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 sent to three-quarters of the patients. These additional outreach measures have been validated as cost-effective and having a significant impact on the population. By incorporating these protocols and adhering to these best care practices outlined by the 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.

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

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

Components of the Zero-Suicide Model

- Lead
- Train
- Identify
- Engage
- Treat
- Transition
- Improve

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. By incorporating these protocols and adhering to these best care practices outlined by the 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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