


The FL LINC Project in partnership with Southeast
Florida Behavioral Health Presents:



The Zero Suicide Quality Assurance Initiative

Rationale for the Zero Suicide Quality Assurance Initiative

The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary.

Introduction of the Zero Suicide Quality Assurance Evaluation

- QAM (Quality Assurance Manager) will begin by reaching out to select Behavioral Health Organizations (BHOs) to discuss the ZS Quality Assurance Check and set up initial interview with key staff. This is not an audit, but an opportunity to learn how to incorporate suicide prevention strategies and tools in their existing practices.
- At this time, agencies will receive the Zero Suicide Organizational Self-Study. BHOs will identify which staff will complete the survey.

Zero Suicide Organizational Self-Study for Agencies & Providers

- Provided to agencies identified by Managing Entity. To be completed before the first site visit.
- A tool for agencies to self-assess what they are already doing and how well current policies and procedures are working.
- Resource can be also be found online:
<https://zerosuicide.sprc.org/resources/zero-suicide-organizational-self-study>

ZERO SUICIDE ORGANIZATIONAL SELF-STUDY

Name of Organization

City, State

Date Study Completed

Team members completing study:

Name

Role

Name

Role

Name

Role

Name

Role

Name

Role

Background:

The organizational self-study is designed to allow you to assess what components of the comprehensive Zero Suicide approach your organization currently has in place. The self-study can be used early in the launch of a Zero Suicide initiative to assess organizational strengths and weaknesses and to develop a work plan. Later in your implementation efforts, the self-study can be used as a fidelity check to determine how closely the components of the Zero Suicide model are being followed and as an opportunity to identify areas for improvement. We recommend taking the self-study at launch and then at 12-month intervals.

Staff involved in the policymaking for and care of patients at risk for suicide should complete the self-study as part of an implementation team. The team should complete this tool together during one of their initial meetings. (Information about putting together a Zero Suicide implementation team can be found on our website.) While the self-study is not exhaustive with regard to all issues that can affect patient care and outcomes, it does reflect components that define the Zero Suicide approach. For more information or clarification regarding any of the items in this self-study, please visit www.zerosuicide.com.

Each component of the Zero Suicide model is measured on a rating scale from 1 to 5, described below. The scale is intended to balance minimal reporting burden with measuring implementation for the most essential parts of the model. This tool should be completed by members of the implementation team who are responsible for developing and implementing the organization's Zero Suicide initiative.

Behavioral Health Organization Interview and Site Visit

- QAMs will conduct initial site visits to agencies to review the already completed Zero Suicide Organizational Self-Study and current agency policies and procedures surrounding suicide care.
- QAMs will complete a ***Zero Suicide Quality Assurance Evaluation***.
- QAMs conduct a random ***Client File Review*** to assess the adoption/integration of suicide care pathway tools.



Zero Suicide Quality Assurance Evaluation

Measuring the following items:

- Screening tools
- (Risk) Assessments
- Lethal Means Restriction
- Safety Planning
- Suicide Care Management Plan

Attachment 1: Zero Suicide Quality Assurance Evaluation

	Is there a specific agency protocol specific to this component of suicide care?	Tools being used related to this component of suicide care (specify name, if applicable)	Do you provide staff training specific to this component of suicide care?	Name of Training provided and frequency	Notes/Additional Comments
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lethal Means Restriction	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Safety Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Suicide Care Management Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Client File Review Checklist

- Reviewing client files to find out what is in place: is it working? Can improvements be made?
- Will potentially review up to 10 files per agency to see what tools are being used and how consistently they are being used.

Attachment 2: Zero Suicide Quality Assurance Client File Review Checklist

BHO: _____

BHO Program: _____

Client Number #: _____

Initial Intake & Stabilization

Care Pathway Component	Tool Completed - Yes/No/NA, if no tool included in policy	Tool Used
Level 1 Screener		<input type="checkbox"/> PHQ-9 <input type="checkbox"/> PHQ-2 <input type="checkbox"/> CDI-2 <input type="checkbox"/> KADS
Level 2 Screener		<input type="checkbox"/> C-SSRS <input type="checkbox"/> ASQ <input type="checkbox"/> SIQ <input type="checkbox"/> SAFE-T
Suicide Risk Assessment		<input type="checkbox"/> USF SRA Form <input type="checkbox"/> C-SSRS Risk Assessment <input type="checkbox"/> BHO Biopsychosocial <input type="checkbox"/> Other: _____
Safety Plan		<input type="checkbox"/> Wellness Toolbox <input type="checkbox"/> Safety Plan Intervention <input type="checkbox"/> BHO-developed safety plan <input type="checkbox"/> Unstructured safety planning <input type="checkbox"/> No suicide contract <input type="checkbox"/> Other: _____



Follow Up with Behavioral Health Organizations & LINC Team

- QAMs set up a follow up meeting with designated staff at each BHO to discuss above findings and provide recommendations to encourage the use of ZS/evidence-based practices.
- During May-September 2019, QAMs will provide technical assistance and support to sites to revise policies and procedures, identify suicide prevention training needs, refer to LINC partners, and/or share resources, etc.

Questions?

