

Apply data-driven quality improvement.

Use data to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Overview: A Commitment to Quality Improvement

Organizations that adopt a Zero Suicide approach apply continuous, data-driven quality improvement strategies to ensure improved patient outcomes and better care for those at risk of suicide. Organizations should create a plan to assess system-wide fidelity to a comprehensive suicide care model and to evaluate the outcomes that systems, policy, and patient care changes are designed to produce.

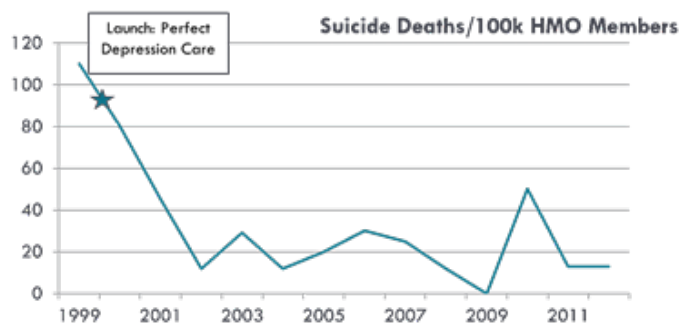
An organizational commitment to continuous quality improvement is necessary in order to achieve the aim of zero deficits and zero harm. This commitment fosters a culture in which every staff member—no matter their credentials or role—is comfortable with, and even praised for, disclosing errors without deference to authority.¹ When defining high-reliability organizations, Chassin and Loeb wrote that these organizations “assess the strength and resilience of their safety systems and the organization’s defenses that prevent errors from propagating and leading to harm.”² These types of Learning Health Care Systems are only successful in safety-oriented, just cultures where individual providers are supported when a patient attempts or dies by suicide.³

Recommendation: Orient Toward Measurement

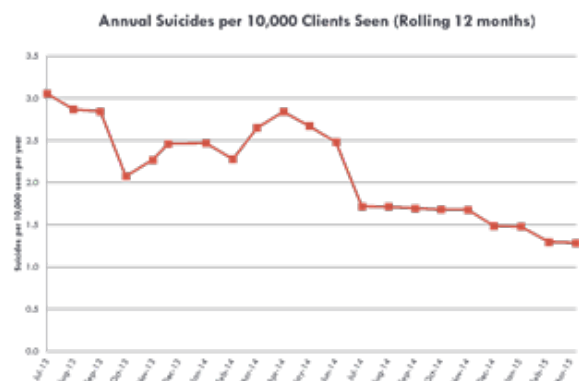
Three actions are central to a culture of safety that fully supports high reliability: trust, report, and improve.^{3,4} It is essential to have clear processes for holding employees accountable for adherence to protocols, procedures, and recognizing errors of any size.⁴

The Henry Ford Health System achieved results through their Perfect Depression Care initiative—one of the inspirations for the Zero Suicide approach—by mapping current care processes, implementing measures of care quality, continually assessing progress, and adjusting the plan as needed. Through data collection and monitoring, Henry Ford Health System and Centerstone, another early adopter of Zero Suicide, found that operational improvements led to clinical improvements:

A Systems-Wide Approach to Health Care:
Henry Ford Health System⁵



Zero Suicide at Centerstone: Results⁶



The Zero Suicide approach is oriented toward measuring results and improving quality. To assess performance on suicide prevention, organizations should examine both process measures (e.g., screening rates and use of follow-up contacts) and outcomes of care (e.g., number of completed suicides and suicide attempts among people at risk). However, the category “suicide deaths of people under care” has not yet been adopted as a national health care measure. Due to this, and because official records of suicide deaths may lag significantly, measurement of rates of suicide may be useful primarily as an ultimate measure of safety and quality rather than for performance improvement.

In creating an evaluation plan for your Zero Suicide initiative, the implementation team should: (1) identify patient care outcomes demonstrating whether systems and policy changes are impacting practice; (2) assess care outcomes for all patients who have a suicide care management plan; (3) develop, review, and improve data collection on suicide attempts and deaths among those in care; and (4) assess the experience and satisfaction of patients who are or have been engaged in a suicide care management plan. It is also important to ensure that you are choosing data that is meaningful for the implementation team and your staff more broadly. To assist in this process, the [Zero Suicide Data Elements Worksheet](#) available on the Zero Suicide website provides suggestions for what data elements to measure in an evaluation plan.

Conclusion: Never Cease to Strive for Perfection

Measuring patient outcomes, maintaining fidelity to the model, and developing a meaningful work plan and evaluation plan are keys to successful Zero Suicide implementation. The [Zero Suicide Organizational Self-Study](#) tool is available to assist in tracking progress and fidelity. Administering and re-administering the [Zero Suicide Workforce Survey](#) is a good resource for tracking improvements in developing and maintaining a skilled and competent workforce. The prospect of continuous quality improvement can seem daunting, but, to quote surgeon and public health researcher Atul Gawande, “It isn’t reasonable to ask that we achieve perfection. What is reasonable is to ask that we never cease to strive for it.”⁷

Citations

¹ Coffey, M.J., Coffey, C.E., & Ahmedani, B.K. (2015). Suicide in a health maintenance organization population. *JAMA Psychiatry*, 72(3), 294-296. Retrieved from <http://archpsyc.jamanetwork.com/article.aspx?articleID=2091661>

² Reason, J., & Hobbs, A. (2003). *Managing Maintenance Error: A Practical Guide*. Burlington, VT: Ashgate.

³ The Commonwealth Fund. (2013). *Quality Matters Archive: In Focus: Learning Health Care Systems*. Retrieved from <http://www.commonwealthfund.org/publications/newsletters/quality-matters/2013/august-september/in-focus-learning-health-care-systems>

⁴ Chassin, M.R., & Loeb, J.M. (2013). High-reliability health care: getting there from here. *The Milbank Quarterly*, 91(3), 459-490. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24028696>

⁵ Coffey, M.J., Coffey, C.E., & Ahmedani, B.K. (2013). An update on perfect depression care. *Psychiatry Online*, 64(4): 396. Retrieved from <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.PS.640422>

⁶ Stoll, B. (2016, Feb. 22). Personal communication with the Zero Suicide Institute.

⁷ Gawande, A. (2002). *Complications: A surgeon’s notes on an imperfect science*. NY: Picador.

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