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Engage clients in a Suicide Care Management Plan.

Patients at risk for suicide agree to actively engage in a package of evidence-based practices that directly targets their suicidal thoughts and behaviors.

Overview: Suicide Care Management Plan

When an organization makes a commitment to Zero Suicide, every patient who is identified as being at risk for suicide is closely followed through a suicide care management plan or a pathway to care. It is essential to continuously assess risk, engage patients in their collaborative safety plan, treatment plan, and suicide care management plan and re-engage patients at every encounter, no matter what the reason for the visit.

All staff members have crucial roles in preventing suicide. A fundamental premise of the Zero Suicide approach is that safer suicide care begins from the moment a patient calls the organization for an appointment, is assessed, or is admitted for treatment, whichever comes first. Suicide risk immediately becomes a primary focus of assessment in a behavioral health or primary care setting if a patient indicates current or past suicidal thoughts or attempts or is identified as at risk through screening.

Evidence shows that outpatient management of suicidal patients can be safe, clinically appropriate, and, at times, preferable to inpatient care.[1] Patients at high risk of suicide are often among the highest percentage of those dropping out of treatment.[2] The Joint Commission recommends motivational enhancement strategies to increase the likelihood of engagement in further treatment.[3] Improvements in treatment compliance for patients at risk for suicide can be obtained through intensive follow-up, case management, contacts, and visits.[1] Research shows that improved ease of access to emergency services can reduce subsequent attempts by those who have made their first suicide attempt.[1,3]

Several studies have shown that engaging patients by beginning interventions and treatment at or as soon as possible after emergency room or inpatient discharge has demonstrated significant reductions in repeat suicide attempts.[4] The risk of a suicide attempt or death is highest within the first month after discharge from inpatient or emergency department care.[4] Particularly high-risk periods are the first week and the first day after discharge.[4,5] 47 percent of those who died by suicide following discharge died before their first follow-up appointment, and 43 percent of suicides occurred within a month of discharge.[5] Up to 70 percent of patients who leave the emergency department after a suicide attempt never attend their first appointment.[6] The average performance was only 51 percent on the Healthcare Effectiveness Data & Information Set (HEDIS) measure for one completed outpatient visit within seven days of discharge from inpatient psychiatric hospitalization.[6,7]

Recommendation: Develop a Pathway to Care

Care protocols for patients with high suicide risk are similar to systematic approaches used for other health conditions, such as diabetes or high blood pressure. One protocol for ongoing engagement is a suicide care management plan, also called a pathway to care. Establishing a suicide care management plan involves changes in systems and requires staff buy-in. Implementation policies, outlined in the Zero Suicide Toolkit, include establishing:

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- A screening tool, as outlined in the Identify element of Zero Suicide, and criteria to indicate that a patient should be engaged in a suicide care management plan
- Same-day access to behavioral health professionals for those determined to be at immediate risk through use of a standard risk formulation framework
- Requirements and protocols for safety planning, crisis support planning, and lethal means reduction, including the frequency of visits and actions to be taken if a patient misses appointments or drops out of care
- Channels for communicating with a patient about diagnosis, treatment expectations, and what it means to have a suicide care management plan
- A referral process to suicide-specific, evidence-based treatment and requirements for continued contact, especially during transitions in care
- Criteria and protocols for closing out a patient's suicide care management plan
- Training for all staff at least annually in suicide care management plan policies and protocols and documentation requirements so that they understand the reason for these policies and what is expected of them
- A schedule for regular team meetings and clinical case consultations to discuss patients at risk for suicide
- A schedule for management to regularly review charts to determine that policies and protocols are followed

Conclusion: Engage and Assess at Every Opportunity

Current research suggests that no single approach will reduce suicide among individuals who are in care. Comprehensive, multi-component, system-wide approaches to suicide prevention have been shown to be effective in broad and diverse settings and likely are the keys to reducing suicide.[4,5,6,7] The Zero Suicide approach offers a toolkit that guides implementers in the process of embedding interconnecting evidence-based practices for suicide prevention into health care systems.

Citations

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Visit www.zerosuicide.sprc.org/toolkit for additional tools, resources, & more.