

Utah Zero Suicide Summit 2018

Creating and Sustaining System Transformation

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Henry Ford Health System

Overview

- The Zero Suicide Journey – Perfect Depression Care
- Needs Assessment – Why healthcare and where to focus suicide prevention activities?
- Focusing on Zero
- Changing the Culture
- Redesigning Care
- Outcomes



The Henry Ford Story

- Institute of Medicine Report: “Crossing the Quality Chasm”
- RWJ Grant Opportunity Finalist
 - Application for ‘Perfect Depression Care’ in Behavioral Health Services Department at HFHS
- “Blues Busters” Team
- Zero Suicides becomes the goal; Expanded to all conditions (not just depression)
- Increased gross contribution (total net revenue minus total direct expenses)
 - 8-fold improvement in the first 3 years after implementation
- Expansion into Primary Care in 2010



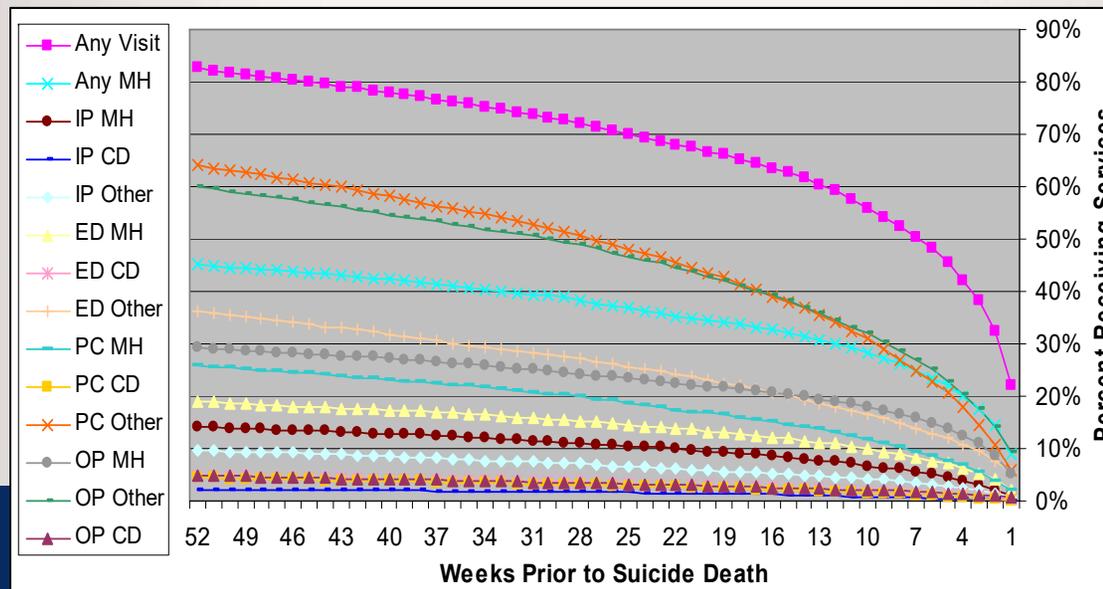
The Evolution of Zero Suicide

- Started at Henry Ford...
- The research evolved throughout the 2000s.
- National Action Alliance formed to create a new National Strategy
 - Focus on Zero Suicide.
- Zero Suicide adopted by SAMHSA.
- Resources made available by SPRC.
- International Zero Suicide movement begins.



Why Suicide and Healthcare Settings?

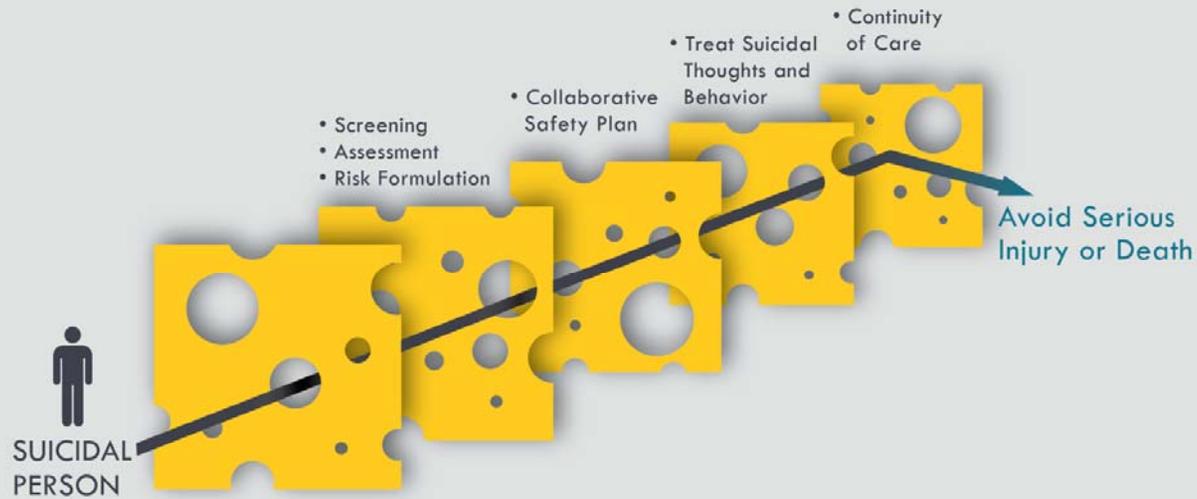
- Greatest risk for suicide is following psychiatric hospitalization.
- Prior suicide attempts and psychiatric diagnoses increase risk substantially.
- Greatest # of suicides occur among general medical patients.
- Less than 50% of patients have MH diagnosis before suicide.
- About 1/3rd of patients receive behavioral health care.



Theoretical Model

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION



Adapted from James Reason's "Swiss Cheese" Model Of Accidents



Zero Suicide Components

Components: www.zerosuicide.com

- Lead
- Train
- Identify (screening, assessment)
- Engage (care management, lethal means, safety plan, follow-up, care pathway, EHR, policies)
- Treat (DBT, CBT, CAMS, etc)
- Transition (caring contacts, frequent communication)
- Improve

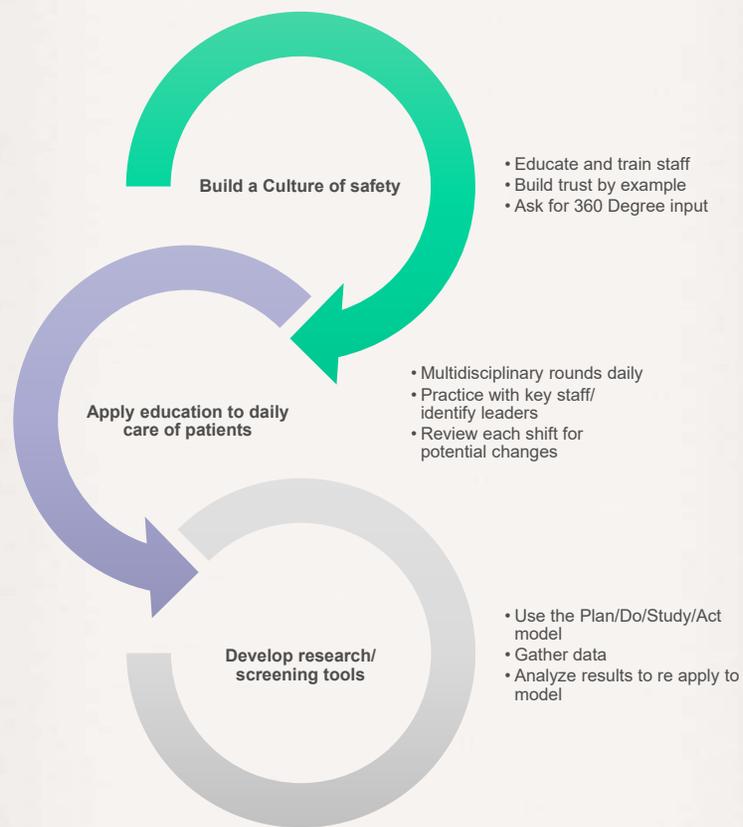


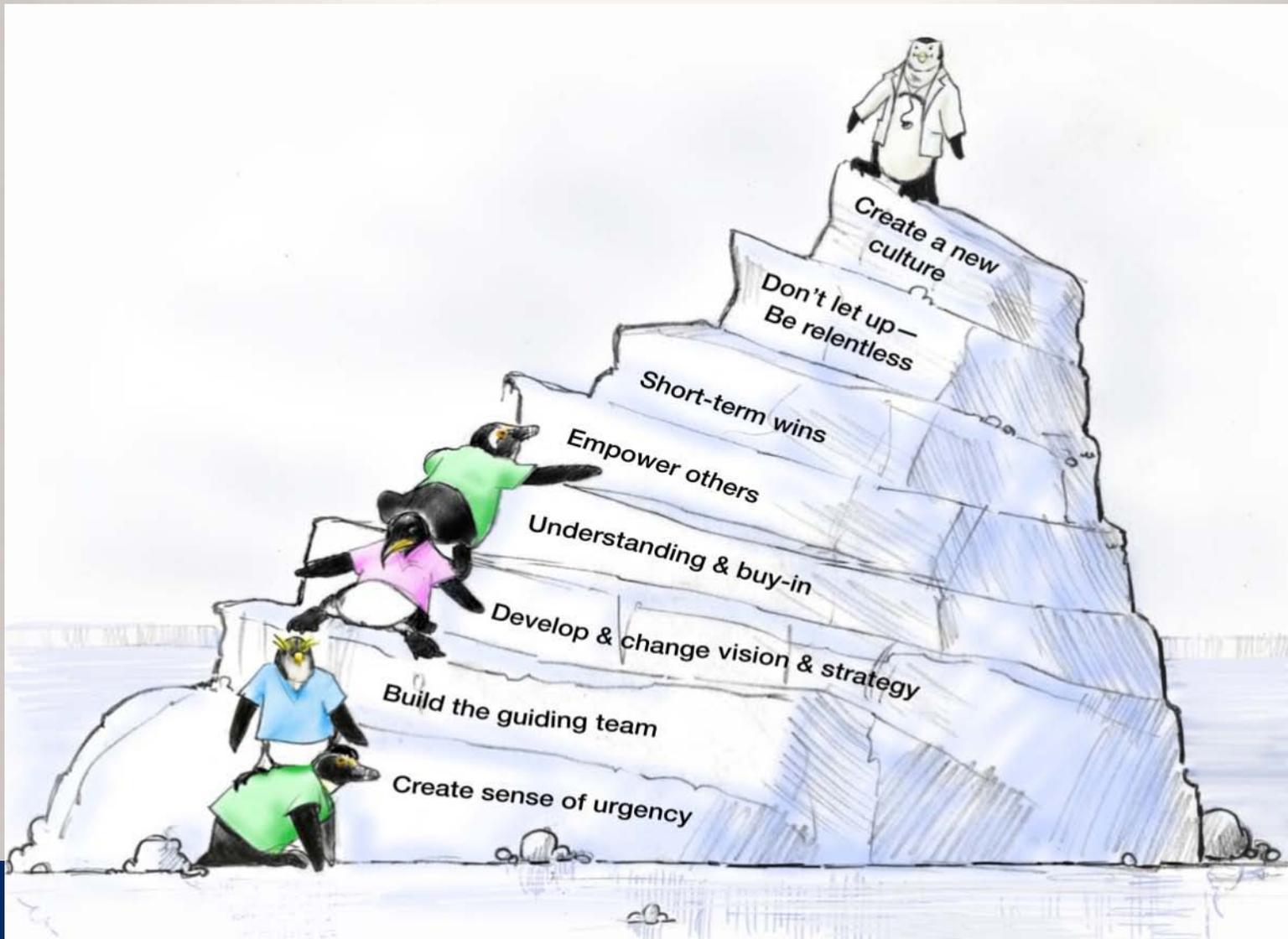
DESIGNING FOR ZERO

- Common in aviation and nuclear power
- Common in the auto industry for “zero defects”
- Examples in health care
 - 100% hand washing
 - Zero infections
- Rare in behavioral health care
 - Our initiatives are focused on increase / decrease – but why?
 - If we do not set the goal of “zero”, we will be complacent to just being a little better.



Process changes





Henry Ford Hospital System

Dramatic drop in suicide rates (by 80 percent in our health plan members) by carefully assessing patients for risk of suicide and adopting measures to reduce the likelihood that a patient will attempt suicide

*Hampton T. Depression Care Effort Brings Dramatic Drop in
Large HMO Population's Suicide
Rate. JAMA. 2010;303(19):1903-1905.*



Zero Suicide

- Not just the responsibility of the individual clinician
- Not just the responsibility of the clinical team
- A system wide approach to care



HIGH RELIABILITY HEALTHCARE

- The next step in the pursuit of quality and safety improvement
- An organization that maintains consistent excellence during an extended period of time
- Organizations, and the individuals who work in them, are acutely aware that even small failures in safety protocols and processes can lead to serious adverse events.



CORE VALUES

- The belief that suicide can be eliminated in the population under your care
 - Leadership leading to cultural transformation
 - Just Culture
 - Shared leadership across job responsibilities.
 - Continuity of care and shared service responsibility
 - Immediate access to care
 - Alliance of patient and clinical team
 - Evaluate performance and quality improvement
 - Focus on processes rather than outcomes.
 - Create a culture of open sharing / reporting.



Care Redesign

- Map out a “perfect” delivery of care model that fits within your resources and staffing
 - Use creativity and plan for changes
 - Example: Increase in engagement, leads to fewer missed appointments, which support effort for care manager.
- Policies and procedures must support this model.
- The care model must be integrated into work flow.
- The care model must be integrated into your EMR.



The Care Pathway

- Screening or electronic risk identification.
- Suicide risk assessment and safety plan.
- Level of risk determines the treatment / intervention.
- Strong family involvement.
- Weapons protocol reviewed at every visit.
- Train entire team on the model.



Prevention Approaches

- Universal
 - Low-intensity approaches delivered broadly (e.g., individuals with low risk in primary care).
- Selective
 - Moderate to High intensity approaches delivered to individuals at increased risk (e.g., individuals with mental health conditions, previous suicide attempts in behavioral health).

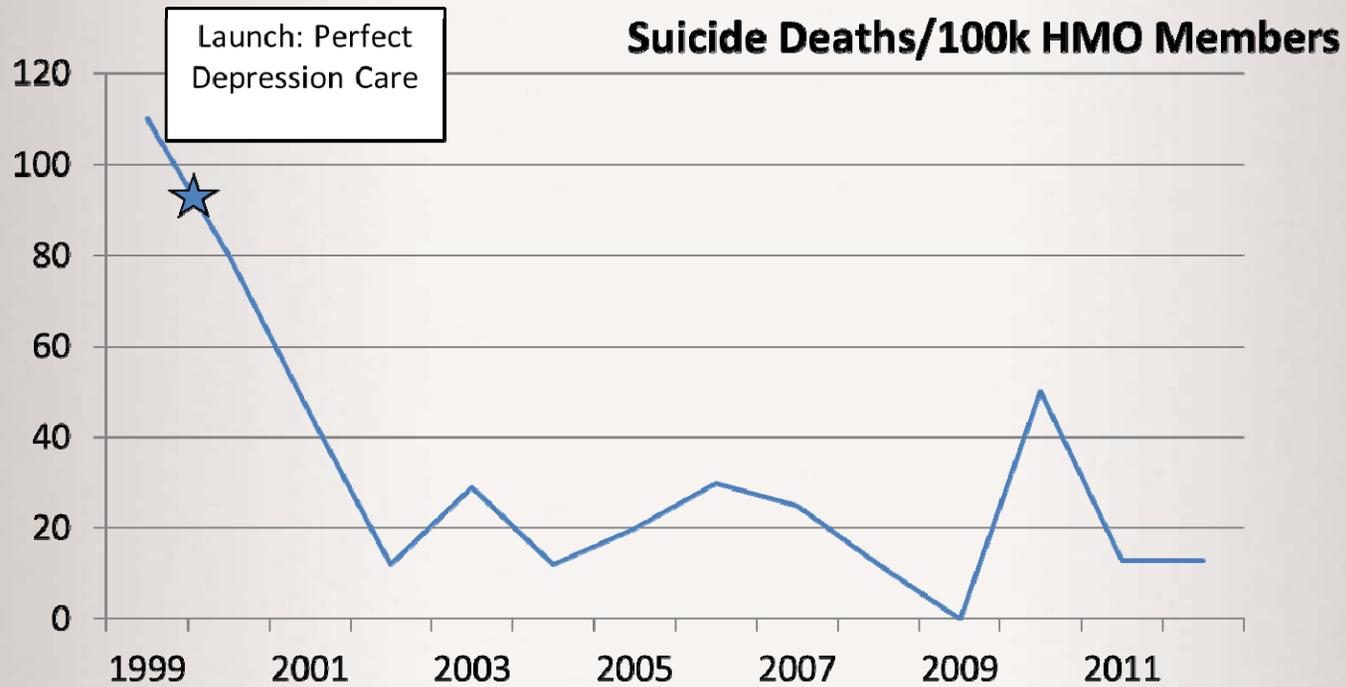


Suicide Prevention: Organization of Care

- Suicide risk mandates a psychiatric evaluation
- Psychiatric evaluation on the same day if Acute / High risk
- Psychiatric evaluation within 48 hours if Moderate risk
- Psychiatric evaluation within 7 days if Low risk with anxiety disorders or mood or psychotic disorders in remission



Suicide Rates at Henry Ford



The world is uniting to prevent suicide

- Zero Suicide has been adopted by leadership in >13 countries around the world.
- Health systems throughout the United States are signing on to implement the model.
- The federal government is supporting suicide prevention efforts.



We still have a long way to go – BUT.....

- Utah can be a leader
 - To take a major step towards reduce suicide in our nation.



Questions?

