406b08c9.pdf

Role of Pediatricians

Figure 2: Pediatricians' experience with suicidal ideation and suicide



Source: American Academy of Pediatrics, Periodic Survey #102 (2019)
Note: Sample restricted to post-trainee respondents who provide primary care to patients over age 9

COVID-19

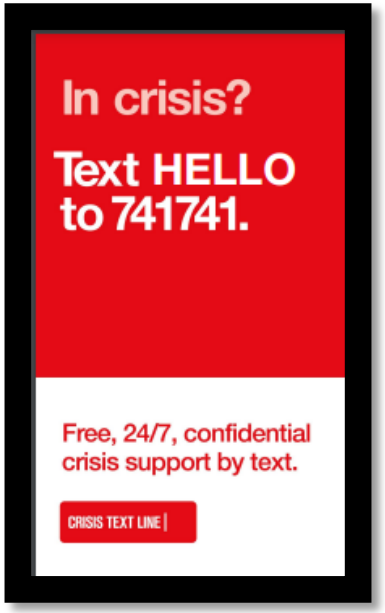
25.5% of young adults aged 18-24 years

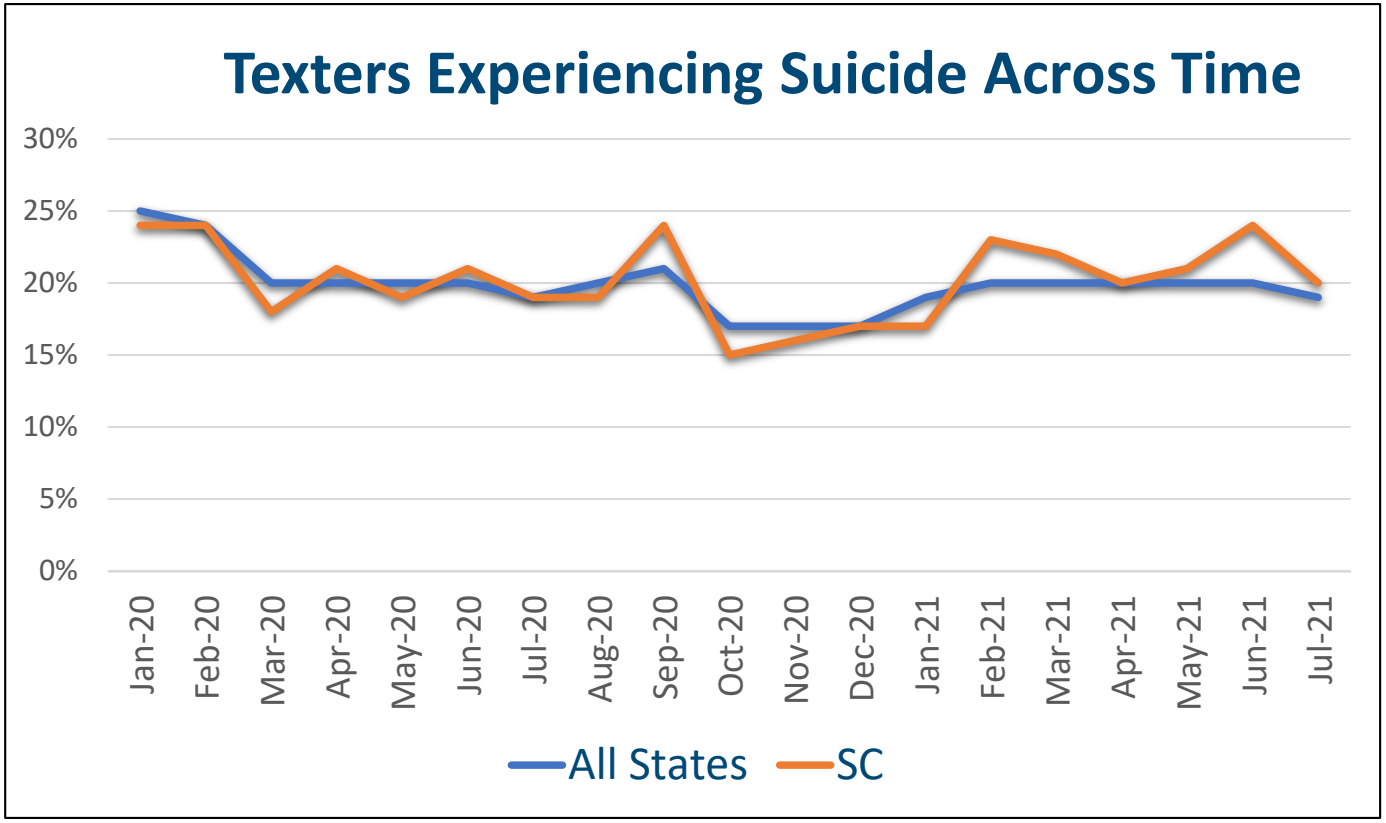
"seriously considered suicide in the past 30 days."

Partnerships/Contributors

- American Academy of Pediatrics – SC Chapter
- American Foundation for Suicide Prevention
- Office of Suicide Prevention - SC Dept. of Mental Health
- Dr. Alex Karydi, Ph.D.
- Dr. Sheila Woods, M.D., FAAP
- Dr. Anita Khetpal, M.D.
- Jennifer Butler, MSW, LISW-CP/S
- Verna Little, Concert Health
- Dr. Lisa M. Horowitz, Ph.D., MPH

Crisis Text Line Data





"Crisis Trends." www.crisistrends.org. Crisis Text Line, March 2018. Web. <11/3/21>.

Interventions for Suicide Prevention in Pediatrics

Content introduced to all QTIP practices:

- Learning collaboratives (Jan. 2020, 2021, and Aug. 2020)
  - Presentations by content experts
- Monthly call (May 2021)

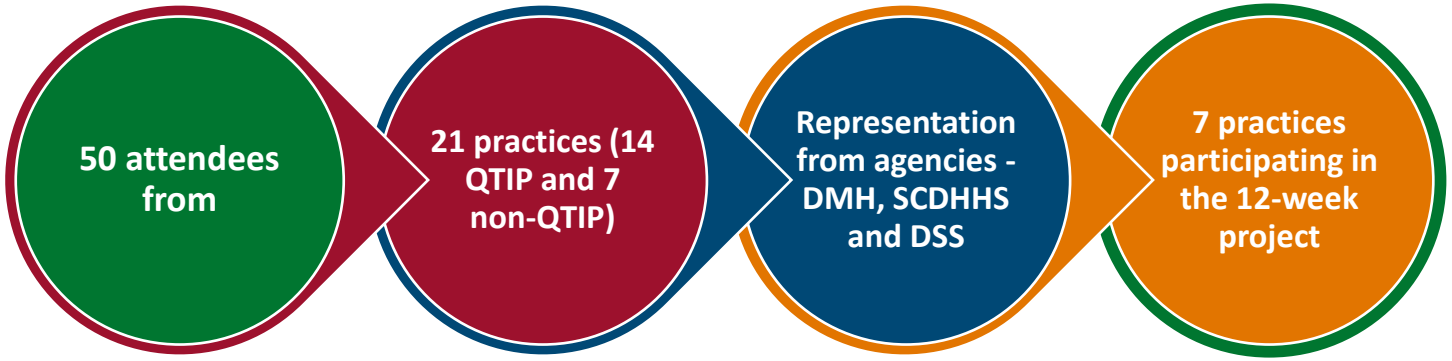
Self-selected practices participated in workshop:

- Fall 2020
  - Mini QI workshop
  - Technical assistance - 3

Mini QI Workshop!

- 12-week QI project
- Two virtual learning sessions (2 hours each)
- Week 2 – follow-up call with individual practices (20 min each) to help practices formulate a plan
- Week 4 - collaborative call with all participating practices where practices present their plan
- Week 12 - wrap up call with practices presenting their results
- ABP Part 4 credit for participants

Participation



Suicide Prevention Projects & MOC Part 4

September 2020 to December 2020

- **P**ractice culture - policies, posters, staff training, etc.
- **S**creening - screeners, verbal screening
- **R**isk assessment
- **S**afety planning
- **L**ethal means assessment and counseling
- **M**anagement - based on risk assessment
- **F**ollow-up

TO-DO:

- Pick ONE topic from this list
- Draft your QI project
- 2-week check-in
- Bring QI ideas for discussion
- Start work
- 6-week check-in
- Review, revise, re-work
- 12-week final WebEx to present findings

Practice Culture - Training & QI

Office of Suicide Prevention, SCDMH

- Applied Suicide Intervention Skills Training (ASIST) – in-person
- Connect - virtual
- Mental Health First Aid (hybrid)
- SafeTalk - virtual
- Talk Saves Lives - virtual
- Enhancing Mental Health During COVID-19 - virtual

Suicide Prevention Resource Center

https://training.sprc.org/

- Counseling on Access to Lethal Means
- Locating and Understanding Data for Suicide Prevention
- A Strategic Planning Approach to Suicide Prevention
- Preventing Suicide in Emergency Department Patients

Safer Suicide Care

- Virna Little, Concert Health - Same as provided on Aug. 26 for QTIP

Topic	Zero Suicide Academy Organizational Self-Study	SPRC - Implementation Checklist
Practice Culture - Policies, posters, training, etc.	1,7,8,9, 10,11,23	1,2,4, 5,6,7

Practice Culture and QI

Topic	Zero Suicide Academy Organizational Self-Study	SPRC - Implementation Checklist
Practice Culture- Policies, posters, training, etc.	1,7,8,9, 10,11,23	1,2,4, 5,6,7

http://osp.scdmh.org/wp-content/uploads/2020/07/HOPE4SCPosterwithtear-offs.pdf

https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Card/SVP-0125X

http://osp.scdmh.org/wp-content/uploads/2020/07/Apps-and-Resources-Card-7-14-2020-1.pdf

Safety Planning and QI

Topic	Zero Suicide Academy Organizational Self-Study	Data Elements Worksheet	MOC Part 4	QTIP Chart Review Tool
Safety planning	1,5,16,23	3	h	Chart review


16. Collaborative safety planning:
What is the organization's approach to collaborative safety planning when an individual is at risk for suicide?

Please select the number where your organization falls on a scale of 1-5.

1
2
3
4
5

Please indicate whether or not the organization uses the Stanley/Brown safety plan template: ☐ YES ☐ NO

How frequently is the safety plan reviewed with the individual? _____

If you wish to describe or elaborate on this item, please do so in the space provided below.

http://zerosuicide.edc.org/sites/default/files/Zero%20Suicide%20Organizational%20Self-Study.pdf

- Process Map
  - What point in the visit would they do the safety plan?
  - If doing, is this ideal? Or another place could be better for this?
- Chart Review
  - Is it done routinely?
  - Is there a standard tool being used?
  - Is safety plan given?

Data Collection Tools

	Suicide Prevention Workshop Chart Review Tool	1	2	3	4	5	6	7	8	9	10
	Date of visit										
	Age										
1	Was the patient screened for suicide risk using a validated tool?										
2	Was the tool scored and documented?										
3	How long did it take to score and document the results? (enter time in minutes)										
4	Was the screen positive?										
5	If yes, was the intervention appropriate according to the level of risk?										
6	Did the intervention match the risk assessment?										
7	Was the patient counseled about lethal means?										
8	Was the patient counseled about the importance of restricting access to lethal means?										
9	Was a safety plan constructed?										
10	Was the patient referred for outpatient/crisis intervention?										
11	Was a ‘caring contact’ phone call made to follow-up with the child and/or caregiver?										

Ideas for QI…

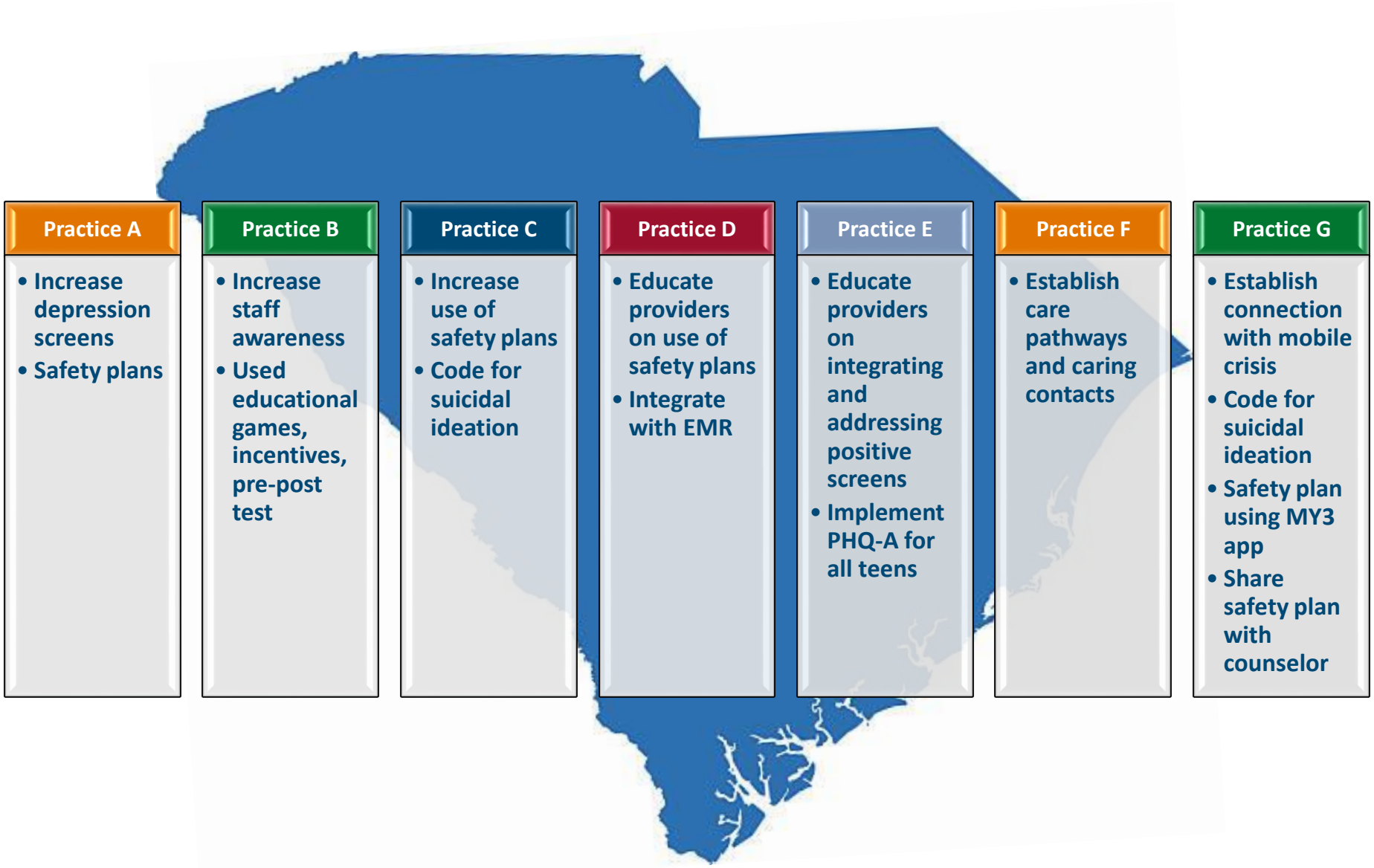
Implementation Checklist for the Suicide Prevention in Primary Care Toolkit

1. ☐ Discuss suicide prevention initiative with all Office Staff and determine lead coordinator for the office.
2. ☐ Read Chapter 2: Educating Clinicians and Office Staff of the Toolkit (all Office Staff).
3. ☐ Identify which depression and suicide screens and assessments will be utilized in your office (e.g., PHQ-9, C-SSRS); determine:
   - When will patients complete this screen/assessment (e.g., with intake paper work)?
   - Who will review it and how is this information flagged? (e.g., flag depression/suicide like any other condition for provider follow-up).
4. ☐ Proactively complete Office Protocol Template in Toolkit to establish procedures for working with a suicidal patient. Information here includes:
   - What professionals can be called upon to assist with suicide risk assessment
   - Name and location of nearest Crisis Stabilization Unit or Emergency Department
   - Responsible office staff contacts for documentation and follow-up
5. ☐ Have Toolkit resources and individual patient intervention templates regarding suicide assessment and safety planning available to Office Staff and clinicians such as:
   - Pocket Guide: Assessment and Interventions with Potentially Suicidal Patients
   - Safety Planning Guide: A Quick Guide for Clinicians
   - Patient Safety Plan Template
   - Crisis Support Plan
6. ☐ Develop a referral network to facilitate the collaborative care of suicidal patients.
7. ☐ Conduct a mock drill for safely and sensitively working with and potentially hospitalizing a patient.
8. ☐ Follow-up/Outreach. Identify who will follow-up with patients who have expressed suicidal

http://www.sprc.org/settings/primary-care/toolkit

Data Collection

- Monthly chart audits from January 2020- July 2021
- Enter data in the Quality Improvement Data Aggregator (QIDA: AAP data collection tool)
- Plan-Do-Study-Act (PDSA) cycle logs
- Blog entry
- Workshop - more intensive data collection, process mapping, policy changes, etc.



Practice A	Practice B	Practice C	Practice D	Practice E	Practice F	Practice G
• Increase depression screens • Safety plans	• Increase staff awareness • Used educational games, incentives, pre-post test	• Increase use of safety plans • Code for suicidal ideation	• Educate providers on use of safety plans • Integrate with EMR	• Educate providers on integrating and addressing positive screens • Implement PHQ-A for all teens	• Establish care pathways and caring contacts	• Establish connection with mobile crisis • Code for suicidal ideation • Safety plan using MY3 app • Share safety plan with counselor

Interventions for Suicide Prevention in Pediatrics

QTIP lead clinicians and practices:

- Providers expressed increased satisfaction in their role of screening and addressing suicidal ideation with their patients
- 16 practices changed their suicide assessment process
- Changes included:
  - ✓ Modifying/adding screening tools
  - ✓ Modifying timing of screens
  - ✓ Implementing safety plans
  - ✓ Educating providers, families, and youth

Youth:

- Increase in suicide screening
- Many were managed in the office and/or referred for services
- Decrease in youth sent to ER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ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
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