

Indian Health Service Suicide Risk Screenings, Evidence, Clinical Pathways & Treatment Priorities

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08/20/23



Suicide Risk Screening Presented By (1) ...

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Learning Objectives

- **Describe** the public health crisis of suicide, especially among American Indian/Alaska Native population
- **Assess** population needs when identifying & using suicide screens within tribal communities
- **List** current evidence-based suicide risk screens available.
- **Discuss** application issues of suicide risk screens to American Indian/Alaska Native population
- **Define** the important difference between “screening” & “assessment”
- **Deliberate** how Clinical & Public health informatics Health Information Technology (HIT) tools in current use bolster suicide prevention and next steps with our current outpatient deployment

Scope of the Problem

- Suicide is a global public health problem
- Suicide is the 8th leading cause of death among all AI/AN across all ages
- Suicide Rate for AI/AN adolescents & young adults ages 15 to 34 (19.1/100,000) was 1.3 times that of the national average for that age group (14/100,000)
- 1/3 of all AI/AN youth deaths in 2020 were from something preventable: suicide

Recent Data

- **Suicide deaths from 2015-2020 in the National Violent Death Reporting System (NVDRS)**
 - **3,397 AI/AN**
 - **179,850 non-AI/AN suicides**
- **Nearly 75% of AI/AN suicides were among people ages 44 years and younger**, compared to 46.5% among non-AI/AN suicides
 - **Greatest proportion of suicides among AI/AN (46.9%) were among people ages 25-44 years**
 - **Greatest proportion of suicides among non-AI/AN (35%) were among people ages 45-64 years.**
- **Among suicide decedents, nearly 45% of AI/AN persons, versus 18.7% of non-AI/AN persons, resided in nonmetropolitan areas.**
- **AI/AN were more likely than non-AI/AN to disclose suicide intent prior to death.**

Key Findings

Among other findings, AI/AN persons were more likely to experience **relationship problems and circumstances associated with alcohol and/or substance misuse** (including reported alcohol use hours before death), compared with non-AI/AN.

Nearly 55% of AI/AN persons experienced **relationship problems/losses**, compared with 42.2% among non-AI/AN.

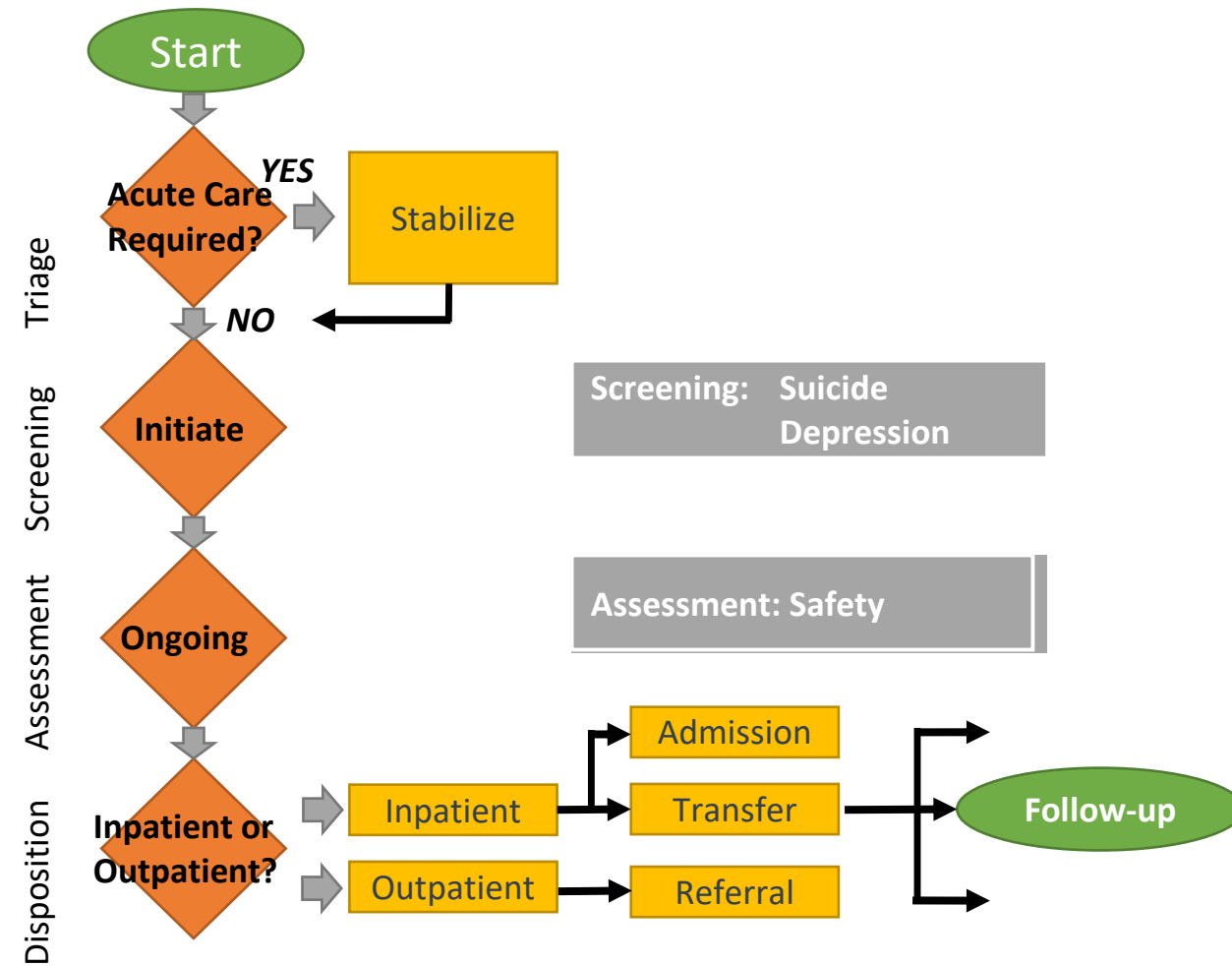
- AI/AN persons compared to non-AI/AN persons were more likely to experience **intimate partner and family relationship problems, interpersonal violence victimization and perpetration, suicide of a friend/family member, & arguments/conflicts preceding death.**
- AI/AN persons compared to non-AI/AN persons had greater odds of alcohol and/or substance use problems, having experienced recent or pending crisis related to these conditions, & greater odds of alcohol use prior to suicide.

Suicide Risk Screening Clinical Pathway

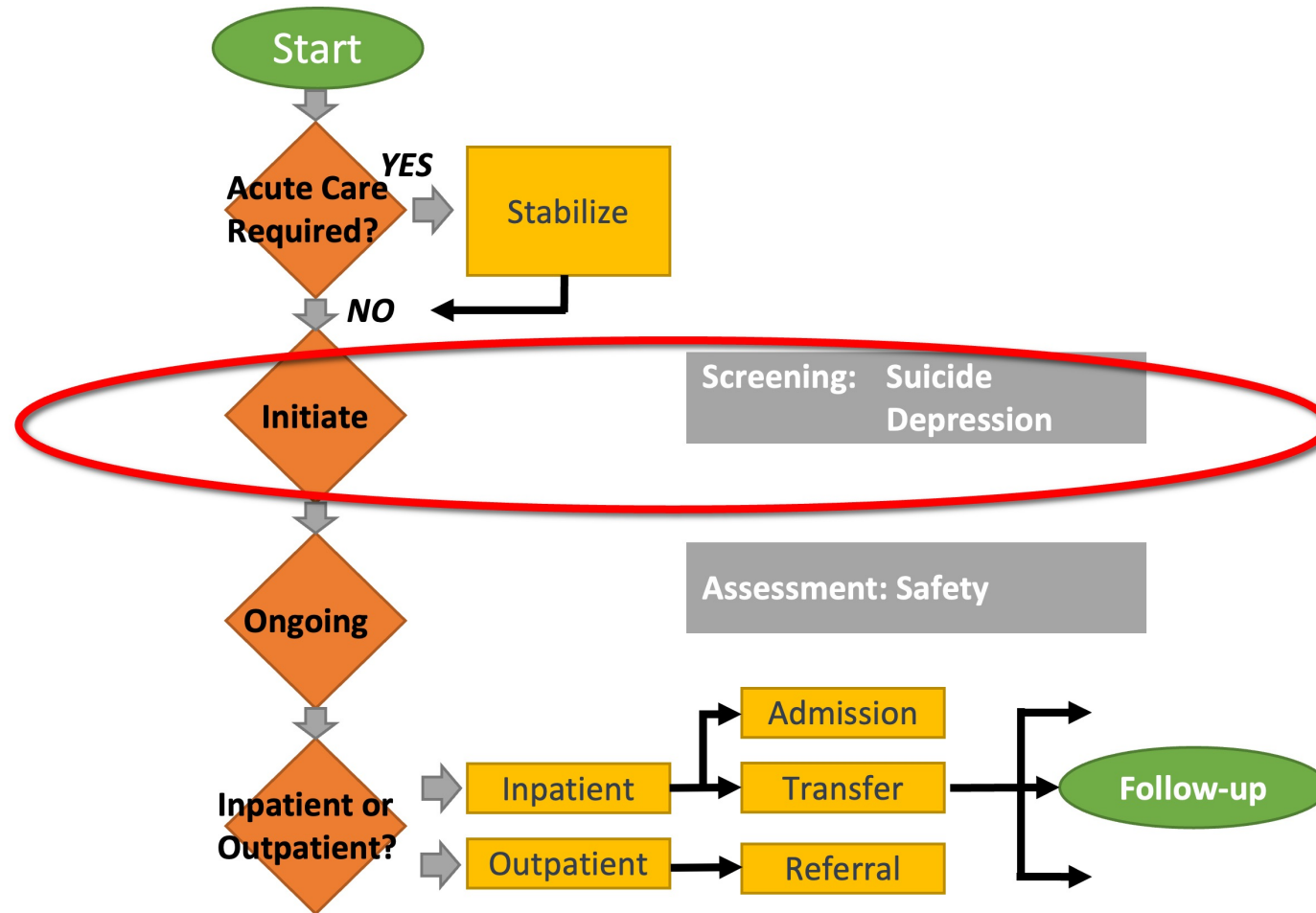
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Clinical Care Pathway (1)



Clinical Care Pathway (2)



Evidence-Based Pathway Aids

- Ask Suicide-Screening Questions (ASQ):
 - A brief instrument for the pediatric emergency department.¹
 - Validation of the ASQ for adult medical inpatients: A brief tool for all ages.²
- The Patient Safety Screener (PSS-3):
 - A Brief Tool to Detect Suicide Risk in Acute Care Settings.³
- Suicide risk screening in pediatric hospitals:
 - Clinical pathways to address a global health crisis.⁴
- Clinical Pathway for Suicide Risk Screening in Adult Primary Care Settings.⁵
- Recommended standard care for people with suicide risk:
 - Making health care suicide safe. Washington, DC: Education Development Center, Inc.⁶

Suicide Risk Screening

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Screening Definition¹

Process for evaluating the possible presence of a problem

E.g. Pain Screen – Used to determine if patient has pain or not

Screening vs. Assessment: What's the difference?

Suicide Risk Screening

- Identify individuals at risk for suicide
- Oral, paper/pencil, computer



Suicide Risk Assessment

- Comprehensive evaluation
- Confirms risk
- Estimates imminent risk of danger to patient
- Guides next steps

Evidence-Based Screening Tools Suicide & Depression

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Columbia-Suicide Severity Rating Scale (C-SSRS) Triage Version²

- Developed as a surveillance tool by Columbia University, the University of Pennsylvania, and the University of Pittsburgh
- Multiple versions for all ages in different settings
- Includes a triage guide to aid in clinical decision-making

Suicide Behavior Questionnaire - Revised (SBQ-R)²

- Developed by A. Osman
- Free four (4) item self-report questionnaire that asks about future anticipation of suicide-related thoughts or behaviors focusing on 12 years & older and adults

Beck Scale for Suicide Ideation (BSSI)³

- Subscription-based tool developed by A. Beck & R. Steer
- Twenty-one (21) items that focus on suicidal intent in patients ages 17 years and older

Patient Health Questionnaire-9 (PHQ9)²

- A **depression severity index** tool used to monitor depression in ages 12 years and older
- Ninth item associated with suicide risk but poor indicator
- Free nine-item tool developed by R. Spitzer, J. Williams, & K. Kroenke under a grant from Pfizer, Inc.

Ask Suicide-Screening Questions (ASQ)²

- Free tool created for the medical setting that has an ASQ toolkit developed by the National Institute of Mental Health
- Four-item suicide risk screening tool designed for youth & adults, ages 8 and older, in emergency departments, inpatient units, & primary care facilities
- Validated in medical and psychiatric patients
- Toolkit includes a Brief Suicide Safety Assessment available for positive screens

Can Depression Screening be Used to Effectively Screen for Suicide Risk?

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Patient Health Questionnaire - 9 (PHQ-9)

- 9-item depression screen assessing symptoms during the past 2 weeks
- Available in the public domain and commonly used in medical settings
- One “suicide-risk” question: Item #9

How often have you been bothered by the following symptoms during the past two weeks? *“Thoughts that you would be better off dead **or** of **hurting** yourself in some way”*

Families, Systems, & Health
2018, Vol. 36, No. 3, 281–288

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1091-7527/18/\$12.00 http://dx.doi.org/10.1037/fsm0000390

Inadequacy of the PHQ-2 Depression Screener for Identifying Suicidal Primary Care Patients


Aubrey R. Dueweke, MA, Mikenna S. Marin, BA, David J. Sparkman, MA, and Ana J. Bridges, PhD
University of Arkansas

Psychosomatics 2015;56:460–469 © 2015 The Academy of Psychosomatic Medicine. Published by Elsevier Inc. All rights reserved.

Original Research Reports

Comparison of Electronic Screening for Suicidal Risk With the Patient Health Questionnaire Item 9 and the Columbia Suicide Severity Rating Scale in an Outpatient Psychiatric Clinic

Adele C. Viguera, M.D., Nicholas Milano, M.D., Laurel Ralston D.O., Nicolas R. Thompson, M.S., Sandra D. Griffith, Ph.D., Ross J. Baldessarini, M.D., Irene L. Katzan, M.D., M.S.

 **HHS Public Access**
Author manuscript
J Clin Psychiatry. Author manuscript; available in PMC 2017 February 01.

Published in final edited form as:
J Clin Psychiatry. 2016 February ; 77(2): 221–227. doi:10.4088/JCP.15m09776.

Risk of suicide attempt and suicide death following completion of the Patient Health Questionnaire depression module in community practice

Gregory E Simon, MD, MPH¹, Karen J Coleman, PhD², Rebecca C Rossom, MD³, Arne Beck, PhD⁴, Malia Oliver, BA¹, Eric Johnson, MS¹, Ursula Whiteside, PhD¹, Belinda Operskalski, MPH¹, Robert B Penfold, PhD¹, Susan M Shortreed, PhD¹, and Carolyn Rutter, PhD^{1,4}

Depression Screening vs. Suicide Risk Screening

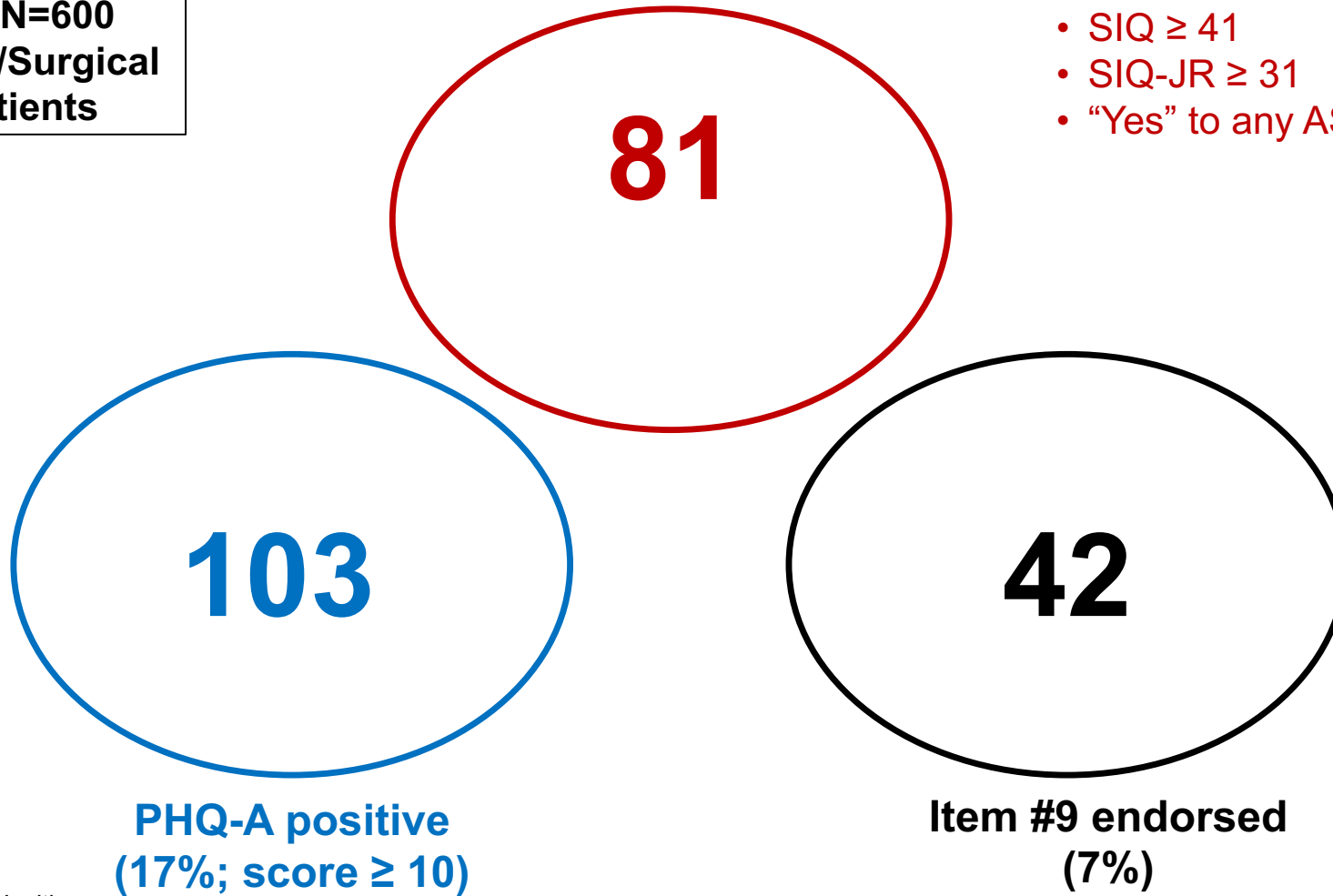
ASQ vs. PHQ

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Suicide-Risk Positive (13.5%)

Total N=600
Medical/Surgical
Inpatients



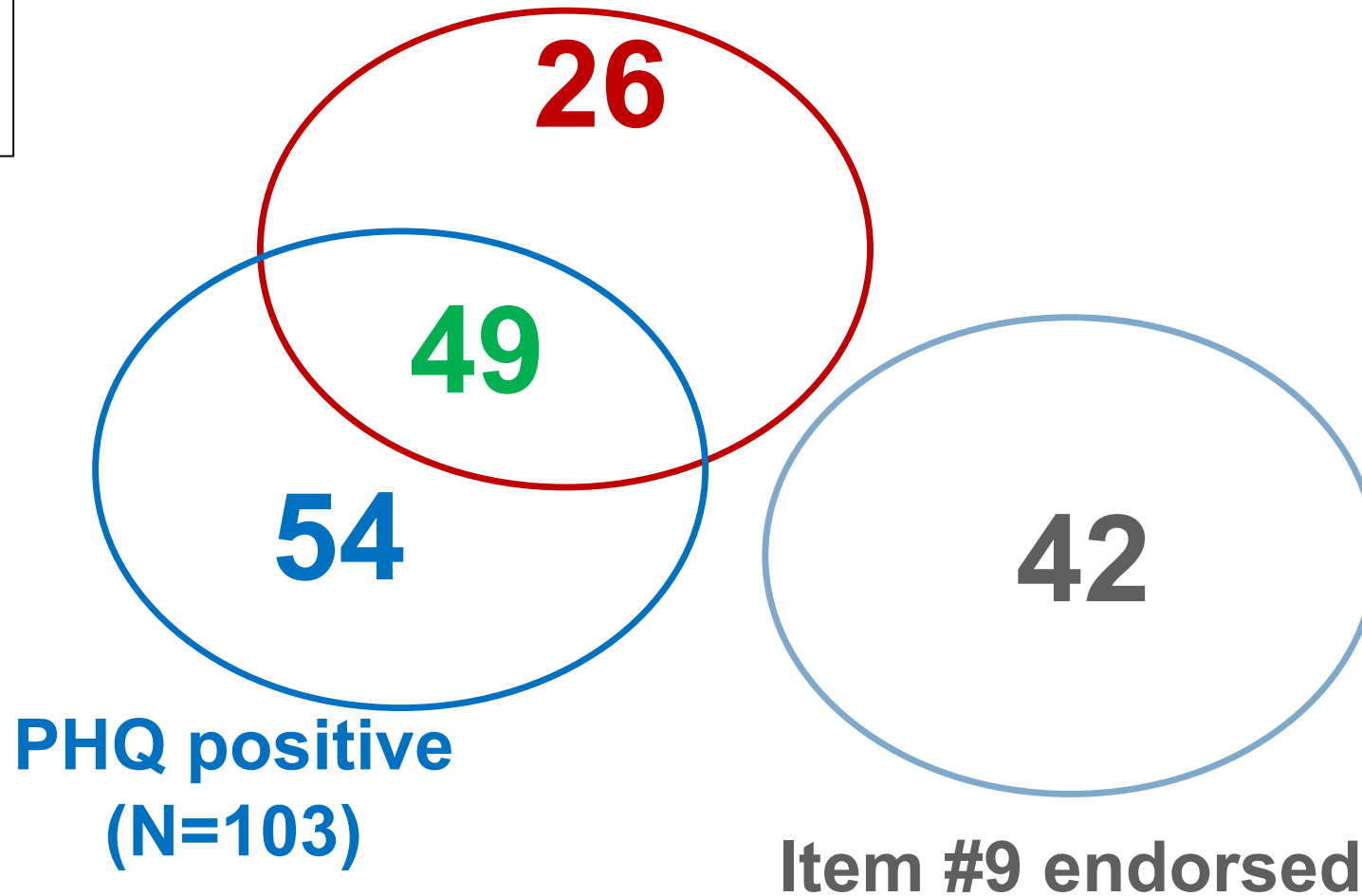
- SIQ ≥ 41
- SIQ-JR ≥ 31
- “Yes” to any ASQ item

PHQ-A positive
(17%; score ≥ 10)

Item #9 endorsed
(7%)

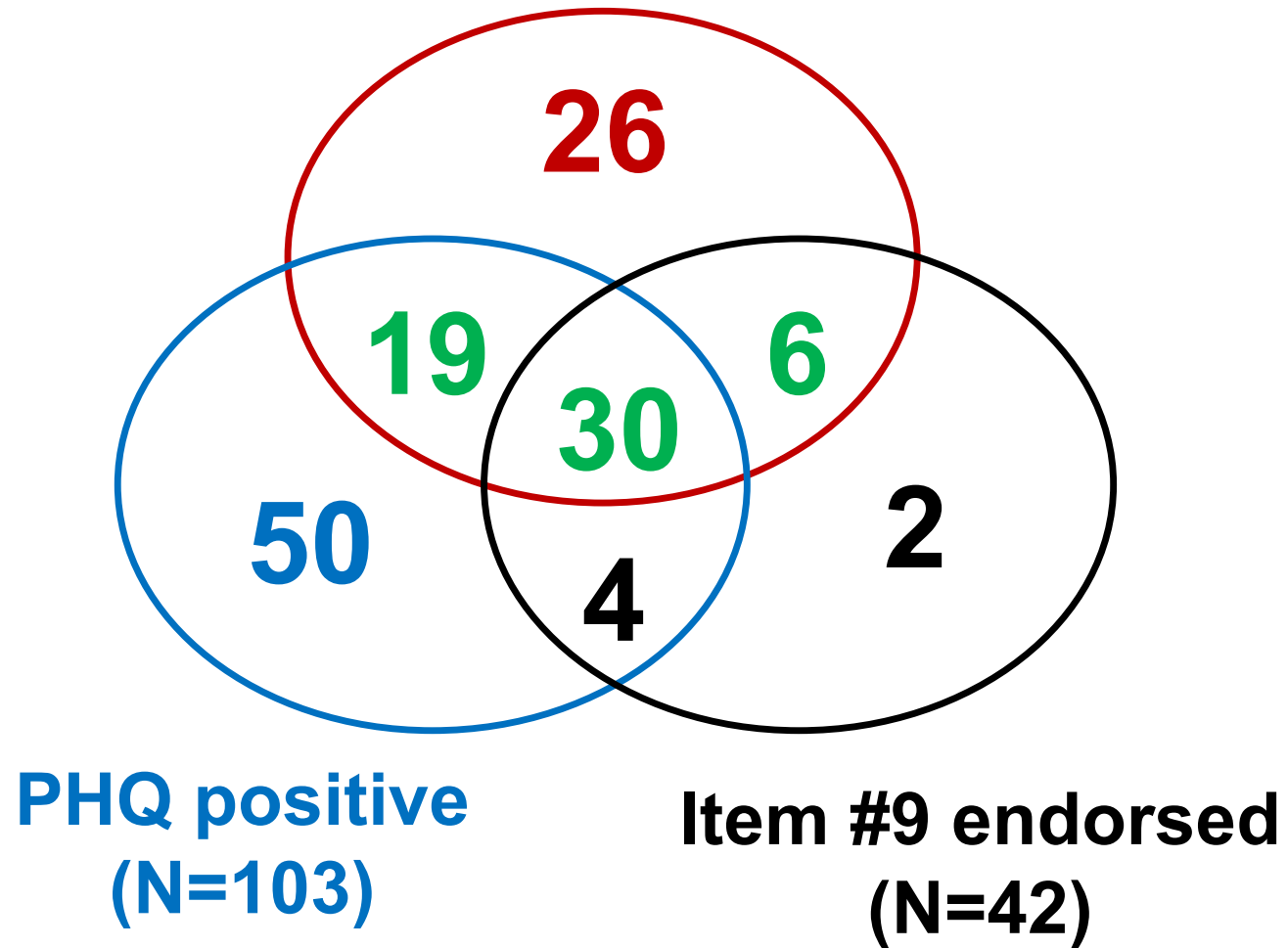
Suicide-Risk Positive (N=81) Part 1

Total N=600
Medical/Surgical
Inpatients



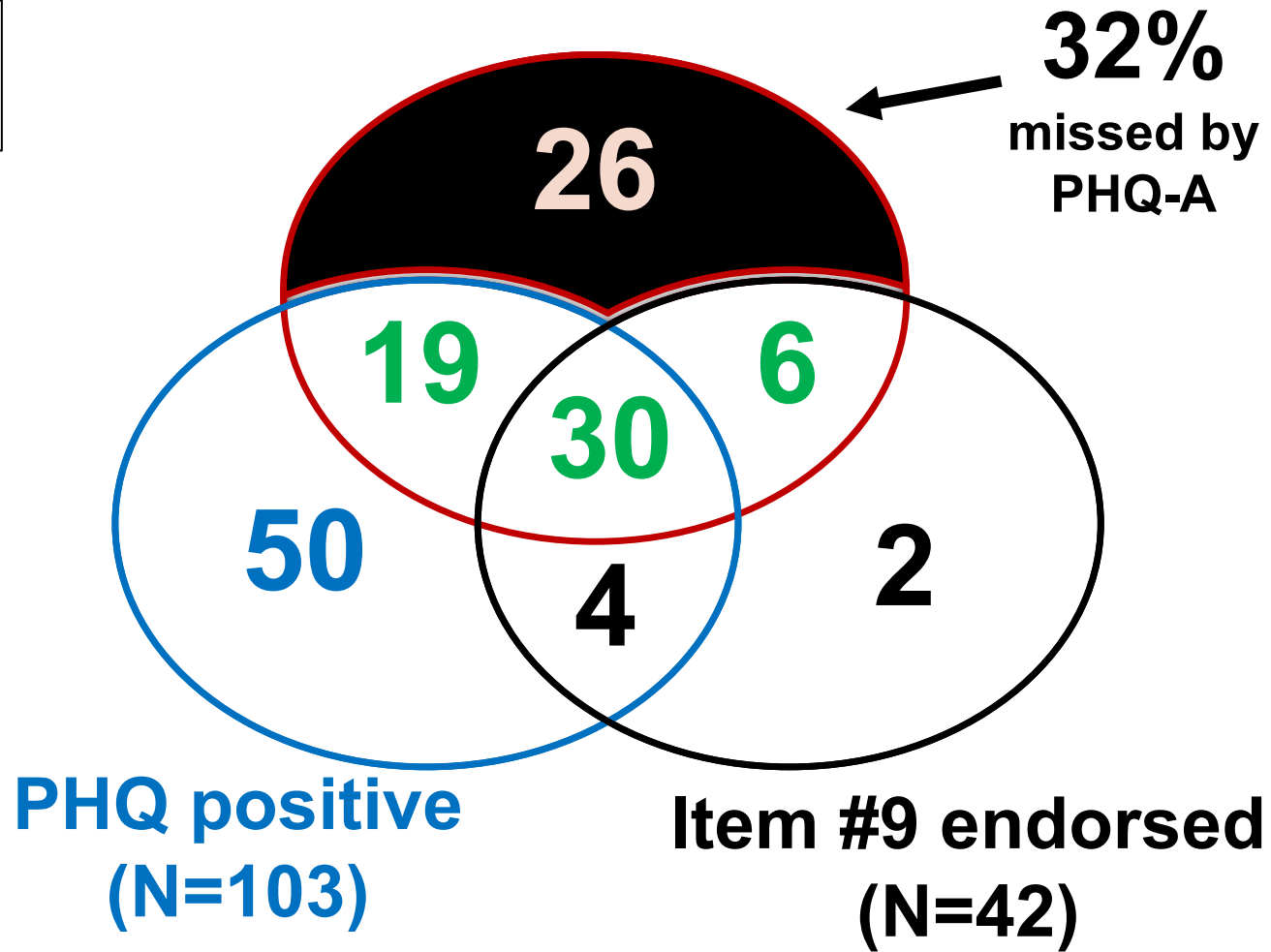
Suicide-Risk Positive (N=81) Part 2

Total N=600
Medical/Surgical
Inpatients



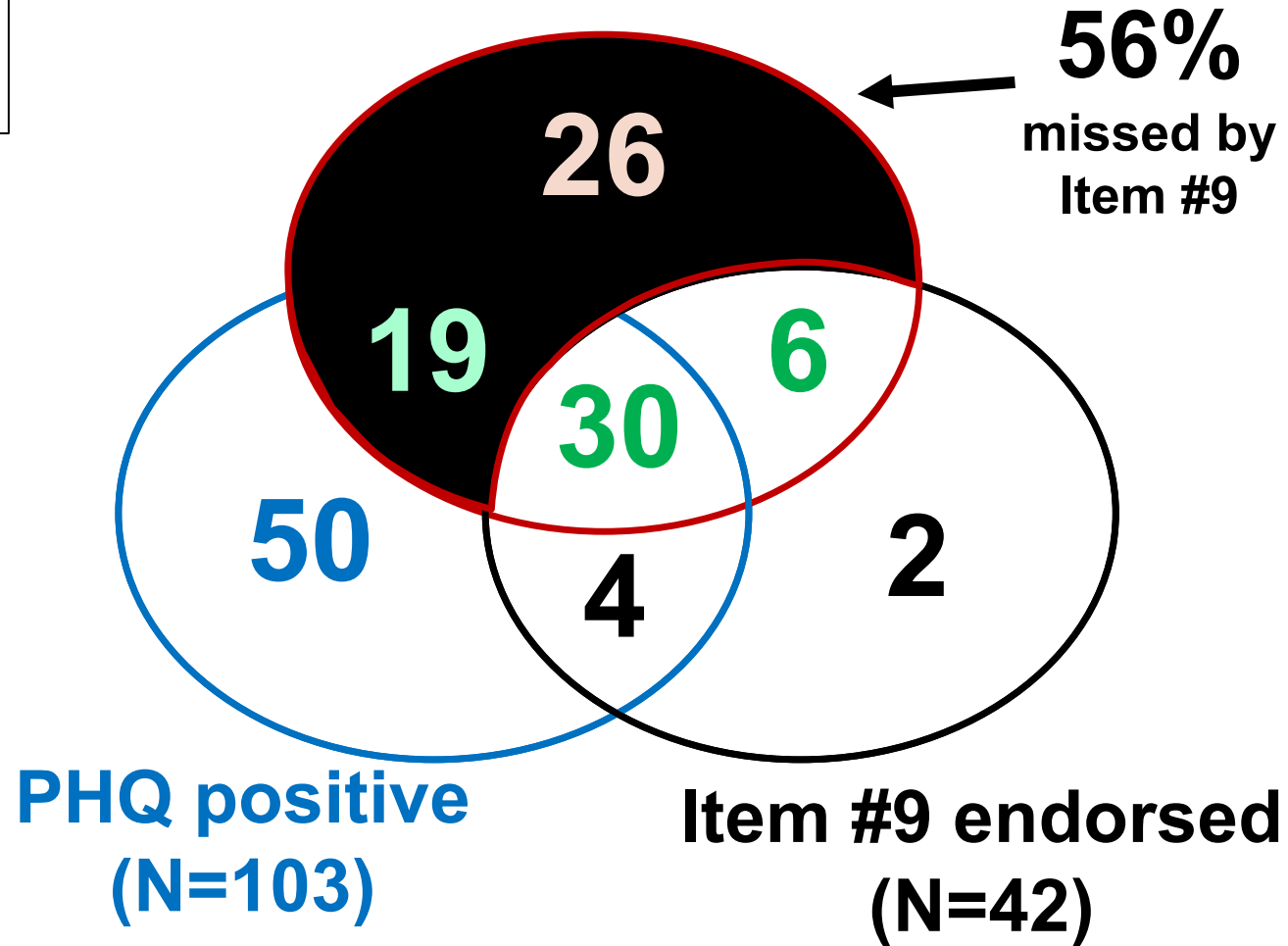
Suicide-risk positive (N=81) Part 3

Total N=600
Medical/Surgical
Inpatients



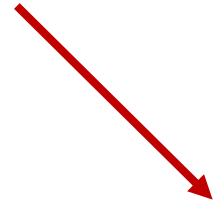
Suicide-Risk Positive (N=81) Part 4

Total N=600
Medical/Surgical
Inpatients



PHQ-2 -> PHQ-9 -> Suicide Risk Screen

PHQ-2



PHQ-9



Suicide Risk
Screen



PHQ-A with ASQ

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Office use only:

Severity score: _____



Ask Suicide-Screening Questions

Ask the patient:

- | | | |
|--|-----|----|
| (1) In the past few weeks, have you wished you were dead? | YES | NO |
| (2) In the past few weeks, have you felt that you or your family would be better off if you were dead? | YES | NO |
| (3) In the past week, have you been having thoughts about killing yourself? | YES | NO |
| (4) Have you ever tried to kill yourself?
If yes, how? _____ When? _____ | YES | NO |

If the patient answers yes to any of the above, ask the following question:

- | | | |
|--|-----|----|
| (5) Are you having thoughts of killing yourself right now?
If yes, please describe: _____ | YES | NO |
|--|-----|----|

Scan me!



nimh.nih.gov/ASQ

Universal Suicide Risk Screening

What to Do, How to Do, & How to Implement

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Why did we choose the ASQ?

- Developed through research specifically for the medical setting with strong psychometric properties
- Validated through research with youth and adults
- Takes 20 seconds, easy scoring (any “yes” is positive)
- Free for public use
- Evidence-based, and does not overburden busy practice workflows
- Is the first step of a 3-tiered clinical pathway
- It’s a screening tool that can be **paired** with other assessment tools, such as the C-SSRS.



Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

3. In the past week, have you been having thoughts about killing yourself?

4. Have you ever tried to kill yourself? If yes, how? _____

When? _____

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No

If yes, please describe the thoughts. _____

Next steps:

- If patient answers "No" to all questions, no intervention is needed.
- If patient answers "Yes" to any question, this is a positive screen. Ask the following questions:
 - "Yes" to question 1: Patient requires immediate attention. Patient can be responsible for their own care.
 - "No" to question 1: Patient requires attention. Alert physician.

Provide resources:

- 24/7 National Suicide Prevention Helpline: 1-800-273-8255
- 24/7 Crisis Text Line: Text HOME to 72583

Sensitivity: 96.9% (95% CI, 91.3-99.4)

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No

3. In the past week, have you been having thoughts about killing yourself? Yes No

4. Have you ever tried to kill yourself? Yes No

If yes, how? _____

When? _____

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No

84.0-90.5)

ents:
99.9)
96.9%

ACUTE POSITIVE

What happens when a patient screens positive?



Here's What Should NOT Happen

Do not treat every person who has a thought about suicide as an emergency



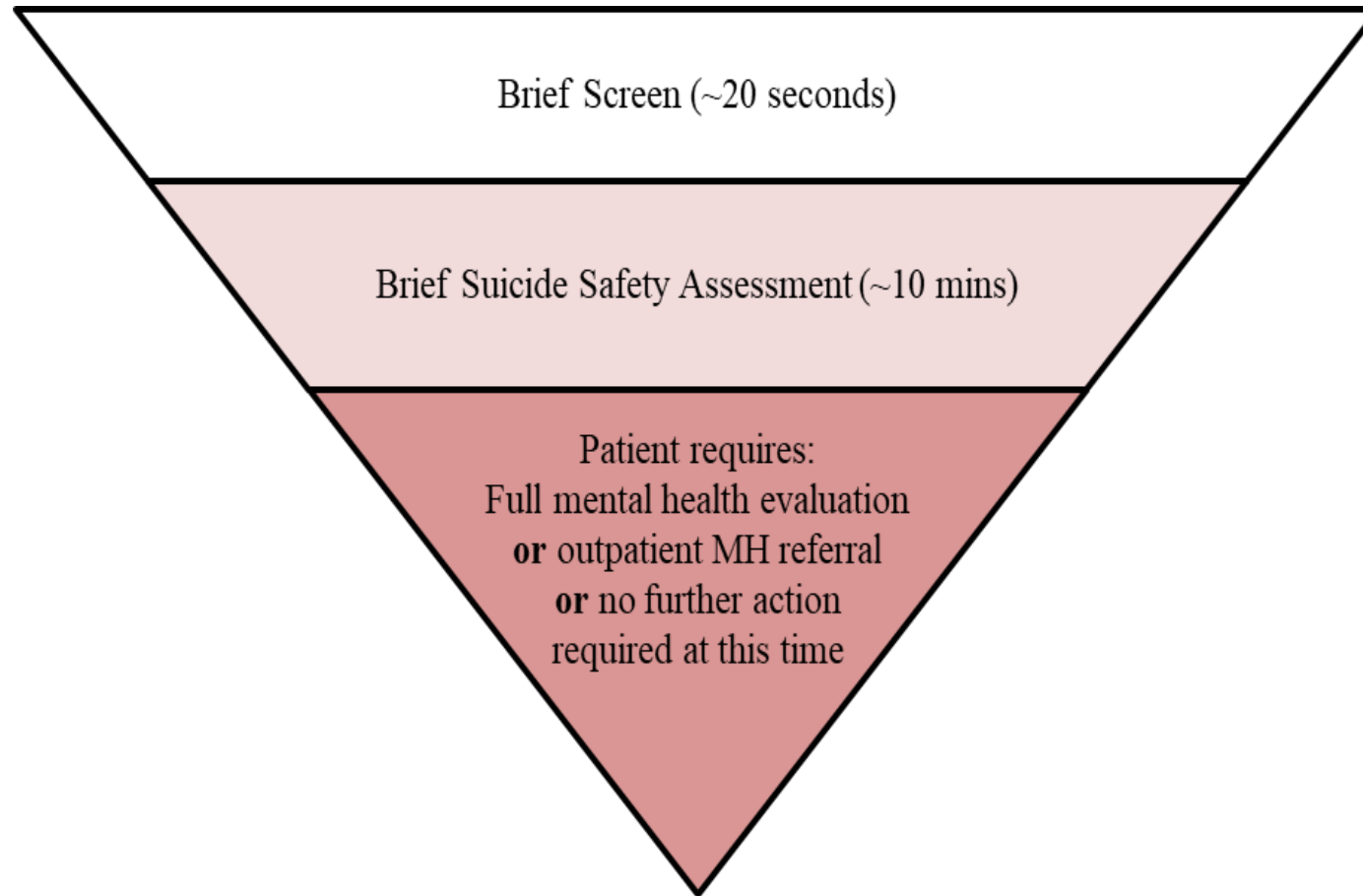
1:1
sitter



clinical pathway is a guide to avoid unnecessary interventions

Clinical Pathway 3-tiered system

Helps avoid overtaxing the system



Brahmbhatt, Kurtz, Afzal...Pao, Horowitz, et al. (2018) *Psychosomatics*

Screening Integration⁴

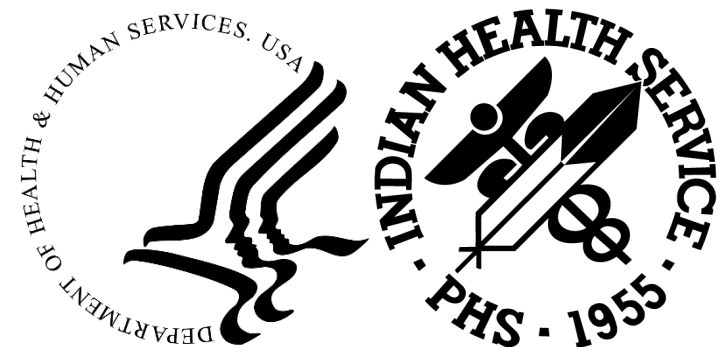
- Document results & mitigation plans in medical record
- Appropriately alert key ED staff to patient's disposition
- Accelerate or decelerate course of treatment
- Inform parent or guardian of results
- Activate in-hospital social work services
- Provide results to law enforcement, if legally required

System Integration⁴

- Conduct environmental risk assessments
- Universal suicide risk screening using an evidence-based & validated tool
- Evidence-based process to conduct a suicide risk assessment of all patients screening positive
- Establish policies & procedures for treatment & follow-up
- Monitor implementation & effectiveness of policies & procedures

Suicide Risk Screening ASQ Quality Improvement Pilot

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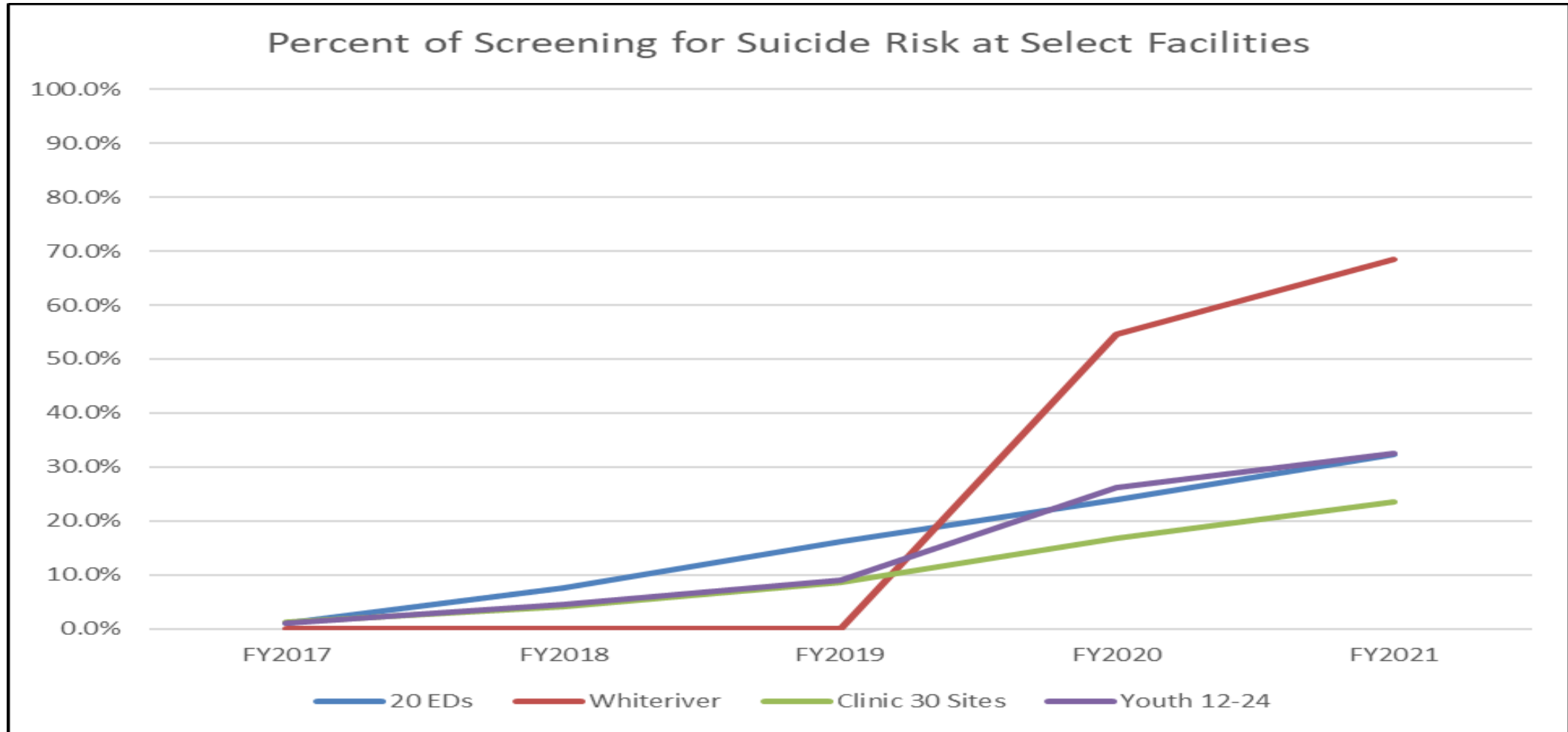


Pilot Site

Indian Health Service Federal Facility

- Direct Service Emergency Department with a Title 1 Behavioral Health Program
- Indian Registrants FY2019: 24,556
- PRC Delivery Area by County for Tribe*
Six-county coverage area
Total population 419,207

Results



Next Steps

Embed the ASQ within the IHS Emergency Department

Develop national metrics

Initiate new MOU with NIH/NIMH

Deploy in an Outpatient Setting

ASQ National Directive

Update - Friday Jan 13, 2023 IHS All Call Dr. Loretta Christensen, IHS Chief Medical Officer, announced that ASQ training was forthcoming & confirmed during a recent CMO meeting.

A national directive is forthcoming identifying the **Ask Suicide-Screening Questions (ASQ)** as the suicide risk screen supported for implementation across the Indian Health Service system*

Future Pilot Sites

Facilities Expressing Interest - January 19th 2023

- **Elko Service Unit (In Progress)**
- Uintah & Ouray Service Unit
- Crow/Northern Cheyenne Hospital

Contact Information

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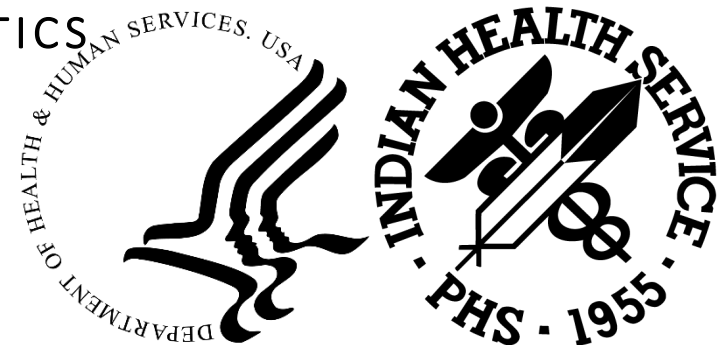
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3. <https://www.pearsonclinical.com.au/products/view/44>
4. https://www.jointcommission.org/assets/1/18/R3_18_Suicide_prevention_HAP_BHC_11_27_18_FINAL.pdf

ASQ Reminder & Dialog

Ask Suicide Screening Questions

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ASQ Reminder Dialog Presented By...

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Collaboration

- National Institute of Mental Health
National Institutes of Health (NIH)
- Division of Behavior Health
- National Zero Suicide Initiative
- National Suicide Prevention
- National Council of Informatics – Clinical
Decision Support

Suicide Epidemic Informatics Response

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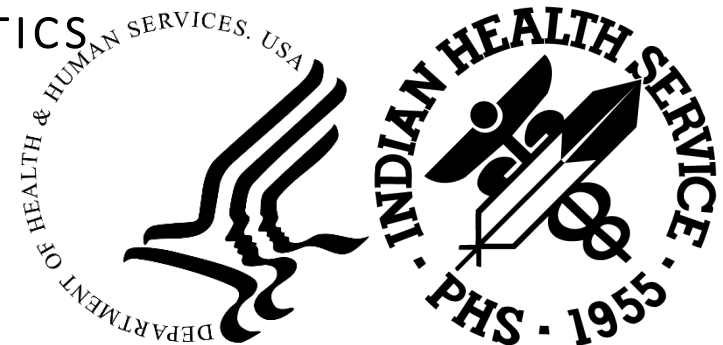
Suicide Epidemic Informatics Response

NCI - Clinical Decision Support (2)

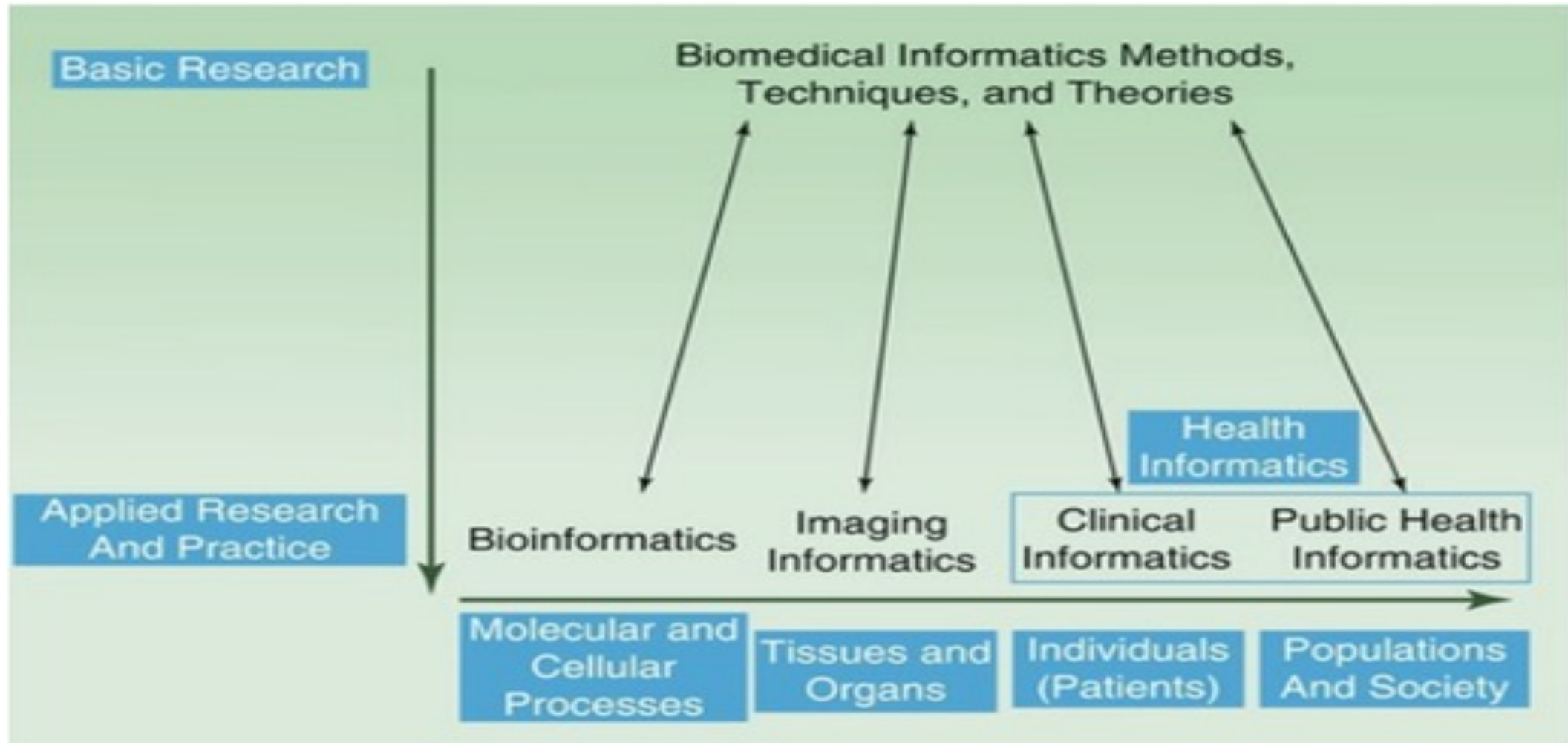
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Suicide Epidemic Informatics Response Standardization of Processes

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Informatics Concepts



EHR Standardization Benefits

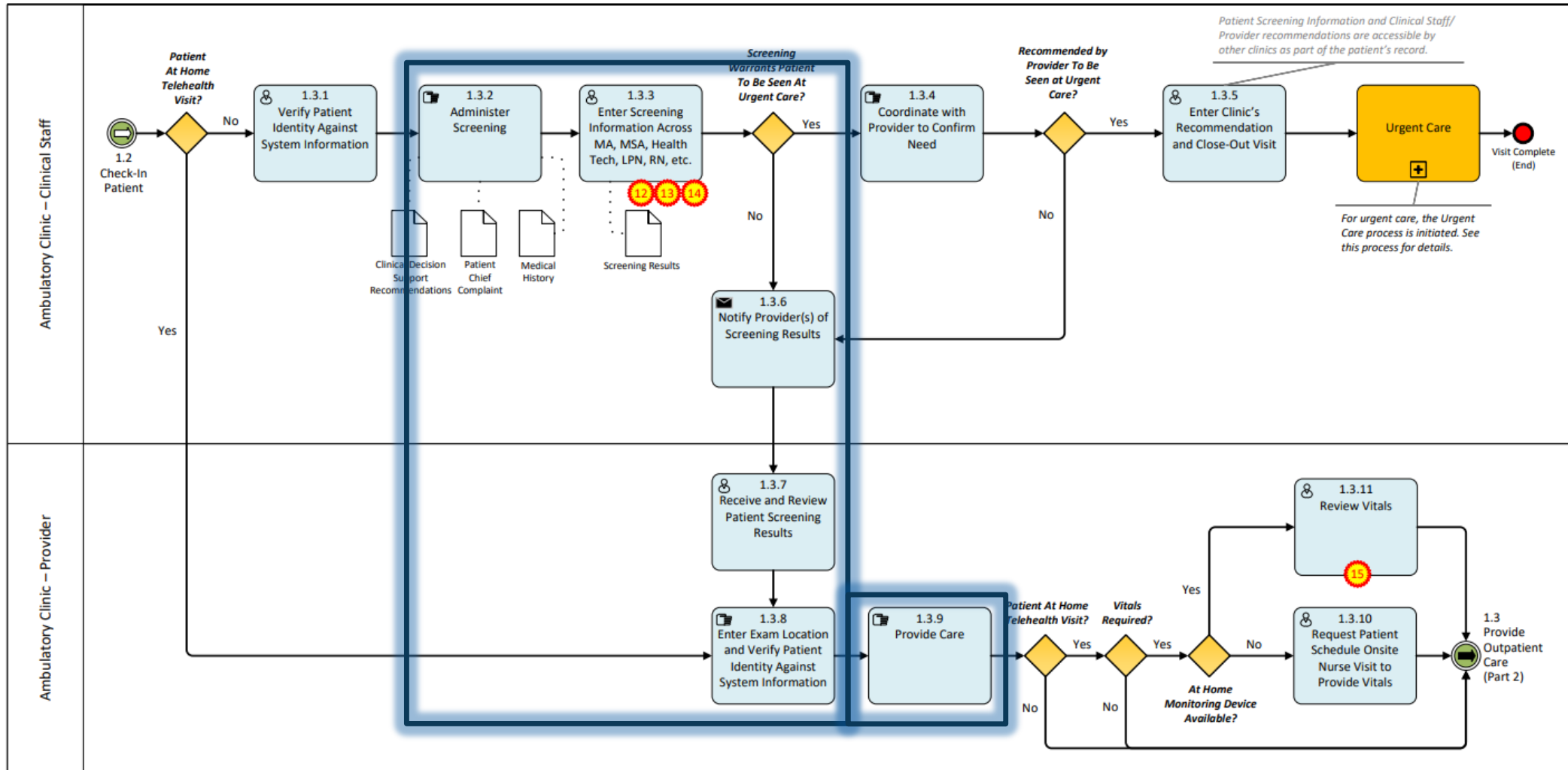
- Reduces resources dedicated to operations & maintenance
- Simplifies training, error identification & remediation
- Realizes Economies of Scale for processes
- Enhances clinical decision support pathways
- Enhances ability to interoperate with different systems & organizations
- Enhances reliability of quality and performance reporting
- Enhances ability to span episodes of care between organizations
- Enhances patient centricity & enhances continuity of care

National Council of Informatics Clinical Decision Support (NCI-CDS)

Develop CDS informatics tools to **assist Suicide Risk Screening**

Reminder & Dialog to address Suicide Screening

Collecting Patient Information - WRAP



NCI – ASQ Dialog

- Standardizes documentation
- Provides refusal directions
- Orders local Consult
- Documents Suicide Screening Exam
- Documents Suicide related education
- Provides guidance on next steps

Ask Suicide Screening Questions (ASQ)

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No

ASQ Dialog Displayed

Reminder Dialog Template: ASQ 2022V2

HIMC approval - Date - control number
Revision - date - control number

Ask Suicide Questions

-----Ask Suicide Screening Questions-----

Patient refused suicide screening exam
***** PLEASE ENTER REFUSAL IN THE PERSONAL HEALTH OBJECT *****

Ask Suicide Screening Questions.

ASK THE PATIENT:

1. In the past few weeks, have you wished you were dead? Yes No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No

3. In the past week, have you been having thoughts about killing yourself? Yes No

4. Have you ever tried to kill yourself? Yes No
 If yes, how?
 If yes, when?

YES TO ANY QUESTION 1-4

Did patient answer yes to any of the above questions?
Yes or No to questions 1-4

-YES

5. Are you having thoughts of killing yourself right now?

-NO

Patient educated about At risk safety & prevention:

NEXT STEPS:

* Indicates a Required Field

ASQ Reminder Dialog Metrics

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ASQ Reminder Metrics

Reminders Metrics – John Lester (1)

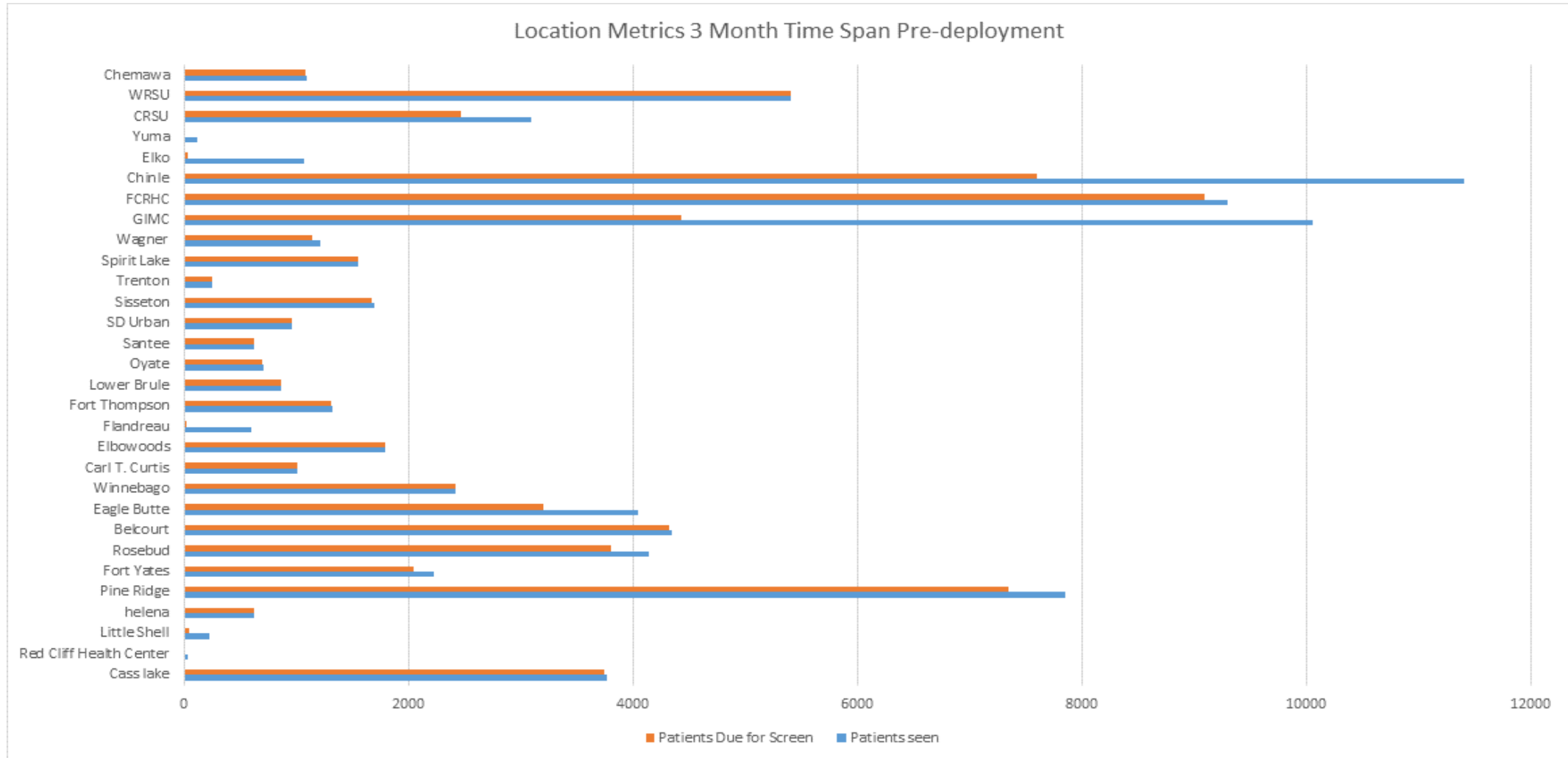
- Three (3) Month Time-Frame **Prior** to ASQ Reminder Deployment
- EHR ASQ Reminders Office Hours
December 14th, 2022
- Raw **not** Validated Data
~ 30 Facilities Reported
- Preliminary Data
- Self-Reported via “ask” after Office Hours
- Polls during Office Hours - **NOT** a Data Call

Note: Improper Reminder Configuration Affects Data Numbers

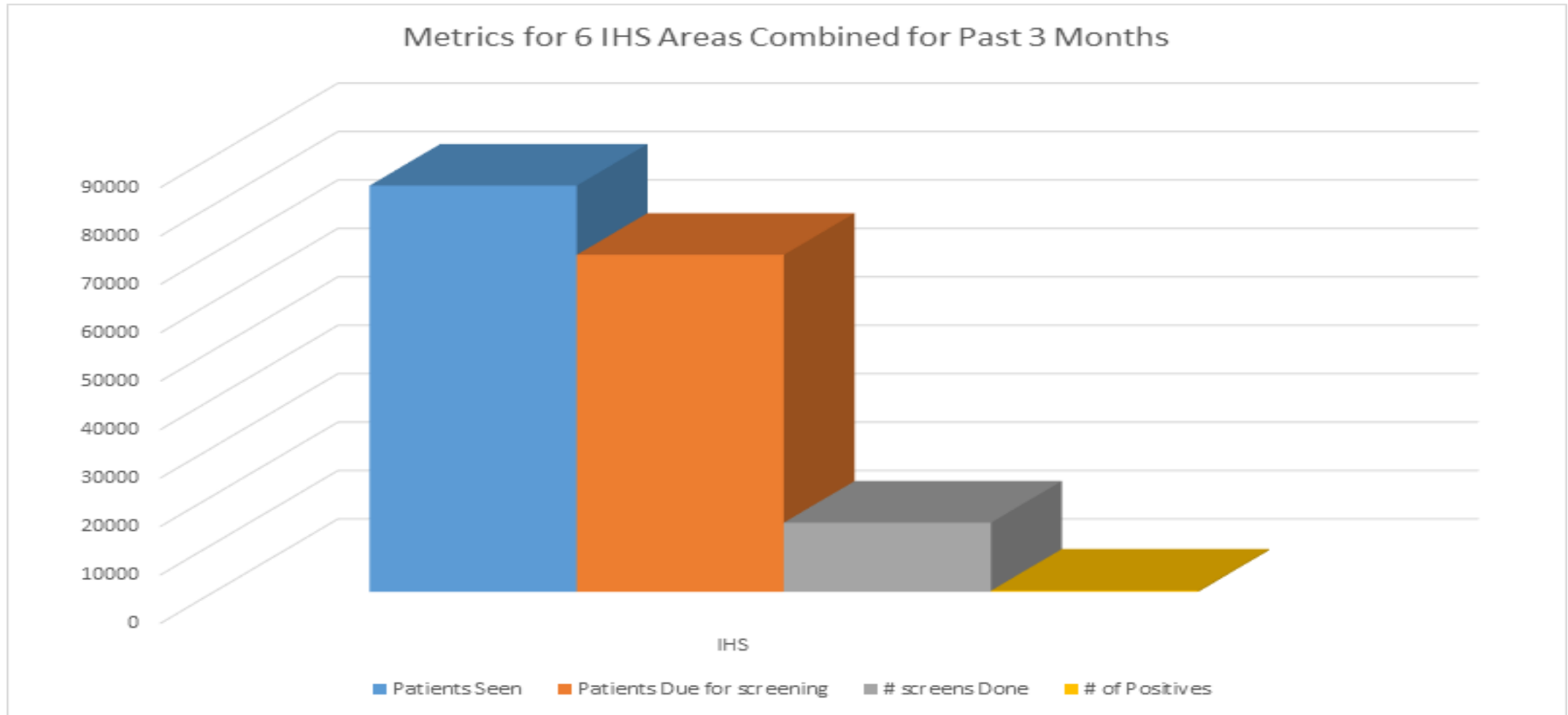
ASQ Reminder Metrics (1)

Area	Location	Patients seen	Patients Due for Screen	Pre-# Positive	Pre-Done
BEM	Cass lake	3766	3744	0	22
BEM	Red Cliff Health Center	40	0	0	40
BILL	Little Shell	233	50	5	183
BILL	helena	627	624	3	3
GPA	Pine Ridge	7849	7342	12	507
GPA	Fort Yates	2226	2046	5	180
GPA	Rosebud	4146	3805	35	341
GPA	Belcourt	4344	4325	0	19
GPA	Eagle Butte	4049	3209	0	840
GPA	Winnebago	2422	2415	0	7
GPA	Carl T. Curtis	1009	1005	0	4
GPA	Elbowoods	1788	1788	0	0
GPA	Flandreau	605	22	0	583
GPA	Fort Thompson	1329	1318	1	11
GPA	Lower Brule	867	865	0	2
GPA	Oyate	709	700	0	9
GPA	Santee	625	625	0	0
GPA	SD Urban	964	964	0	0
GPA	Sisseton	1699	1672	5	27
GPA	Trenton	256	256	0	0
GPA	Spirit Lake	1554	1548	0	6
GPA	Wagner	1219	1149	22	70
NAV	GIMC	10061	4434	43	5627
NAV	FCRHC	9294	9097	7	197
NAV	Chinle	11404	7596	79	3808
PHX	Elko	1071	33	19	1038
PHX	Yuma	124	0	0	124
PHX	CRSU	3091	2467	1	624
PHX	WRSU	5404	5404	0	0
POR	Chemawa	1101	1082	6	19

ASQ Reminder Metrics (2)



ASQ Reminder Metrics (3)



Future

- Deploy Reminder & Dialog to an outpatient clinic
- Modification of Reminder Dialog to provide clarifying information to Clinician to best determine next steps
- Develop Reminder to alert staff of suicide screening requirement
- Determine best metric tools
 - **I.e.** iCare, Reminder Due Report
- Reminder to alert staff that patient is a positive within last 6 months
- Reminder to alert staff need of conducting a Suicide Assessment

Southern Bands Health Center Elko, Nevada

- FY 2022 – Indian Registrants 11,215
- FY 2019 – User Population 2,430
- Staff – 43
- Accreditation - AAAHC
- Primary Care (1 Physician, 2 NP, 10 Nurses)
- Mental Health/Behavioral Health
- Tele-behavioral Health (4 staff)
- Dental (1 Dentist, 1 EDFA)
- Pharmacy (3 Clinical Pharmacists)

Adapting Research Into Practice

- How adjustments through health informatics can save valuable time, resources, and not feel punitive to the patients.

Adapting Research Into Practice

The ASQ question #4 example

- ASQ was implemented and data was collected.
- 1/3 of positive screens will be a sole “yes” to the question “Have you ever tried to kill yourself?”
- Majority of these people may not need further mental health care.
- Once positive, always positive – we needed to account for this (true of any screening tool used that asks about past attempts).
- Add “Since last visit,” language.

Reminder Dialog Update

- Question four is the only **YES**
Since Last visit, have you tried to kill yourself?

Reminder Dialog Update Display

Reminder Dialog Template: NCI-ASQ-230718

HIMC approval - Date - control number
Revision - date - control number

Ask Suicide Questions

-----Ask Suicide Screening Questions-----

Patient refused suicide screening exam
***** PLEASE ENTER REFUSAL IN THE PERSONAL HEALTH OBJECT *****

Ask Suicide Screening Questions.

ASK THE PATIENT:

ASQ 1. In the past few weeks, have you wished you were dead? Yes No

ASQ 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No

ASQ 3. In the past week, have you been having thoughts about killing yourself? Yes No

ASQ 4. Have you ever tried to kill yourself? Yes No

If yes, how?

If yes, when?

YES TO ANY QUESTION 1-4

Question four is the only YES

Since last visit, have you tried to kill yourself?

-YES
 -NO
 -Patient's first visit
 -Refused to answer

Did patient answer yes to any of the above questions?
Yes or No to questions 1-4

* Indicates a Required Field

NCI – Ask Suicide Questions Reminder Alarm Clock - In Progress









Turns On Every 6 months for:

All patients Age 10 or older

Turns Off if the following is found in the last 6 months:

Suicide screening exam

Suicide Screening Indicated

Available Reminders			
View	Action	Due ...	Last Occ...
Available Reminders		Due ...	Last Occ...
	REMINDER CLASS ACTIVITY LEVEL	DUE NOW	
	Chlamydia Screening	09/18/2000	09/18/2005
	EJK ACTIVITY SCREENING DM		
	Suicide Screening Indicated	DUE NOW	
	Applicable	DUE NOW	
	Not Applicable	DUE NOW	
	All Evaluated	DUE NOW	
	Other Categories		

Facility Metric Tools





- iCare Panels
- Reminder Reports

iCare

Population management tool that can provide panels of patients reflecting what your searching in addition to numbers

- How many Scheduled visits in a defined timeframe
- Out of the scheduled visits how many patients had a suicide screening in a timeframe
- Out of the scheduled visits how many did not have a suicide screening in a time frame
- Out of the screenings done how many were positive

iCare - Display

Patient Visits in last calendar month	number of scheduled patients visits in last calendar month in emergency services, nursing, mental health, behavioral health & telemedicine	137	Jul 19, 2023 02:41 PM	LESTER,JOHN	LESTER,JOHN		Jul 19, 2023 03:00 PM	At Login	Jul 19, 2023 02:41 PM	Jul 19, 2023 02:41 PM
Patient with suicide screen in last calendar Month		4	Jul 19, 2023 02:43 PM	LESTER,JOHN	LESTER,JOHN		Jul 19, 2023 02:56 PM		Jul 19, 2023 02:43 PM	Jul 19, 2023 02:43 PM
Patients seen in last calendar month with positive suicide screen	List of patients that have positive suicide screening with a visit in the last calendar month	1	Jul 19, 2023 02:44 PM	LESTER,JOHN	LESTER,JOHN		Jul 19, 2023 03:00 PM		Jul 19, 2023 02:44 PM	Jul 19, 2023 02:44 PM
Patients without suicide screen last calendar month	List of patients that did not have recommended suicide screening with a visit in the last calendar month	130	Jul 19, 2023 02:50 PM	LESTER,JOHN	LESTER,JOHN				Jul 19, 2023 02:50 PM	Jul 19, 2023 02:50 PM

RPMS EHR Reminder Due Report

Easy to use but only provides specific information and requires a reminder definition

- Number of Patients seen
- Number of Patients applicable
- Number of Patients DUE
- Percentages

RPMS EHR Reminder Due Report - Display

Clinical Reminders Due Report - Summary Report

Facility: ELKO 8290

Reminders due 6/30/2023 - TOTAL REPORT for 6/1/2023 to 6/30/2023

Patients with Reminders

	Applicable	Due	%Appl	%Due	%Done
	-----	---	-----	----	-----
1 Suicide Screening Indicated					
	57	42	99	74	26

Report run on 58 patients.

57 – 42 = **15 patients** had a suicide screening in the last month.

Summary

1. Suicide is a major public health problem among AI/AN.
2. Universal screening in medical settings can save lives.
3. IHS recommends implementing suicide risk screening programs in medical facilities throughout the country.
4. Evidence-based tools and clinical pathways can make screening and management of those that screen positive feasible.
5. Health informatics can (make screening feasible, use data to improve processes, etc.)

Knowledge Questions



Knowledge Questions

1. What race/ethnicity has the highest rates of suicide?
2. Name a very brief suicide risk screening tool that was developed specifically for medical facilities
3. How do “screening” and “assessment” differ?
4. What CDS tools were discussed today?

Discussion





Biographical Sketch (1)

CAPT John Lester, PharmD, MAS – Health Informatics Program Coordinator / Health Systems Analyst Phoenix Area Indian Health Service

CAPT John Lester currently serves as a Clinical Informatics Consultant and Health System Analyst for the Phoenix Area. CAPT Lester is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2003. John earned his Doctor of Pharmacy (PharmD) from Nova Southeastern University in Florida, holds an NCPS in ambulatory care and Diabetes completed a PGY1 residency in Ambulatory care at Cherokee Indian Hospital and earned his Masters of Advanced Study (MAS) in Health Informatics from Arizona State University 2021. CAPT Lester has served in Omak, Washington; FCC Coleman, FL; Western Oregon Service Unit, OR; Sells Hospital, AZ; Sells Service Unit, AZ and Phoenix Area Office, AZ as a Pharmacist/Informaticist, Chief Pharmacist/Informaticist, Advanced Practice Pharmacist/Co-pharmacy Informatics officer and Clinical Informatics Consultant.

Biographical Sketch (2)

Pamela End of Horn, DSW, LICSW
National Suicide Prevention Consultant
Indian Health Service Headquarters

Pamela is responsible for oversight of the Suicide Prevention and Care Program. Her work focuses on policy development, program implementation and evaluation.

Pamela holds a Doctorate Degree in Social Work from the University of Pennsylvania and currently holds advanced practice licenses in North Dakota and Minnesota.

Pamela was born and raised in Pine Ridge, South Dakota and is an enrolled member of the Oglala Lakota Sioux Tribe of the Pine Ridge Indian Reservation.

Biographical Sketch (3)

Lisa M. Horowitz, PhD, MPH

Senior Associate Scientist / Pediatric Psychologist

Director of Patient Safety & Quality, NIMH

Office of the Clinical Director

Intramural Research Program

National Institute of Mental Health, NIH

Dr. Lisa Horowitz, PhD, MPH, is a Pediatric Psychologist and a Senior Associate Scientist at the National Institute of Mental Health at NIH. Dr. Horowitz received her doctorate in clinical psychology from George Washington University, completed a Pediatric Health Service Research Fellowship at Harvard Medical School, and obtained a Masters in Public Health at the Harvard School of Public Health.

Biographical Sketch (4)

Deborah (Debbie) J. Snyder, MSW, LCSW-C, ACC
NIH/NIMH Office of the Clinical Director
Senior Advisor to the Clinical Director
Deputy Director Patient Safety and Quality
Faculty Psychiatry Consultation Liaison Service

Deborah (Debbie) J. Snyder, MSW, LCSW-C, ACC received her Bachelor of Arts in psychology, cum laude, from Duke University and her Masters Degree in Social Work, Phi Kappa Phi, from the University of Maryland School of Social Work. She received post-graduate externship fellowship training at the Family Therapy Practice Center in Washington, D.C. She has her coaching certification from the International Coaching Federation. She completed the Stanford WellMDPhD Wellbeing Director's Course in the fall 2021.

Ms. Snyder has been on staff at the NIH since 1992. Currently, she holds the positions of Senior Advisor to the Clinical Director, Faculty on the Psychiatry Consultation Liaison Service and the NIH Hospice and Palliative Care Medicine Program & Deputy Director of Patient Safety and Quality at the NIMH. In addition, she serves as Deputy Chair of the GMEC subcommittee on resident wellbeing.

A major focus of her career has been as clinician and educator at the interface of medical and mental health. In addition, she is an organizational leader on the topics of enhancing staff and trainee wellbeing and reducing burnout.

In addition, Ms. Snyder conducts research in suicide risk screening in medical settings including hospitals, inpatient and outpatient settings. She helped develop the ASQ™, a suicide screening tool for medically ill patients, as well as the ASQ Toolkit to help guide institutions in the implementation of suicide risk screening.

Most recent awards include: the NIMH 2022 Director's Award for exceptionally supporting wide range of mental health services for NIH community by anticipating need for support, implementing new approaches of outstanding care and guidance and the NIH 2021 Director's Award for contribution and leadership to the NIH during the Covid-19 pandemic including standing up an entirely new resource to support NIH staff through an intramural staff telephone warmline during COVID-19.

Biographical Sketch (5)

Skye Bass, LCSW

Program Coordinator

Clinical Social Worker

IHS TeleBehavioral Health Center of Excellence

Division of Behavioral Health

Indian Health Service

Skye Bass, a member of the Grand Traverse Band of Ottawa and Chippewa Indians, is a program coordinator and social worker for the IHS TeleBehavioral Health Center of Excellence, Division of Behavioral Health at IHS headquarters. She has worked for IHS for over 10 years, in direct clinical practice and behavioral health administrative roles. Ms. Bass coordinates virtual behavioral health training for health care providers on autism and represents IHS on the Interagency Autism Coordinating Committee.

Biographical Sketch (6)

CDR Scott T. Peake, MSN, APRN, PMHNP-BC

Phoenix Area Mental Health Consultant

Phoenix Area IRB Co-Chair

Office of Health Programs

Phoenix Area Indian Health Service

CDR Scott T. Peake holds a credential as a Psychiatric Mental Health Nurse Practitioner-Across the Lifespan, a Master's degree in Nursing from Eastern Kentucky University, and undergraduate degrees in Nursing and English from Arizona State University and California State University Fullerton, respectively.

He joined the USPHS Commissioned Corps in 2009 and has served in several different capacities over his 14 year career including as a staff nurse with Immigration Health Service Corps in Florence AZ, a data abstractor/nurse consultant in the informatics office at Whiteriver Service Unit and in several clinical psychiatric provider roles including rural, correctional, and tele-behavioral health. He currently serves as the Phoenix Area Mental Health/FASD Consultant for the Indian Health Service, Office of Health Programs, Integrated behavioral Health.

