Zero Suicide: From Planning to Lessons Learned

Mikelle Moore
Senior Vice President, Community Health

Carolyn Tometich
Executive Clinical Director, Behavioral Health
Helping people live the healthiest lives possible®
Meeting Local Health Challenges

- Conducted Health Needs Assessments for 23 hospitals
- The significant health priority is *prevention* in four key areas:
- Proud to be engaged in community efforts

Prediabetes  High Blood Pressure  Depression/Suicide Prevention  Prescription Opioid Misuse
Quick Facts About Intermountain Healthcare

Headquartered in Salt Lake City

Created in 1975 when LDS Church donated its 15 hospitals to the communities they served

37,000 employees

470+ Volunteer trustees serving on 32 boards

Integrated Health System
Serving primarily Utah and Southern Idaho

23 hospitals with 2,772 licensed beds

2,300 employed physicians and APCs at more than 185 clinics

SelectHealth insurance plans with 850,000 members

TeleHealth
Homecare & Hospice
InstaCare
Connect Care
Life Flight
Precision Genomics

$225 million in charity care during 2017 (236,446 cases)

Strong Bond Agency Ratings
S&P: AA+ Moody’s: Aa1
Evidence-based Care

Depression Screening

- Completed: 83%
- Not Completed: 17%

Care Process Model

Suicide Prevention

This care process model (CPM) was developed by Intermountain's Behavioral Health Clinical Program. Informed by guidelines from the American Association for Suicidology and the Center for Suicide Risk Assessment at Columbia University Medical Center, this CPM provides guidance for prevention, assessment, and treatment for patients with suicidal thoughts, feelings, or behaviors. This CPM focuses on prevention and treatment in primary care, emergency departments, and hospitals, though may also be applied to other clinical environments.

Why Focus ON SUICIDE RISK?

- Suicide is a leading cause of preventable death in Utah. An average of 501 Utahns die from suicide, and 3,698 Utahns attempt suicide each year.
- According to the CDC, Utah adults have the highest incidence of suicidal thoughts in the U.S. - 6.8% of Utah adults reported having suicidal thoughts during 2008-2009; the national average during the same period was 3.7%.
- Primary care providers (PCPs) and mental health (MH) providers are positioned to help. A significant portion of patients who died by suicide visited healthcare providers in the year before they died by suicide (see table at right). Screening for suicide could help identify patients at risk and reduce suicide in our community.
- Many Utahns who died by suicide had an addictive substance in their system.

According to the 2012 Utah Toxicology Report, the most common substances found in victims who died by suicide fell into the "other" category (43.9%).

References
Reducing access to lethal means
Zero Suicide
Organizational Self-Study

Zero Suicide Self-Study Results

Scores of 1  Scores of 2  Scores of 3  Scores of 4
Leading together to achieve ZERO Suicide
Succeeding in ZERO Suicide

- Accountability and concrete action are needed
- Clear roles and a strong team are needed
- Account for the complexity of collaboration and of preventing suicide
- Pursue some short-term wins
Kristi Shepherd
Patient Services Representative,
Sevier Valley Clinic

ZERO Suicide Heroes

Collin Searle
Lisa Ly
Chantelle Turner
Communications Team Members
Framing the Work

- Improving Access to Treatment
- Preparing the Workforce
- Raising Awareness
Intermountain Operating System
Developing a Logic Model

**Problem:** Suicide rates in Utah and Idaho are consistently higher than the national average and continue to rise.

**Goal:** Reduce suicide rates in Utah and Idaho

**Rationale:** Studies show that appropriate intervention can be effective in preventing suicide attempts

**Project Input**
- Clinical Oversight: Ensure practices and trainings are evidence-based and clinically sound
- Intermountain Caregivers/Clinical Programs
  - BHCP
  - Ops Council
  - OPE
  - Community Health
  - ELT
  - All Clinical Programs
  - IMG
  - Department Champions

**Activity**
- Community Events and Initiatives
- Suicide Prevention Director
- Gatekeeper Training for At-Risk Recognition
- Caregiver Training for Zero Suicide Framework

**Output**
- Upstream Effect
  - Social Stigma: TBD
  - Gatekeeper Accountability: Hope Squad reach
  - Lethal Means Restriction Awareness: % of appropriately stored guns (BRFSS data)
  - Access to Care: # of BHN Patients
- KPIs

**Outcome**
- Reduce Probability That An Attempt Will Be Fatal
  - Measurement: Deaths by Suicide
  - Suicide Attempts

**Impact**
- Reduced Suicide Rate For Counties Intermountain Serves in Utah and Idaho
  - 5-10 years
  - Intermountain Patient Population

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