A Critical Process for Addressing Dangerous Self-Harm and Suicidality

Counseling Caregivers on the Restriction of Access to Lethal Means

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Changes for Documentation of Counseling on Restriction of Lethal Means

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Executive Summary

What is the Pediatric Hospital Care Improvement Project's (P-HIP) Mental Health Collaborative?
The collaborative sought to improve overall performance on documentation of counseling on how to restrict the child/adolescent's access to potentially lethal means of suicide.

Why was this area selected?
The Seattle Children's Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN) developed Mental Health Quality Measures as part of an AHRQ initiative. These measures focus on several conditions and look at both emergency department (ED) and inpatient care. The conditions of interest for children (5 to 11 years of age) are dangerous self-harm and suicidal ideation and psychosis. The conditions of interest for adolescents (12 to 19 years of age) are dangerous self-harm and suicidal ideation, psychosis, and substance abuse. The quality measures focus on psychiatric care related to patient assessment, treatment, and follow-up.

Of the eight measures developed, **Lethal Means Counseling** was selected for a quality improvement (QI) collaborative because it demonstrated variation in baseline performance across participating hospitals with some institutions demonstrating high performance on the measure. QI teams from these high performing hospitals provided a starting place for identifying best practices for improving on this measure for lower performing hospitals. See Lethal Means Counseling measure, below.

What is the change package?
This document is the change package which includes a set of evidence-based practices that are based on findings from the improvement work performed by the eight collaborative teams who took part in P-HIP.

How was the change package developed?
The eight participating hospitals tested and refined change strategies over the course of the collaborative to produce the evidence-based practices. The hospital teams shared challenges, lessons learned, and practical tools that are also summarized in this change package.

Who is the intended audience?
Any hospitals that care for children/adolescents (including freestanding children's hospitals, children's hospitals within larger systems also serving adults and community hospitals) seeking to improve their performance on counseling caregivers regarding the restriction of access to lethal means for pediatric patients admitted with suicidality.

How should the change package be used?
The change package offers a starting point to jumpstart improvement efforts at hospitals with varying levels of quality improvement experience and expertise. Hospital teams are urged to select a broad array of change strategies from within the change package, but are not expected to implement every recommendation.
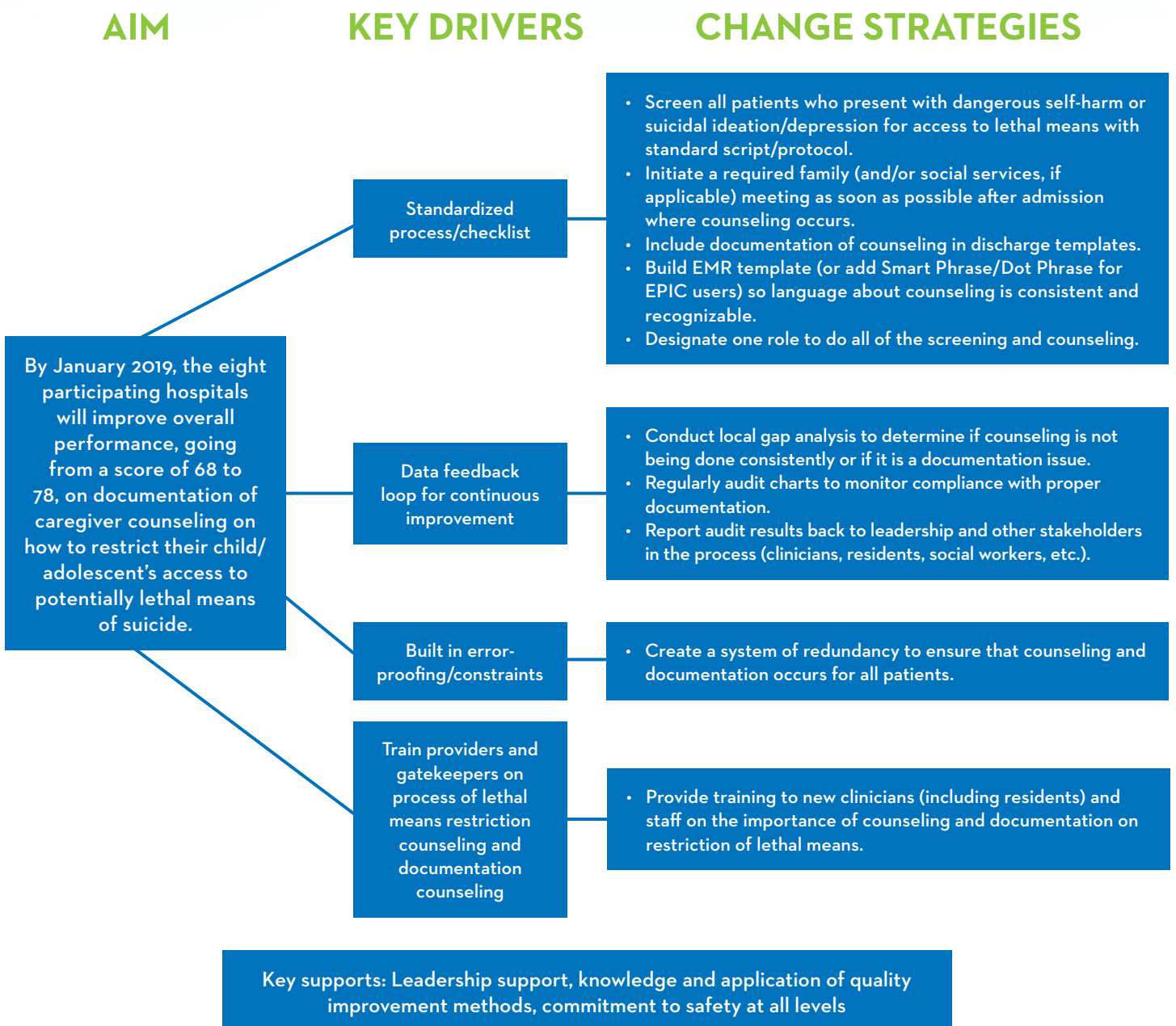
Lethal Means Counseling
Children/adolescents admitted to the hospital for dangerous self-harm or suicidality should have documentation in the medical record that their caregivers were counseled on how to restrict their child's/adolescent's access to potentially lethal means of suicide prior to discharge.

Key Driver Diagram

A key driver diagram is a visual representation of a theory of what contributes to achieving the aim of the project. The key driver diagram below reflects the changes that were tested and led to improved quality measure performance for the eight participating teams. The aim identified in the key driver diagram below was selected for the P-HIP Collaborative. This is included as an example; hospitals seeking to improve their performance on counseling caregivers regarding the restriction of access to lethal means for pediatric patients admitted with suicidality may choose different aims and goals. More details, and examples from the P-HIP teams, on the changes can be found **on page 6**.

AIM   KEY DRIVERS   CHANGE STRATEGIES

By January 2019, the eight participating hospitals will improve overall performance, going from a score of 68 to 78, on documentation of caregiver counseling on how to restrict their child/adolescent's access to potentially lethal means of suicide.

Standardized process/checklist

- Screen all patients who present with dangerous self-harm or suicidal ideation/depression for access to lethal means with standard script/protocol.
- Initiate a required family (and/or social services, if applicable) meeting as soon as possible after admission where counseling occurs.
- Include documentation of counseling in discharge templates.
- Build EMR template (or add Smart Phrase/Dot Phrase for EPIC users) so language about counseling is consistent and recognizable.
- Designate one role to do all of the screening and counseling.

Data feedback loop for continuous improvement

- Conduct local gap analysis to determine if counseling is not being done consistently or if it is a documentation issue.
- Regularly audit charts to monitor compliance with proper documentation.
- Report audit results back to leadership and other stakeholders in the process (clinicians, residents, social workers, etc.).

Built in error-proofing/constraints

- Create a system of redundancy to ensure that counseling and documentation occurs for all patients.

Train providers and gatekeepers on process of lethal means restriction counseling and documentation counseling

- Provide training to new clinicians (including residents) and staff on the importance of counseling and documentation on restriction of lethal means.

Key supports: Leadership support, knowledge and application of quality improvement methods, commitment to safety at all levels

How to Use the Change Package and Tools

1 Learn where the gaps are in your existing process

There are a number of tools and strategies you should consider using to assess your current processes. This will help you more accurately understand where you need to focus your improvement efforts.

- Use a **gap analysis tool** to identify systematic issues with your current process.

- Conduct detailed chart reviews to determine whether and where documentation is occurring for the measure. You may need to review only a handful of charts to identify documentation issues, or more of them depending on your hospital.

- Create a process map to ensure you understand how each part of the process or system impacts the other. A process map is a planning and management tool that visually describes the flow of work.

- Meet with stakeholders of the process to learn what improvements need to be made from their perspective. This may include staff involved in the process, patients/families, and/or community providers (physicians and hospitals).

2 Form an Effective Team

Your team's composition will depend on what structures and processes you will work on to improve performance on the measure. Depending on what will be affected by the improvement, it will be important to engage and include the individuals who can help drive improvement in those areas. Typically, the three roles that make up an effective team are:

System leader: Someone with authority to institute a change and to help overcome barriers when they arise. They should also have the ability to allocate the time and resources needed by the team.

Technical expert(s): Someone who has expertise in the particular clinical area that is being improved.

Day-to-day leader: Someone who functions as the team lead, and is responsible for driving the work forward on a daily basis.

Typical members of the Mental Health Collaborative team would include:

- Physician lead
- Social worker
- Clinical staff (who can do chart reviews)
- IT support person

While the IT support person may not regularly meet with the team, it is important to have someone on the team who understands the capabilities and limitations of the electronic medical records system.

3 Develop and Test Changes

The change strategies (i.e., strategies that will bring about improvement) from the key driver diagram were tested and implemented among the hospitals in the P-HIP Collaborative. Note that not every change idea was implemented in every hospital, but each change idea included in this package contributed to the success of several hospitals in the Collaborative. Rather than "reinventing the wheel", consider starting with one of the change strategies and go from there. For change strategies, **see page 6**.

4 Monitor the Impact of your Changes

Measurement is essential to determine whether your changes are actually leading to improvement. The following are important steps to ensure that you are monitoring whether your changes are having an impact, and/or working as intended.

- Conduct monthly chart audits.

- Talk with staff, patients/families, and other hospital units periodically to learn what impact the changes have resulted in for them.

- Create simple run charts to monitor your progress over time.

Tip: Some teams conducted a more in-depth review of the charts to learn more about the failures. If there were multiple failures, pareto charts were used to identify the most common issue.

Lessons Learned From the P-HIP Collaborative

Engage leadership from the affected areas.
Without their buy-in, it will be challenging to test and implement changes in their units.

Engage frontline staff in your planning efforts.
What you may believe is the right change to test may not be feasible or practical in the actual work setting.

Be prepared to change course.
If you find that a change is not leading to improvement, or another change is needed prior to the one you are testing, it should be stopped.

Consistent communication with those impacted by the change is essential for successful testing and implementation.
Share data from your PDSAs, seek input and feedback on the process. The more your staff and colleagues feel connected and engaged in the improvement work, the greater chance of success.

Hardwire your changes.
Every organization has turnover at some point, so by taking the people out of the equation and building the change into the system, it will be harder to make mistakes (error-proofing).

Understand how discharge instructions operate within your EMR.
Include the process for submitting change requests, who is on the team, who can support your technological needs and how best to work with the system.

Interventions that effectively improve your process may differ depending on whether your hospital has an inpatient psychiatry unit, or not.
Hospitals without an inpatient psychiatry unit typically transfer patients who present with suicidal ideation to another inpatient facility leaving less time and opportunities to counsel on lethal means restriction. Both Vanderbilt Children's Hospital and University of California San Francisco (UCSF) Benioff Children's Hospital Oakland did not have a dedicated inpatient psychiatry unit. Examples of how they tackled this measure are noted within this document.

Change Strategies for Improving Documentation of Counseling on Restriction of Lethal Means

There are four general changes that organizations can use to improve documentation of counseling on restriction of lethal means. The changes described in this section are based on those made by the organizations in the P-HIP Collaborative and the lessons they learned in the course of their work.

Standardized Process/Checklist

The most common characteristic of teams with high scores was using a standardized process/checklist for documenting lethal means restriction counseling. The way in which hospitals developed and implemented their standardized processes varied by site, but all of the high scoring teams identified a reliable, consistent strategy for conducting and documenting the counseling. Several of these changes also relate to the built-in error proofing/constraints key driver as they are trying to make it "easy" to reliably implement the same process for every patient.

CHANGE 1» *Screen all patients who present with dangerous self-harm or suicidal ideation/depression for access to lethal means with a standard script/protocol.*

Recommendations based on learnings from the P-HIP Collaborative:

- Include restriction of lethal means counseling on the discharge plan for every patient who presents with dangerous self-harm or suicidal ideation/depression.

- Enhance/optimize existing tools that are embedded into the hospitals' processes by adding questions regarding access to lethal means.

Assessment
Assessment was not administered to patient for the following reason(s)
Notes
Columbia
1. Have you wished you were dead or wished you could go to sleep and not wake up?
Notes
2. Have you actually had any thoughts of killing yourself?
Notes
3. Have you been thinking about how you might do this?
Notes
4. Have you had these thoughts and had some intention of acting on them?
Notes
5. Have you started to work out or worked out the details of how to kill yourself, and do you intend to
Notes
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?
Notes
Additional Safety Questions
Access to lethal methods
Notes
Homicidal ideation, plan, behavior, or intent
Notes
Non-suicidal self-injurious behavior
Notes

IN PRACTICE

Mount Sinai Kravis Children's Hospital implemented this strategy to ensure that counseling and documentation was completed for all patients who presented with this diagnosis.

Children's Colorado rolled out the use of the Columbia Severity Assessment tool hospital-wide. The team worked with leadership to add questions about counseling on restriction to lethal means to the tool (left).

CHANGE 2 » *Initiate a required family (and/or social services, if applicable) meeting as soon as possible after admission where counseling occurs.*

Recommendations based on learnings from the P-HIP Collaborative:

- Face-to-face meetings that include counseling on restriction of access to lethal means, with family members are highly recommended.

- Embed the scheduling of the family meeting into your admission process.

- While each patient scenario will be unique, it is recommended that the counseling occur within the first three days of admission and at least 24 hours before discharge. Patient stabilization and crisis management may require that the counseling is delayed a few days following admission; however, it is important to conduct the counseling prior to discharge so the caregiver can prepare the home for the patient's return.

UCSF Benioff Children's Hospital Oakland sees a large volume of suicidal ideation patients, but, in the absence of an inpatient psychiatry unit, the majority are transferred to another inpatient facility. Despite the transfer, UCSF established a process to counsel all caregivers of patient's with suicidality on restriction of access to lethal means regardless of whether the patient would be transferred.

Counseling all patients allowed the staff to build in a consistent, reliable process, and allowed the caregivers to start preparing their home for their child's ultimate discharge. The team decided that it made the most sense to do this counseling at intake, since family members were most reliably present during that time. This overcame a common logistical obstacle to counseling if families generally were not at the hospital during the admission, or came in during evening and weekend hours when the behavioral health team members were less readily available.

IN PRACTICE

Mount Sinai Kravis Children's Hospital found that face-to-face meetings were the best means for communicating about the importance of restricting access to lethal means. Families were able to focus on the information being communicated, and the hospital care team could verify that the family understood the appropriate course of action to prepare the home for the patient's discharge.

Seattle Children's requires all families with a child who presents with suicidality to attend a safety class.

See Appendix 1 for documents used in the safety class.

Seattle Children's schedules the family meeting at admission to initiate the documentation process.

Cincinnati Children's Hospital Medical Center's social workers often hold multiple family meetings prior to discharge and initiate lethal means counseling in the first meeting. In some instances, caregivers are provided a written copy of the safety recommendations prior to discharge in order to prepare the home.

See Appendix 2 for example of safety recommendations.

CHANGE 3 » *Include documentation of counseling in discharge templates (or other relevant documentation).*

Recommendations based on learnings from the P-HIP Collaborative:

- Include a statement in the discharge template (or other relevant documentation) about counseling on restriction of access to lethal means to serve as a reminder/prompt, and to ensure that the documentation in completed.

CHANGE 4 » *Build EMR template (or add Smart Phrase/Dot Phrase for EPIC users) so language about counseling is consistent and recognizable.*

Recommendations based on learnings from the P-HIP Collaborative:

- Use Smart Phrases/Dot Phrases (for EPIC users) to facilitate consistent and recognizable documentation.

Example statement in the discharge template at Medical University of South Carolina

"Prior to discharge, the parents/guardians were advised to increase supervision and remove all of patient's access to guns, weapons, medications, alcohol, and other harmful objects. The patient's parents/guardians and patient agreed with this and with the remainder of the discharge plan."

CHANGE 5 » *Designate one role to do all of the screening and counseling, or to coordinate and verify that counseling/screening is done.*

Recommendations based on learnings from the P-HIP Collaborative:

- Identify one role to own the process of screening and counseling to streamline the process and increase its reliability. The role (physician trainees, social workers, pediatric mental health specialists) was less of a factor in the reliability of the counseling. The key factor in success was ensuring that the counseling was the responsibility of one role who was adequately trained to conduct and document the counseling.

IN PRACTICE

Mount Sinai Kravis Children's Hospital has their social workers attend all family meetings, along with the physician trainees, to complete the counseling. The consistency of using the same staff in all meetings ensures that the counseling is done consistently.

Seattle Children's Hospital developed a pediatric mental health specialist role that is staffed 24/7 to own the counseling and documentation process.

Cincinnati Children's Hospital Medical Center's social workers facilitate all family meetings, which is the designated time for lethal means counseling to take place. On most units, the patients also have a written home safety agreement, which is to be signed by the patient, caregiver(s), social worker, and the nurse reviewing the completed safety plan during the discharge process.

UCSF Benioff Children's Hospital Oakland behavioral health team discussed roles with the inpatient hospitalist team and decided to have this responsibility move from a combination of residents and behavioral health team members to rest only in the behavioral health team.

Data Feedback Loop for Continuous Improvement

To make effective, sustainable changes to your process or system, it is essential that you continuously monitor and respond to your data. Understanding where the gaps are in your process is the first step in focusing your improvement efforts. Once your improvement activities are underway, it is important to regularly assess whether your efforts are actually leading to improvement by collecting data on the process. Sharing the findings of your data collection with both leadership and stakeholders will allow you to involve them in modifying plans to your improvement activities, if needed, and secure the resources needed to do so.

CHANGE 1 » *Conduct local gap analysis to determine if counseling is not being done consistently or if it is a documentation issue.*

Recommendations based on learnings from the P-HIP Collaborative:

- An initial gap analysis to identify where there are lapses in the system is recommended so that improvement efforts can be targeted appropriately and most effectively.

IN PRACTICE

Medical University of South Carolina reviewed numerous charts to determine if there was variability in counseling and documentation depending on hospital shifts and providers.

Example PDSA cycle from Medical University of South Carolina

Plan: There is a need to identify the areas in which our failures for counseling on restriction of access to lethal means are occurring. We noticed that many failures were NOT on the inpatient child psychiatry service but instead on the services that take care of only a small number of patients included in the PHIP study (e.g. ED boarder patients and Young Adult patients admitted to adult psych units). With typical monthly reviews of only 15 or so charts, it has been difficult to ascertain patterns.

Do: Review abstractions for three months at once (June 2018, July 2018, and August 2018) to determine how well we do on the mental health measure of restriction of access to lethal means counseling and determine where our failures are occurring.

Study: It was determined that 32% of our abstractions for the months of June 2018-August 2018 were failures and 85% of those failures came from patients seen on our Adult Psychiatric Unit or patients that were boarded in the ED.
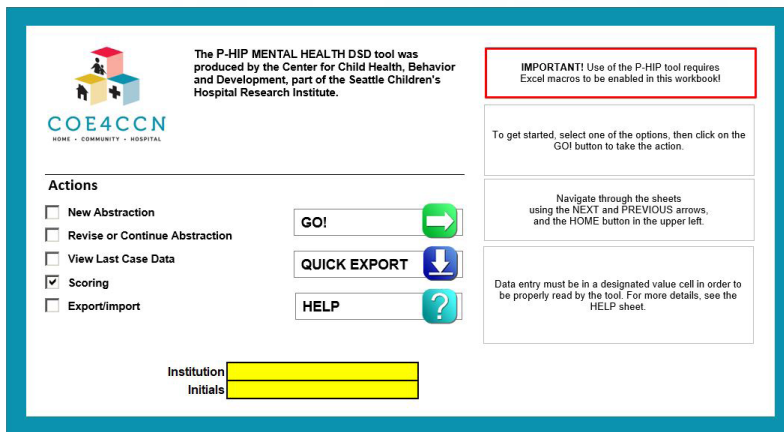
Act: We will develop educational materials on restriction of access to lethal means counseling to be shared with providers on the Adult Psychiatric Unit and providers that see ED Boarder patients.
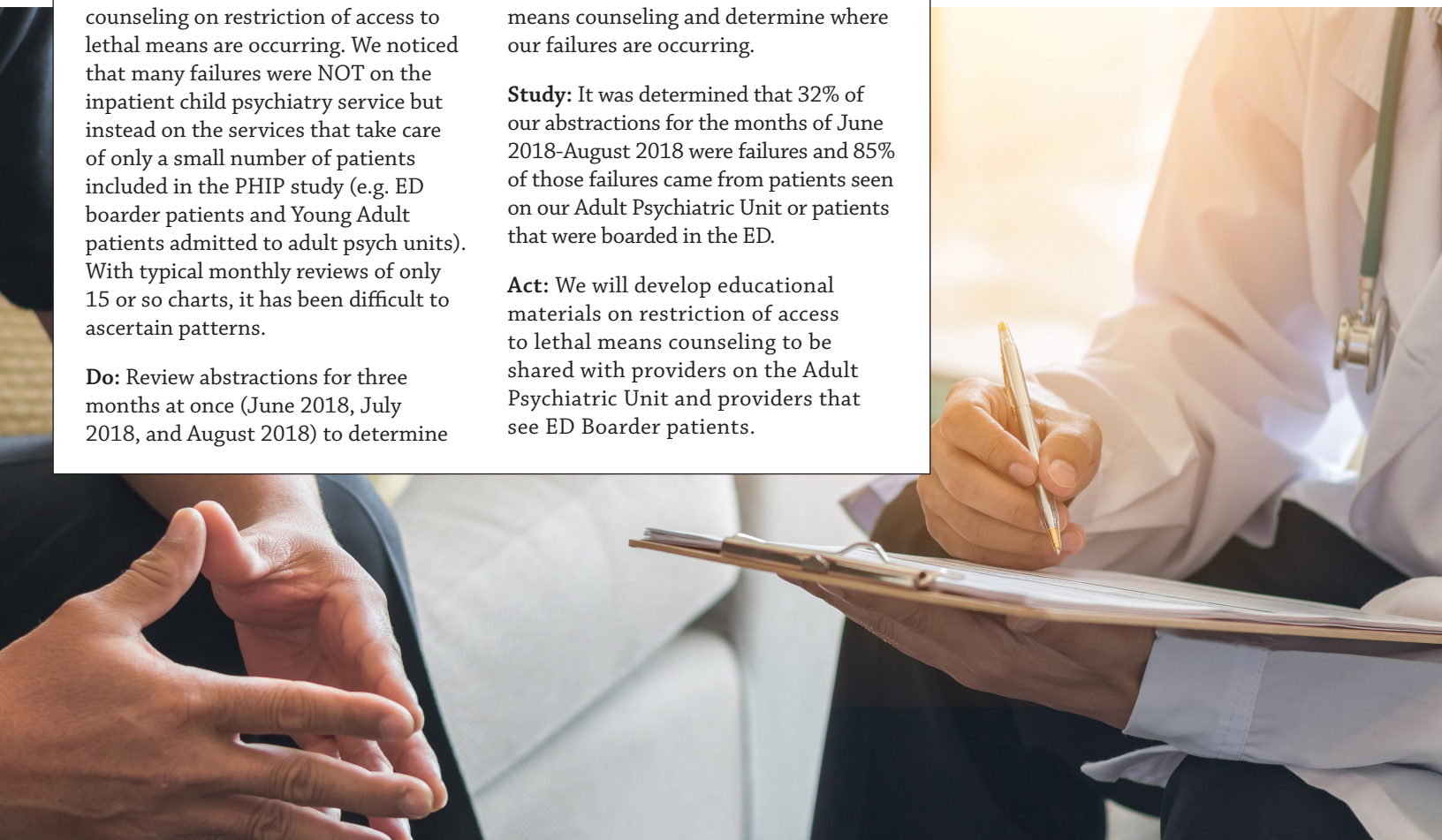
CHANGE 2 » *Regularly audit charts to monitor compliance with proper documentation.*

Recommendations based on learnings from the P-HIP Collaborative:

- Monthly assessment of the reliability and consistency of the counseling and documentation process is essential.

- Conduct monthly chart audits using the Medical Record Abstraction Excel Macros Tool and Guidelines in Appendix 6.

CHANGE 3 » *Report audit results back to leadership and other stakeholders in the process (clinicians, residents, social workers, etc.).*

Recommendations based on learnings from the P-HIP Collaborative:

- Share the data collected in your chart audits with leadership to facilitate the acquisition of the appropriate resources needed to improve your processes – this includes the initial gap analysis data and the monthly chart audits used to monitor your process. The Medical Record Abstraction Excel Macros Tool has a feature to generate run charts using the entered data.

- Share monthly chart audit data with the stakeholders in the process. This will facilitate discussion about where further improvements can be made and will serve as a motivator to continuously improve the process. (See run chart, right).
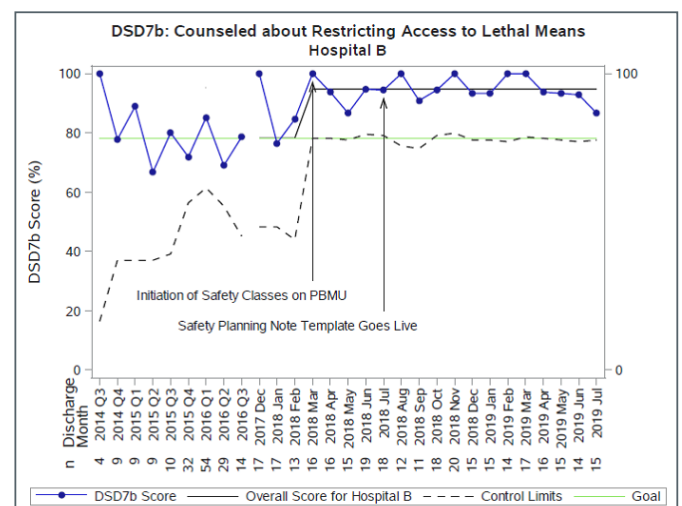
Built-In Error Proofing/Constraints

To reduce the risk of errors or missed opportunities, many teams identified strategies to create more reliability into their processes. Coupled with the changes related to the first key driver (Standardized process/checklist), this key driver aims to ensure that counseling is consistently done for every patient before they are discharged. The idea of creating a "hard stop" in the electronic medical record was discussed and dismissed because teams believed it removed the ability for care providers to customize the situation according to patient needs. By creating redundancies in the system, this essentially served the same purpose.

CHANGE 1 » *Create a system of redundancy to ensure that counseling and documentation occurs for all patients.*

Recommendations based on learnings from the P-HIP Collaborative:

- Include a "double-check" in your process so that parents/caregivers of every patient who presents with dangerous self-harm or suicidal ideation/depression is screened and counseled on lethal means restriction.

IN PRACTICE

Mount Sinai Kravis Children's Hospital identified three opportunities for counseling–at admission, during family meetings, and at discharge where they confirm that the parents followed through on the recommendations from the family meeting to prepare their home for the patient's return.

See Appendix 4 for Mount Sinai's process for completing the counseling.

Seattle Children's verifies that the counseling has occurred prior to discharge.

Train Providers and Gatekeepers on Process of Lethal Means Restriction Counseling and Documentation

To create a system of redundancy to ensure that counseling and documentation occurs for all patients (as stated above), it's imperative that providers and gatekeepers are educated on the importance of this process. By raising the profile of this needed intervention, more staff will be able to detect if this has not yet occurred when a patient is nearing discharge.

CHANGE 1 » *Provide training to new clinicians (including residents) and staff on the importance of counseling on restriction of access to lethal means and then documenting that counseling occurred.*

Recommendations based on learnings from the P-HIP Collaborative:

- Training on the importance of counseling on restriction of access to lethal means should be included in the orientation for all staff who will care for the patient including clinicians/residents, social workers, and nurses. The more staff who are aware of the importance of this intervention, the greater chance that it will be completed.

IN PRACTICE

Vanderbilt Children's Hospital modified the Harvard module "Means Matter" for their internal use.

Cincinnati Children's Hospital Medical Center educates all new social workers who come in to provide coverage on their counseling and documentation process.

Mount Sinai Kravis Children's Hospital has the unit chief review and orient all trainees to the expectations of counseling all parents/caregivers of patients with suicidality on the restriction of access to lethal means in the family meetings. Social workers also provide weekly didactic lessons to physician trainees on family skills training and the expectation of including counseling on lethal means restriction in the family meetings.

Medical University of South Carolina created a brief educational handout for non-psychiatric settings, such as the ED and the general children's hospital floors. It was based on the work done at Vanderbilt Children's Hospital, but was developed by MUSC psychiatry and included links to resources and further online testing.

See Appendix 5 for a copy of the document.
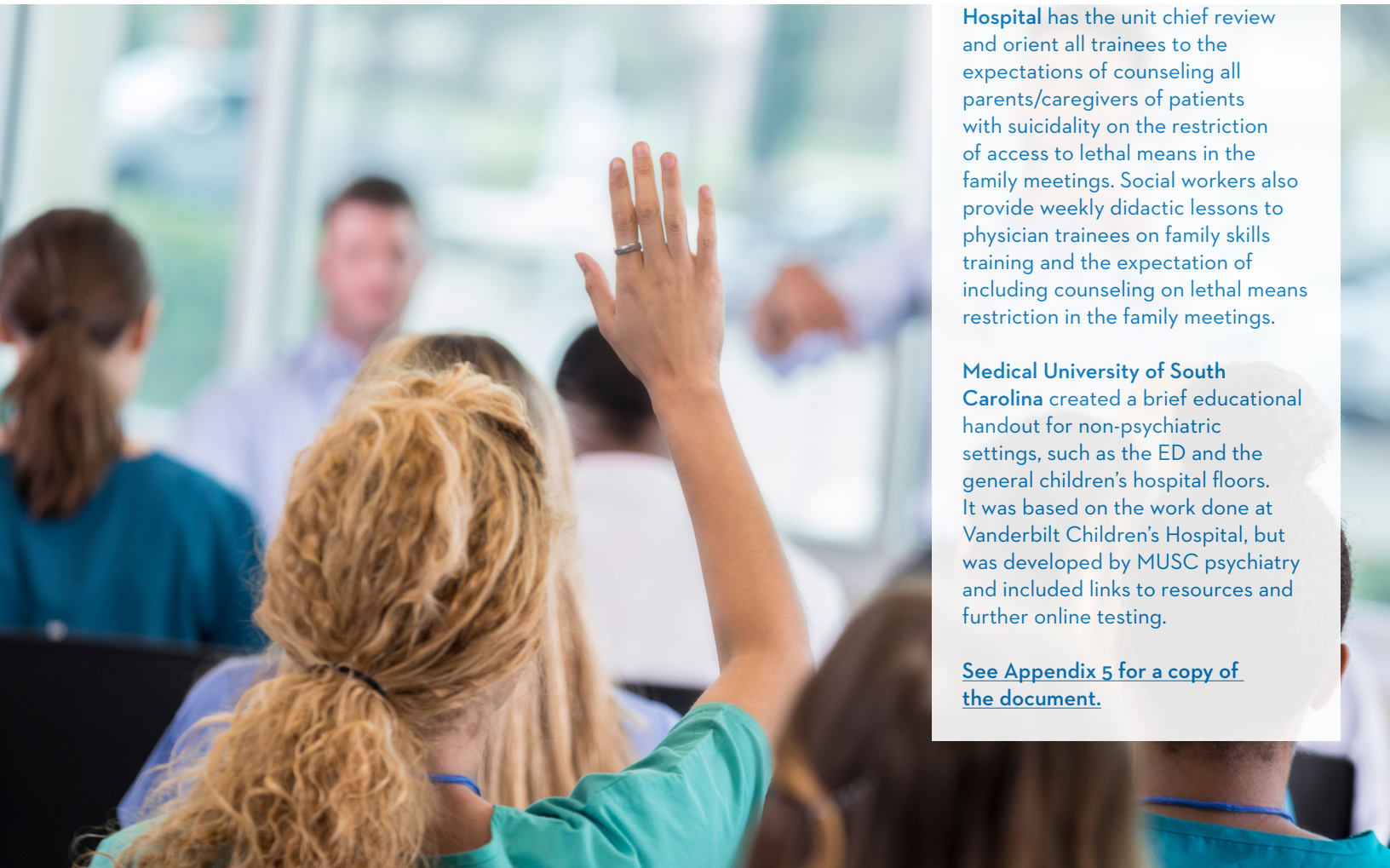
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RESOURCES

Literature on importance of lethal means restriction counseling:

Barber CW and Miller MJ. Reducing a Suicidal Person's Access to Lethal Means of Suicide: A Research Agenda. Am J Prev Med 2014;47(3S2):S264–S272.

Johnson RM, Frank EM, Ciocca M, Barber CW. Training mental healthcare providers to reduce at-risk patients' access to lethal means of suicide: evaluation of the CALM Project. Arch Suicide Res 2011;15 (3):259–64.