ZERO SUICIDE IN TEXAS

Creating a statewide, comprehensive suicide safe care system

ZERO SUICIDE DATA ELEMENTS WORKSHEET

Description and Instructions

This worksheet is intended to assist health and behavioral health care organizations in developing a data-driven, quality improvement approach to suicide care. The worksheet:

- Reflects the top areas of measurement around quality and best practices that behavioral health care organizations should strive for to maintain fidelity to a comprehensive suicide care model.
- Includes surveillance measures that reflect the impact of best practices within the organization and the ultimate goal of zero suicides.

The **Data Elements Worksheet** should be completed every two months, and the implementation team should use the findings to determine areas for improvement. The data elements included on the worksheet can be captured in an electronic health record to allow data to be tracked and compared over time.

Please note: The Zero Suicide Initiative is an evolving model. While each individual component of the model reflects best practices in care and treatment, we understand that variations will occur in delivery and setting. However, it is vital to measure organizational practices and individual outcomes and to begin to create a shared understanding of what it takes to reduce suicides for those enrolled in care.

Use the Zero Suicide Data Elements Worksheet in conjunction with the Zero Suicide Organizational Self-Study and your Zero Suicide Work Plan to determine where improvements can be made in care, training, and policies. Your organization should monitor at least two surveillance measures, including suicide deaths and attempts. In addition, the organization should choose process or best practice measures that relate to the goals of your organization's zero suicide initiative (e.g., implementing a screening tool, safety planning, continuity across care transitions, etc.). The data elements chosen should be useful measures of the impact of your implementation efforts and guide quality improvement.

Terminology

Case closed: Cases are considered closed when a person has not had a kept appointment in six months and does not have an appointment scheduled in the future. To count suicide deaths for those enrolled in care, we suggest a rule that uses (1) the case closing date and (2) the time since the last kept appointment. Under such a rule, a suicide would not count if it occurred more than 30 days after a case was closed. But even if a case had been closed fewer than 30 days, or it was still open, the suicide would not be counted if it had been more than 180 days since the last face-to-face contact and there were no pending appointments at the time of the event.

Enrolled in care: An individual enrolled in care is anyone admitted with an open case file or who has been seen at least once face to face.

Open case file: A case is considered open at the point of intake or first contact, regardless of whether the person is formally admitted into care. It is assumed that the screening, assessment, safety plan, and lethal means discussions will take place at the time of this intake or soon thereafter. If the individual is not immediately admitted due to a delay in appointments with a psychiatrist or another similar barrier, the case is still considered an open case file as of the first contact.

Contact: An in-person or phone communication allowing for a reassessment of risk and review of safety planning.

Per 10,000 population: Statistics around the prevalence of conditions or risk are often shown as "per 10,000 people". For rate of suicide death, we recommend using the 'per 10,000 people' measure. For example, if 25 of the 4,500 people who were enrolled in your organization died from suicide in the last three months, the calculation is: 25 / 4,500 = .00555 * 10,000 = 55.5 per 10,000 people.

Risk assessment: A suicide risk assessment is typically performed after an individual scores as 'at risk' on a suicide screen. Suicide risk assessment usually refers to a more comprehensive evaluation done by a clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. Although assessments can involve structured questionnaires, they also can include a more open-ended conversation with a patient and/or friends and family to gain insight into the patient's thoughts and behavior, risk factors (e.g., access to lethal means or a history of suicide attempts), protective factors (e.g., immediate family support), and medical and mental health history.

Safety plan development: Safety plans should be developed at the time of assessment when it is determined that a individual is at risk for suicide. While a safety plan may be updated and routinely monitored with the individual, only the initial safety plan should be counted in this metric.

Screening: Suicide prevention experts usually use the term suicide screening to refer to a procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide. Screening tools are brief questionnaires that measure the individual's suicide risk. With regard to measuring screening rates, each individual is assumed to be screened only once. While this may not be the case in practice, do not count additional screenings on any individual in your total. Screening to determine that a person is at risk for suicide can occur during intake or at any point later in care. Suicide attempt: Suicide attempts should be carefully and consistently defined by your organization and staff. For guidance on how to classify suicide behaviors, please see http://www.cdc.gov/violenceprevention/suicide/definitions.html.

Suicide care management plan: The suicide care management plan is an organization-wide care management plan, or pathway to care, that your organization develops to ensure that all individuals at risk for suicide receive timely, continuous, and effective suicide care services. An individual should be placed on a suicide care management plan as a result of being screened and assessed positive for suicide risk.

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Today's date: _____

Two-month reporting period (DD/MM/YY to DD/MM/YY): _____

Name of organization: _____

Name of person completing worksheet: _____

Process Measures:

	Measure	Numerator		Denominator		%
1	Screening	Number of individuals who received a suicide screening during the reporting period		Number of individuals with an open case file individual during the reporting period		
2	Assessment	Number of individuals who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period		Number of individuals 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 individuals who screened and assessed positive for suicide risk during the reporting period		
4	Lethal Means Counseling	Number of individuals who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting period		Number of individuals who screened and assessed positive for suicide risk during the reporting period		
5	On-going Assessment of Risk	Number of individuals with a suicide care management plan who receive a suicide risk assessment at every contact (or daily if multiple contacts per day)		Number of individuals with a suicide care management plan during the reporting period		

	Measure	Numerator		Denominator		%
6	Frequency of Contact (Crisis Care)	Number of individuals with a suicide care management plan enrolled in crisis services only who is seen (face-to-face or phone) a minimum of every 3 days while open in care.		Number of individuals with a suicide care management plan enrolled in crisis services only during the reporting period.		
7	Frequency of Contact (Treatment Services)	Number of individuals with a suicide care management plan enrolled in treatment services (not exclusively crisis) who receives a face-to-face contact a minimum of every 7 days while open in care.		Number of individuals with a suicide care management plan enrolled in treatment services (not exclusively crisis) during the reporting period		
8	Receipt of suicide specific intervention (Treating the suicidality)	Number of individuals with a suicide care management plan who received at least two encounters with providers using CAMS, CBT-SP, or DBT		Number of individuals with a suicide care management plan during the reporting period		
9	Missed Appointment Follow-up	Number of individuals with a suicide care management plan who missed a face-to-face appointment and who received contact on the same day during the reporting period		Number of individuals with a suicide care management plan who missed a face-to-face appointment during the reporting period		
10	Acute Care Transition	Number of individuals who had a hospitalization or emergency department visit who were contacted within 24 hours of discharge during the reporting period		Number of individuals who had a suicide care management plan during the reporting period		
11	Emergency Department Usage	Number of individuals who went to the emergency department for making a suicide attempt who had a suicide care management plan during the reporting period		Number of individuals who screened and assessed positive for suicide risk during the reporting period		

12	Inpatient Admissions	Number of individuals who were admitted for an inpatient psychiatric stay for making a suicide attempt who had a suicide care management plan during the reporting period		Number of individuals who had a suicide care management plan during the reporting period		
13	Trained Workforce	Number of employees trained in suicide prevention using _____		Total number of employees of the organization		
14	Other Measure:					

Suicide Surveillance:

	Measure	Numerator		Denominator			Rate
1	Rate of Completed Suicide among ALL Served within 12 months	Number of individuals who died by suicide during the reporting period who had been open in care within the past 12 months		Number of individuals enrolled for services during the reporting period (e.g., open case files) regardless of when they were last seen		(Numerator/ Denominator) x 10,000	Per 10,000 population
2	Rate of Completed Suicide among ALL open in care	Number of individuals who died by suicide during the reporting period who are open in care		Number of individuals enrolled for services during the reporting period (e.g., open case files) regardless of when they were last seen		(Numerator/ Denominator) x 10,000	Per 10,000 population

	Measure	Numerator	Denominator		Rate		
3	Rate of Completed Suicide among Those with Identified Suicide Risk	Number of individuals with a suicide care management plan who died by suicide during the reporting period		Number of individuals with a suicide care management plan during the reporting period		(Numerator/ Denominator) x 10,000	Per 10,000 population
4	Suicide Attempt Rate among ALL Individuals	Number of individuals who made a suicide attempt during the reporting period		Number of individuals enrolled for services during the reporting period (e.g., open case files) regardless of when they were last seen		(Numerator/ Denominator) x 10,000	Per 10,000 population
5	Suicide Attempt Rate among Those with Identified Risk	Number of individuals with a suicide care management plan who made a suicide attempt during the reporting period		Number of individuals with a suicide care management plan during the reporting period		(Numerator/ Denominator) x 10,000	Per 10,000 population