



## Transforming Systems for Safer Care

Suicide deaths for patients at risk of suicide in health and behavioral health systems are preventable. For systems dedicated to improving patient care and outcomes, the Zero Suicide framework presents both an aspirational challenge and a way forward.

### Zero Suicide Approach

People who die by suicide are touching the health care system: 83% of those who die by suicide have seen a health care provider in the year before their death (Ahmedani et al., 2014). Only 29% of those who died in the past year were seen in outpatient behavioral health (Luoma et al., 2002).

Across health and behavioral health care settings, there are many opportunities to identify and provide care to those at risk for suicide. Before that can happen, suicide prevention must first be seen as a core responsibility of health care.

The Zero Suicide framework is defined by a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems.

It is a culture shift away from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement—the most fundamental responsibility of health care—and to the safety and support of the staff who do the demanding work of treating and caring for suicidal patients.

### Elements of Zero Suicide

- 1** **Lead** system-wide culture change committed to reducing suicides
- 2** **Train** a competent, confident, and caring workforce
- 3** **Identify** individuals with suicide risk via comprehensive screening and assessment
- 4** **Engage** all individuals at-risk of suicide using a suicide care management plan
- 5** **Treat** suicidal thoughts and behaviors using evidence-based treatments
- 6** **Transition** individuals through care with warm hand-offs and supportive contacts
- 7** **Improve** policies and procedures through continuous quality improvement

## Zero Suicide Results

Zero Suicide fills the gaps that patients at risk for suicide often fall through using evidence-based tools, systematic practices, training, and embedded workflows. Continuous process improvement drives this framework to ensure organizations deliver quality care, routinely examine outcomes, and remain committed to fidelity. The Zero Suicide approach builds on successes supported by data in health care organizations, including Henry Ford Health System and Centerstone.

With a focus on suicide care using such rigorous quality improvement processes, Henry Ford Health System demonstrated stunning results—a 75% reduction in the suicide rate among their health plan members (Coffey 2007). Centerstone, one of the nation's largest not-for-profit CMHCs, saw a reduction in suicide deaths from a baseline of 35 per 100,000 to 13 per 100,000 after implementing Zero Suicide for 3 years.

“It is critically important to design for zero even when it may not be theoretically possible. When you design for zero, you surface different ideas and approaches that if you're only designing for 90 percent may not materialize. It is about purposefully aiming for a higher level of performance.”

Thomas Priselac, CEO  
Cedars Sinai Medical Center

## Visit the Zero Suicide Toolkit

To assist health and behavioral health organizations in their adoption of the Zero Suicide framework, the Suicide Prevention Resource Center (SPRC), federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), offers a free and publicly available evolving online toolkit that includes modules and resources to address each of the elements of Zero Suicide.

 [www.zerosuicide.com/toolkit](http://www.zerosuicide.com/toolkit)



For more information, please contact us at:

 [zerosuicide@edc.org](mailto:zerosuicide@edc.org)

 [@ZSIInstitute](https://twitter.com/ZSIInstitute)

Information on SAMHSA's Zero Suicide Grants can be found at <https://go.edc.org/samhsazsgrants>.

Ahmedani, B. K., et al. (2014) Health care contacts in the year before suicide death. *Journal of General Internal Medicine* 29(6):870-7.

Luoma, et al. (2002) Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry* 159(6): 909-916.

Coffey, C.E. (2007). Building a system of perfect depression care in behavioral health. *Joint Commission Journal on Quality and Patient Safety* 33(4):193-9.

## Getting Started with Zero Suicide

Ready to join the growing number of health and behavioral health care organizations who have already begun implementing Zero Suicide? Follow the link below for access to:

- » The Quick Guide to Getting Started
- » The Zero Suicide e-list
- » Training and consultation



[www.zerosuicide.sprc.org/how-do-i-get-started](http://www.zerosuicide.sprc.org/how-do-i-get-started)