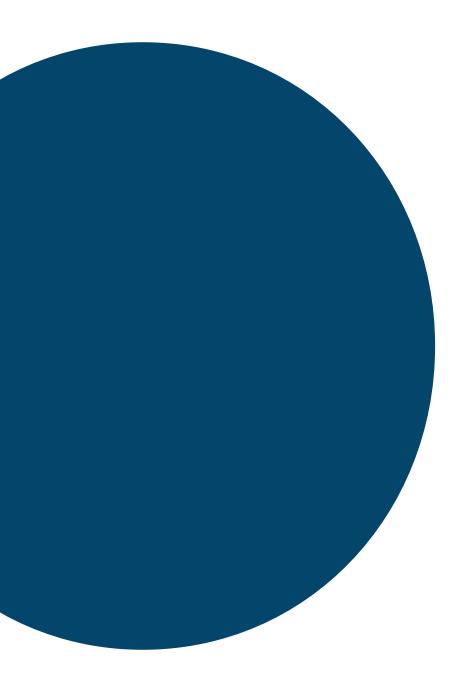# ZERO SUICIDE

in Your Community:
An implementation guide for community organizations

Act

ACT

Having made a significant investment of time and energy into enhancing suicide prevention practices at your organization, sustaining your hard work is crucial.

In the Study section of the Toolkit, we reviewed how quality improvement is iterative and in a continuous cycle. The Act section of the Plan-Do-Study-Act (PDSA) cycle encourages: standardization of improvement; implementing any required changes or modifications; and implementing a new PDSA cycle. In other words, Act stands for "the hard work of experimentation, adaptation", and "holding the gains"[1]. The Act section of the PDSA cycle asks the question: *How can you continue to build on your momentum and success?*

In this section of the Toolkit, you will review some key strategies for quality improvement, implementation spread, and sustainability:

- Refining the plan
- Organizational spread
- Creating a culture of continuous improvement
- Sustainability plan
- Knowledge translation
- Project close-out
- Conclusion

> **Sustainability:** Locking in the progress already made and continually building upon it.
>
> **Spread:** Actively disseminating knowledge and implementing effective practices in every available program.[1]

Resources to have on hand (or screen):

- A copy of the Toolkit: Plan 1.0, Plan 2.0, and Study sections
- A copy of your Project Plan
- Zero Suicide Toolkit website: zerosuicide.edc.org/toolkit

Refining the Plan

As mentioned above, Act is the phase of the PDSA cycle when plan adjustments and adaptations need to be made based on the project's formal evaluation, anecdotal experience, observation, and informal feedback. This action oriented, experiential learning is invaluable because it is unique to your organization. Review your original Project Plan meaningfully and consider what needs to be refined. Track changes on your original Project Plan, or create a new one that is time stamped, so that you are able to review the implementation's evolution (recall from the Study section of the Toolkit that this will serve as data in an Implementation Review). There is no wrong amount of adaptation or refinement - the point is that it is being done, and that the organization is committed to the changing nature of project work.

At St. Joseph's, the implementation team was projected to focus their energy in 2020 on Phase 3 of the project, which entailed spreading the initiative to community partners. With the onset of the COVID-19 pandemic, the team realigned goals to include a PDSA cycle of Phase 1 and 2 of the initiative, alongside our Phase 3 work of developing this Toolkit. A lot had changed in the health care environment and the Zero Suicide team was committed to looking at innovative ways to improve patient care, such as virtual suicide care, team debriefing, and improving evidence-based treatment.

Niagara Region Public Health had been scheduled to roll out Zero Suicide with additional internal programs, but with Public Health at the front lines of the COVID-19 pandemic, many staff were redeployed to support the pandemic response. Focus shifted to creating this Toolkit to support teams as they return from redeployment, as well as community organizations following the pandemic.

Our Mental Health program continued with their services to clients, with slight shifts to align with pandemic restrictions – while this was happening, the working group conducted chart audits to understand how staff are using the C-SSRS tools and look for areas for improvement to support staff with this work.

Once adaptations have been implemented, consider how these "lessons learned" can be applied to other service areas when it is time to "spread" the initiative (if applicable). Take a moment to write down 3 important lessons your organization has learned to date:

1. _____

2. _____

3. _____

Organizational Spread

If you are piloting the Zero Suicide Initiative in a select number of service areas, you may now wish to incorporate what you have learned, and begin implementation and spread to other areas. Recall from your Project Plan, what your broader organizational goals are.

Now is the time to fully develop and implement your spread plan which means re-entering the PDSA cycle (and use of this Toolkit) for the upcoming areas.

The next areas we plan to spread this initiative to include:

> **Resource:** Check out the Institute for Healthcare Management (2008) Getting Started Kit: Sustainability and Spread (How-to Guide), part of the 5 Million Lives Campaign, for some excellent information.

Service Area	Timeframe

The foundation for spread now rests on the success and lessons learned from the project's pilot service area(s). Reengaging stakeholders (including leadership) to help with planning and oversight of upcoming implementation(s) is important for continued success. Sending a clear message about spreading the initiative, supporting participation from staff, and sharing results from the pilot area(s) with practical examples (and staff quotes) will help with staff engagement and more expedited future implementation. Take advantage of the experience and expertise of the pilot implementation team, as well as the rich learning from the successes and challenges you have experienced to date.

KEY TIPS:

Celebrate and share what has worked well. Connect results to purpose and help staff to realize how they are making a difference.

Leverage the experiences and subject matter expertise of the pilot areas.

Complete a current state analysis for new area(s) of implementation. Leverage what you can from the pilot area(s) (e.g. tools, processes, procedures) and determine what will require adaptation. For example, who are the experts for this location? Are there new risks to mitigate? What adaptations will be required for this area's success?

Creating a Culture of Continuous Quality Improvement

As suicide prevention practices continue to spread throughout service area(s) in your organization, it is important to consider how to influence a culture of continuous quality improvement. Some well-known, credible sources on sustainability in health care systems outline the following properties that sustain continuous quality improvement[1,2]:

1. Supportive management structure: Leadership treats quality of service as a high priority, devoting regular attention, creating accountability systems for improvement, and recognizing success.

    Example: Review intervention-level performance (metrics) monthly in a structured reporting format.

2. Structures to foolproof change: Organization builds structures that make it difficult (if not impossible) for staff to revert to old ways of doing things.

    Example: Leverage tools and technology (e.g. checklist, or electronic documentation system). Ensure required processes are documented in policy/procedure/guidelines and training materials.

3. Robust, transparent feedback systems: Measurement systems that provide data to those at every level of the organization, comparing it to the standards set out by management.

    Example: Organization has a data measurement system/personnel that regularly generate data and measure this against the articulated project goals.

4. A shared sense of the systems to be improved: All stakeholders involved in improvements share an understanding of their roles in the processes and systems they are working to improve.

    Example: Leaders use tools to map the process that's been improved (e.g. flow chart), and allow for shared analysis of these systems during ongoing sustainability work.

5. A culture of improvement and deeply engaged staff: Organization shares a sense of pride around performance and improvements and many enjoy the work. Staff are aware of the initiative and feel invested in the outcomes.

    Example: Staff job descriptions and performance reviews include attention to the initiative and skills required (e.g. skills in suicide prevention). Staff are able to explain their role in quality improvement. Leaders of the initiative create opportunities for regular feedback sharing.

6. Formal capacity-building programs: Organization makes training and skill building a high priority, and there is a culture where improvement work is integrated into day-to-day activity.

    Example: Leaders of the initiative work with staff to enhance competence and confidence, ensuring that every stakeholder in the organization has training for ongoing quality improvement changes.

Which of these properties are evident in your organization?

- _____
- _____
- _____
- _____

In which ways could your organization improve methods to sustain continuous quality improvement?

- _____
- _____
- _____
- _____

Sustainability Plan

Now that you have had your focus on how to sustain lasting project results, it is helpful to develop some specific goals and plans. There are many resources available on the internet, but one we recommend is the Institute for Healthcare Improvement Sustainability Planning Worksheet.

Knowledge Translation

Knowledge translation (using what we have learned from implementation and data collection and moving towards applying that knowledge in a practical way)[3] can occur at many stages throughout project implementation - you do not need to have completed your entire implementation before you start sharing your work with others. In the Study section of the Toolkit, we discussed different forms of data collection and evaluation, including 1) the outcomes and impact of the Zero Suicide Initiative, and 2) Implementation review. Depending on how you've structured your evaluation, you can now use this information to share your work with others. Sharing your experience and progress made towards suicide prevention is "knowledge translation - *what makes research matter*"[4].

> **TIP:**
> Remember that you do not only have to share what worked well, or as you anticipated, with others. Some of the most valuable information comes from learning what did not work well.

Questions to consider when thinking about your plan for knowledge translation include[4]:

What is the **concept** (i.e. what am I seeking to share)?

Who is the **audience** that I am seeking to share this with (i.e. who will use this)?

What is the **message** that I am trying to deliver (i.e. how will I effectively articulate information for this audience)?

What is the **medium/method** that is most appropriate to do this (i.e. where/how will this information be shared)?

What are the **tools** that I will require to do this (i.e. skills, personnel, resources)?

Common mediums/methods for knowledge translation include:

- Community partners
- Local communities of practice/working groups/tables/educational speaking engagements
- With other branches of your organization (if applicable)
- Online forums, newsletters, or Internet pages (print media)
- Conferences (oral, poster, or other methods)
- Publication to a scholarly journal
- Policy brief to different levels of government
- Develop resources (hint: this Toolkit is one of ours!)

Community of Practice (COP): A group of people who share a common concern, set of problems, or interest in a topic and who come together to fulfill both individual and group goals. A COP typically meets regularly and shares best practice and works to create new knowledge[5].

TIP:
If you do not currently belong to a community of practice related to suicide prevention, we encourage you to seek out joining, or develop one in your local community.

Jot down a couple of ideas for how you may participate in knowledge translation in the future:

- _____
- _____
- _____
- _____

It may feel like some extra work to engage in knowledge translation, but doing so can create networking opportunities, support professional development, and contribute to the greater body of evidence-based practice that helps make communities more suicide safe.

Ongoing Project Maintenance

The time has arrived, and your project may now be referred to as an ongoing pursuit of patient safety and/or aspiration for a multitude of reasons. Sometimes it is due to a time or resource limitation, but it can also be because you've successfully executed your suicide prevention workplan. Whatever the reason – well done.

Feeling as though you can set the sustainability process into motion requires confidence that the project goals have been completed and performance is sustained (also known as "hardwired" or "baked in"). When there is a sense of ownership built into the organization the "special project" you've been working on becomes an operational responsibility and staff are motivated to continue the good work… for the long term.

As you work towards ongoing project maintenance (remember Zero Suicide is a continuous pursuit), consider developing a list of potential risks, as well as the implementation team's perspective of ongoing opportunities for continuous quality improvement.

> At St. Joseph's, the Zero Suicide Initiative team developed a project risk document, which outlined the risk of project close out, risk mitigation strategies, risk level, and the corresponding element of the Zero Suicide framework. See Appendix V for the template.

Knowing that the implementation's resources and capacity may be reduced in their intensity, you may consider creating a sustainable working group or select individuals ("Champions") to continue championing the initiative. This working group may continue to meet regularly at prescribed intervals to monitor and sustain the project. Some common goals of a working group at this time may include:

• Continuing to monitor data and measure progress

• Review or update policy/procedures when required or during prescribed intervals

• Review or update education/educational requirements (respond to changing needs/best practice updates)

• Subject matter experts available for consultation/support for complex client situations

• Connecting with/supporting other organizations as they implement suicide prevention practices

Instead of simply dissolving the regular project team, processes, and structures that have led the initiative, consider how you can communicate with all staff that will be impacted by this change. You may wish to consider sharing the following:

• Initiative successes and key milestones

• Strategy for ongoing support and continued quality improvement

Conclusion

Now that you are focused on, ongoing project maintenance, this Toolkit also comes to an end. Remember that this is a resource you can frequent regularly, and in any order, to meet the non-linear and ongoing needs of project management. Some of you may have started this journey several months, or even years ago. Take a few moments to reflect on this initiative, and recognize all of your hard work to date. What will you take away from your work on this initiative? Consider how this initiative has made an impact in your organization, for those you serve, and in your community.

Thank you, and remember that your work has been of great service to others:

For the 10 people who die by suicide each day, and the other 210 that attempt[6].

For the 7-10 people profoundly affected by each loss[6].

Together, let's remain a part of the collective effort towards suicide prevention.

Simply put, one life lost is one too many.

References

1.   Institute for Healthcare Improvement. (2020). How to Guide: Sustainability and Spread. http://www.ihi.org/resources/Pages/Tools/HowtoGuideSustainabilitySpread.aspx

2.   Studer, Q. (2003). *Hardwiring excellence*. Fire Starter Publishing.

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5.   Edmonton Regional Learning Consortium. (2016). Creating Communities of Practice. http://www.communityofpractice.ca/background/what-is-a-community-of-practice

6.   Public Health Agency of Canada. (2016). Suicide in Canada: Infographic. https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-infographic.html#:~:text=Public%20Health%20Agency%20of%20Canada%20analysis%20of%20Statistics,to%20avoid%20labeling%20or%20reporting%20deaths%20as%20suicides.

Appendices

Appendix U: St. Joseph's Zero Suicide Project Closeout: Potential Risk Identification Template

Project Closeout: Potential Risk Identification

Risk level	Zero Suicide Element	Risk	Risk Mitigation Strategy
Phase 2:			
Phase 3:			

Risk level description:
High-
Moderate-
Low-