Improving Suicide Risk Assessment in Primary Care

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Introduction & Background

What can primary care providers do to help?
In 2016, the VA released report outlining suicide rates in the US between 2001-2014: In 2014, approximately 20 Veterans died by suicide each day. Veterans accounted for 18 percent of all deaths by suicide among U.S. adults and constituted 8.5 percent of the U.S. adult population. Veterans are 22% more likely than civilians to commit suicide.[1] Depression is a risk factor for suicide.

About one third of veterans who died by suicide had primary care teams involved in their last contact with the VA.[2]

Areas for improvement that have been identified in primary care for veterans at risk for suicide: Improving suicidal ideation assessment follow-up for veterans with mental health symptoms.

Mental Health Screening in the Wade Park Primary Care Clinic

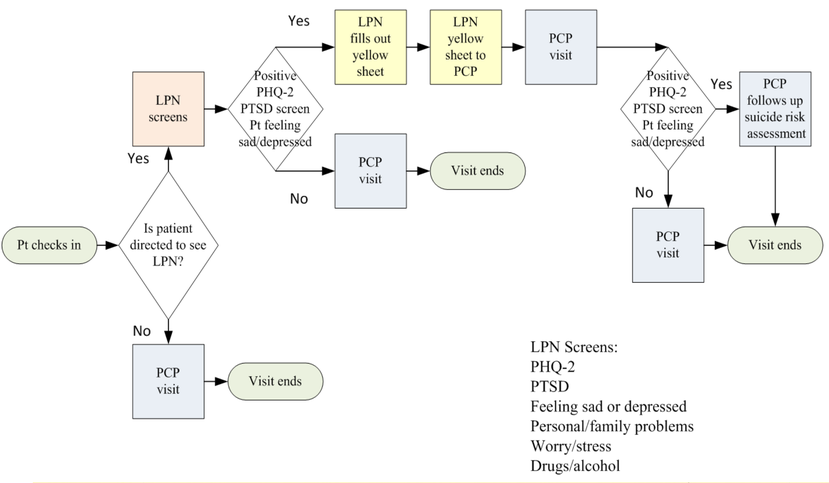


Figure 1: "Yellow Sheet" tool to communicate positive initial screens

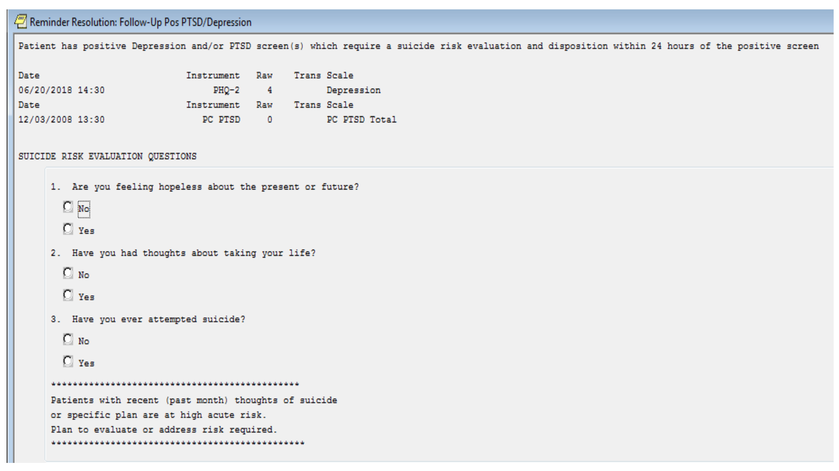
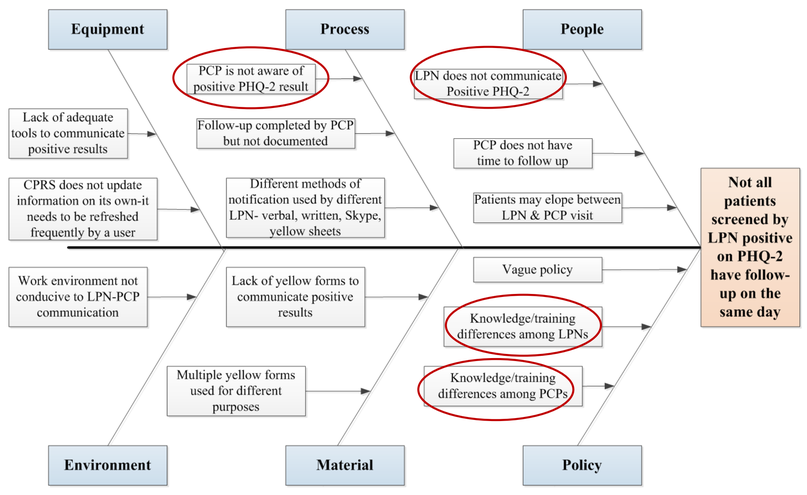


Figure 2: Suicide Risk Evaluation – follow-up screen performed by provider

Problem:

Up to six patients per day who screened positive for depression with the PHQ-2 did not have documented follow-up completed by a provider.

We found that this was in part due to gaps in communication between License Practical Nurses (LPNs) and Primary Care Providers (PCP).



Aim

All LPNs and PCPs in the Primary Care Clinic will work together to bring the number of missed documented in-visit follow-up/suicide risk evaluation after positive PHQ-2 screen down to zero by June 22, 2018.

Methods

Process measures
- Number of phone calls to follow-up after positive PHQ-2 with missed in-visit documented suicide risk evaluation - collected prior to intervention
- Survey data from nursing staff and providers
- Number of nurses present at education session
- Number of feedback given to LPN and providers

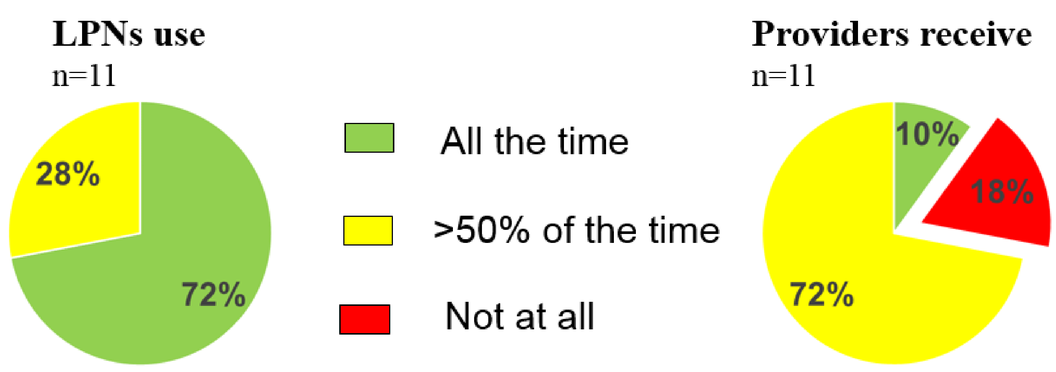
Outcome measure
- Number of missed in-visit documented follow-up after positive PHQ-2 collected through the duration of the project - target of zero

PDSA #1: Audit and feedback

PDSA #2: Education session with nurses

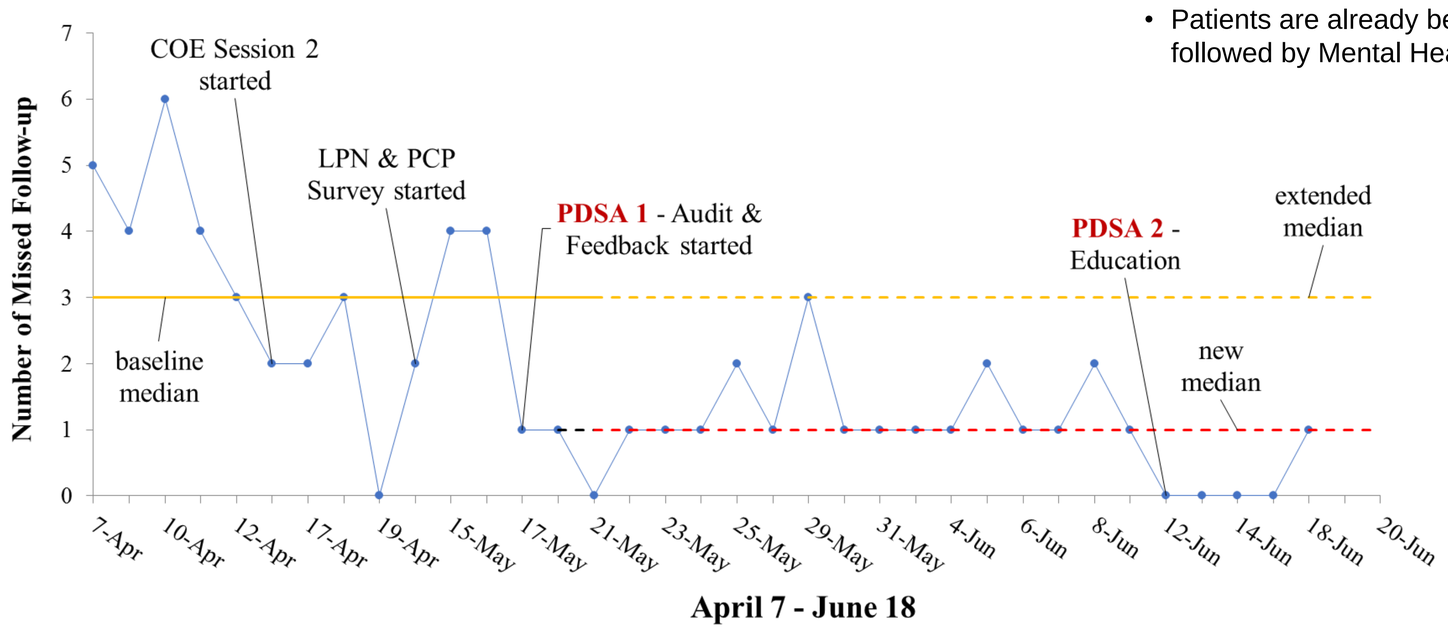
Results

Baseline utilization of communication form for positive PHQ-2 result



Qualitative feedback
- Providers need to refresh their screens
- Need more copies (of yellow sheets)
- Patient sees the yellow sheet and asks/gets offended. Too conspicuous
- Takes too much time to fill it out
- Too busy/behind on my patients
- More consistency would be helpful since LPNs do it differently
- Limited communication with LPN
- Patients are already being followed by Mental Health

Missed Documented Positive PHQ-2 Follow-up



Conclusions

By providing educational reinforcement to LPNs, the communication gap between LPNs who carry out initial screening and the providers who perform the follow-up screening can be narrowed. Audit and feedback given to the PCPs significantly improved completing and documenting in-visit follow-up/suicide risk evaluation by PCPs. With further education of LPNs and possible education of providers, we extrapolate that this gap could be closed.

Next Steps:
- Teaching session with providers
- Consider implementing multilayered communication plan between LPNs and providers to include verbal communication and Skype messages
- Changes to CPRS in terms of how the alerts populate
- Consider a separate screening process for established Mental Health patients

Lessons Learned

- QI process is more effective when stakeholders and frontline staff engaged early
- Providing feedback to providers in real time is effective
- Educational sessions benefit providers
- Time constraint might be a significant barrier to communication and follow-up screening

References

1.U.S. Department of Veterans Affairs. Office of Suicide Prevention. Suicide among Veterans and other Americans. (August 2017). Retrieved from https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf
2. Denneson, L. M., Kovas, A. E., Britton, P. C., Kaplan, M. S., McFarland, B. H. and Dobscha, S. K. (2016), Suicide Risk Documented During Veterans' Last Veterans Affairs Health Care Contacts Prior to Suicide.Suicide Life Threat Behav, 46: 363-374. doi:10.1111/sltb.12226

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