

ZERO
SUICIDE

in Your Community:
An implementation guide for
community organizations

Study

STUDY

In the Plan 2.0 and Do section of the Zero Suicide Community Implementation Toolkit you worked through your Zero Suicide Initiative implementation. Throughout the Study phase of the project, the focus will shift to evaluating your hard work.

In this section of the Toolkit we will cover:

- Introduction to Project Evaluation
- Common Approaches to Project Evaluation
 - Zero Suicide Outcomes and Impact
 - Client Measure Outcomes
 - Staff Competency
 - Implementation Review
 - Fidelity
 - Data Reporting

Resources to have on hand (or screen):

- A copy of the Toolkit: Plan 1.0 and Plan 2.0 sections
- A copy of your Project Plan
- Zero Suicide Toolkit¹: zerosuicide.edc.org/toolkit

Introduction to Project Evaluation

There has been a lot of time and energy put into planning and implementing the Zero Suicide Initiative, but we can't stop now! "Study", or also known as "Evaluation", is a very important element of project management because it helps to plan, organize, monitor, and control the project's outcomes, activities, and progress². The data helps us to compare initial predictions about how the initiative would go, and inform quality improvement strategies before reaching sustainability and project close out. In fact, this is such an important element of project management that the Plan-Do-Study-Act (PDSA) cycle has an entire stage dedicated to studying the project's status, and the Zero Suicide framework included "Improve" as one of the 7 essential elements: "Data-driven quality improvement is essential to ensure improved patient outcomes and better care for those at risk of suicide"¹.

During the Plan and Do phases, you started to do some preliminary thinking about how you would evaluate the Zero Suicide Initiative in your organization. Data collection can be challenging, and feel outside of our comfort zone, but don't lose sight of why it is done in the first place. When we have the "facts" about how the initiative is going, we can adapt, pivot, and flex as necessary to make quality improvements. Having a sound data plan from the outset can be a great help as you proceed in analyzing how the initiative is going.



At St. Joseph's, we quickly learned that the process of data collection within hospitals was complex. Some barriers and challenges that we encountered related to training opportunities, methodology, communication, and inter-rater reliability. In saying this, the team overcame these barriers/challenges by creating a methodology report that outlined all data measurements and procedures to ensure accuracy and consistency. We (the immediate project team) also decided to meet with each other once per week to ensure deadlines were met and priorities were well communicated.

TIP:

Now is also a good time to plan out the timelines for when you choose to engage in PDSA cycles to make initiative improvements (e.g., quarterly to align with typical reporting periods). On the outset, your project team may be making more frequent adaptations, but as the initiative nears close out, you may determine to meet every six months, or every year to discuss any required adaptations.

In this section of the Toolkit, we would like to encourage you to think about other elements of data you can consider to enhance your Zero Suicide Initiative evaluation. For example, if you implemented suicide event reviews (recall from the Plan 2.0 section of the Toolkit), you may wish to audit the documentation from your root cause analysis and action plan to identify trends, improvements, and areas of opportunity.

Helpful resource: [Zero Suicide Healthcare Evaluation Framework: Outcomes, Actions & Measures developed by the Zero Suicide Institute of Australia³](#).

There are many methods for data collection, including implementation reviews, surveys, questionnaires, records analysis (documentation), interviews, and focus groups. You will read about how you can integrate many of these different options below. Having a variety of methods in your data collection can add to the depth and breadth of your evaluation.

Common approaches to a project's evaluation include measuring:

- 1) The outcomes and impact of the Zero Suicide Initiative
- 2) Implementation review (i.e. how did the implementation of the initiative go?)

Below, let's review some examples of these two types of evaluation.

Common Approaches to Project Evaluation

1. Zero Suicide Outcomes and Impact:

a) Client Outcome Measures

At this point, the project team is now tasked with revisiting your evaluation plan (developed in the plan phase). Having completed project implementation, you may wish to add to the evaluation plan and consider how key client outcome measures that indicate the system and policy changes may be having the desired effect, such as¹:

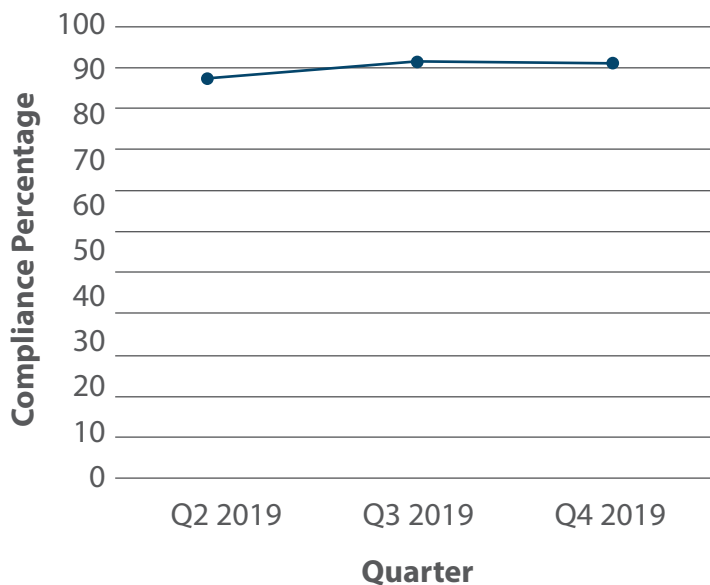
- Preventative processes are adhered to (e.g. suicide screening rates, assessment, Safety Plan, Coping Plan, lethal means counselling and restriction, caring contacts, missed appointment follow up, care planning)
- Required actions for clients who are screened/considered high risk of suicide are adhered to, including number of clients who have been supported in transitions of care (e.g. crisis center, emergency department)
- Rates of suicide attempts and/or deaths with/without identified risk
- The experience and satisfaction of clients who were supported in suicide prevention



St. Joseph's currently collects data on the following measures: Adherence to caring contact process, suicide attempt and death rates, and quality completion of suicide screening tools, Safety Plans, and Coping Plans. Both manual and electronic data collection take place at St. Joseph's, and examples of each are provided below.

Manual data collection:

Inpatient Areas' Compliance Percentages of the C-SSRS Since Last Contact			
Time Frame	Q2 2019 (July 1, 2019 – September 30, 2019)	Q3 2019 (October 1, 2019 – December 31, 2019)	Q4 2020 (January 1, 2020 – March 31, 2020)
Total Number	47	46	74
Total Number Compliant	88.20%	91.84%	91.34%



Electronic reporting system:

During the 2020 year, the St. Joseph's Zero Suicide team worked with the Quality Measurement and Clinical Decision Support and Business Intelligence teams to develop an automated data reporting system for inpatient screening tool results. The teams also worked together to develop an automated e-mail system that sends notifications to leaders and Clinical Nurse Specialists when there are outstanding or incomplete screening tools. Prior to these automated systems, we solely relied on manual audits which were time and labor intensive. These automated systems have helped increase screening tool compliance rates by sharing results in real-time to drive practice change.

Screenshot of the Automated Electronic Data Reporting System Results (client level):

Electronic Screening Tools - Columbia-Suicide Severity Rating Scale (C-SSRS) Lifetime - Admissions
 Parkwood Institute Mental Health and Southwest Centre
 May 2020



By Quarter | **By Month**

Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | Mar 2020 | Apr 2020 | **May 2020**

C-SSRS Lifetime Screening				Parkwood Institute Mental Health and Southwest Centre											
Total Admissions	Total Complete / Compliant	% Complete / Compliant													
Total (excluding G5 & H2)	8	2	25.0%												
<u>Emergency</u>	1	1	100.0%												
<u>FMH-AU</u>	1	1	100.0%												
<u>Psychiatry</u>	1	1	100.0%												
Confidential Information Removed				Documentation as of 3rd Day of Admission											
				Current or Discharging Unit	Discharge Date/Time	Age	C-SSRS Lifetime Date/Time	Risk Level	Required Sections Answered	Intensity of Ideation Section	Actual Lethality / Medical Damage Section	Reason Not Completed	Reason Not Completed Date/Time	Complete / Compliant	
				FMH-AU		48	2020-05-04 16:56	Screen negative at this time	Yes	Not Required	Not Required			Yes	
<u>Mental Health Specialty Programs</u>	7	1	14.3%												
<u>Adolescent</u>	7	1	14.3%												
<u>PM-ADOL HS</u>	7	1	14.3%												
<u>Psychiatry</u>	7	1	14.3%												
Confidential Information Removed				Documentation as of 3rd Day of Admission											
	MRN	Encounter #	Admit Date/Time	Current or Discharging Unit	Discharge Date/Time	Age	C-SSRS Lifetime Date/Time	Risk Level	Required Sections Answered	Intensity of Ideation Section	Actual Lethality / Medical Damage Section	Reason Not Completed	Reason Not Completed Date/Time	Complete / Compliant	
				PM-ADOL HS		21								No	
				PM-ADOL HS		36	2020-05-07 22:20	Low risk	No	Required, Not Answered	Required, Not Answered			No	
				PM-ADOL HS		29	2020-05-08 15:55	Screen negative at this time	Yes	Not Required	Not Required			Yes	
				PM-ADOL HS		41								No	
				PM-ADOL HS		44	2020-05-05 18:26	High risk	No	Required, Not Answered	Required, Not Answered			No	
				PM-ADOL HS		26	2020-05-28 10:32							No	

Screenshot of a Chart from the Automated Electronic Data Reporting System: Screening Tool Data (organization level):

New Admissions to Inpatient Units and Compliance Rates of C-SSRS Lifetime (Q2 2019 - Q2 2020)



Screenshot of an Automated E-mail sent from the Electronic Data Reporting System:

Good Morning,

St. Joseph’s Health Care London is committed to suicide prevention and quality improvement.

E-mail notifications that identify incomplete Columbia-Suicide Severity Rating Scale (C-SSRS) Lifetime screening tools create a prompt for your engagement with clinician(s) to ensure completion within 3 days of admission.

If you have questions regarding C-SSRS Lifetime completion, please contact

Thank you for your diligence and ongoing support.

Electronic Screening Tools - **Columbia-Suicide Severity Rating Scale (C-SSRS) Lifetime - Admissions**

Unit(s):



Error Message: No C-SSRS Lifetime Documentation Can Be Found

Action Required: Complete the C-SSRS Lifetime within 3 days of admission as per SJHC London Corporate Policy: Suicide Risk Assessment & Prevention

Encounter Details	Reason Not Completed Date/Time	C-SSRS Lifetime Date/Time
Encounter Number: Admit Date/Time: 2021-12-17 10:41 Due By: 2021-12-20 23:59	★	

b) Staff Competency

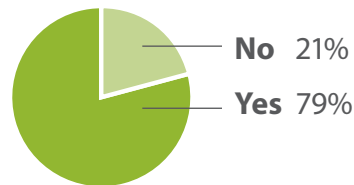
Workforce Survey

Staff competency can be evaluated with re-administering the Workforce Survey (WFS) which you will recall from the Plan 1.0 section of the Toolkit. It is recommended that the WFS is completed with staff every 12-18 months¹. This provides an excellent opportunity to assess the effectiveness of education, and levels of staff competence and confidence. Below we have provided an example of some pre and post Zero Suicide implementation data results from St. Joseph’s WFS for an outpatient mental health team.

2018 Zero Suicide Workforce Survey – Key Results (45 respondents)

Areas in which staff/physicians would like more training, resources, or support:		
Area	Percentage	Responses
Policies and procedures	60.53%	23
Staff roles and responsibilities	55.26%	21
Understanding and navigating ethical and legal considerations	55.26%	21
Suicide screening practices	50.00%	19
Collaborative safety planning for suicide	50.00%	19
Determining appropriate levels of care for patients at risk for suicide	50.00%	19
Suicide-specific treatment approaches	50.00%	19

Have you ever received training on how to recognize the warning signs that a patient may be at elevated risk for suicide?

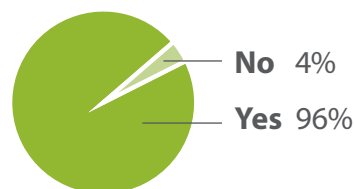


2021 Zero Suicide Workforce Survey – Key Results (46 respondents)

Please note that the sample of respondents are not from the same cohort as the 2018 data, which is partially due to staff turnover. However, this still provides a snapshot of reliable comparator data.

Areas in which staff/physicians would like more training, resources, or support:		
Area	Percentage	Responses
Policies and procedures	60.53%	23
Staff roles and responsibilities	55.26%	21
Understanding and navigating ethical and legal considerations	55.26%	21
Suicide screening practices	50.00%	19
Collaborative safety planning for suicide	50.00%	19
Determining appropriate levels of care for patients at risk for suicide	50.00%	19
Suicide-specific treatment approaches	50.00%	19

Have you ever received training on how to recognize the warning signs that a patient may be at elevated risk for suicide?



Focus Groups/ Interviews

Another excellent source of information to assess staff competency and experience is to elicit feedback in conversation with staff. In March 2020, the St. Joseph's Zero Suicide Initiative team organized focus groups with a group of inpatient and outpatient clinicians to receive feedback on the initiative, have discussions around suicide prevention, and determine any identified areas for further education/training. Below, we have outlined example questions asked, as well as some of the clinicians' responses.

Q: What was the most effective education related to suicide assessment/care for you, personally?

A: "ASIST"

Q: What are some positive elements of the C-SSRS Lifetime tool/its use/purpose?

A: "A segment of the staff think that if we talk about it, it will happen... so this is the opposite and [the tool] forces people to talk about it."

2. Implementation Review:

Evaluating the implementation of a project, or the methods and strategies that facilitate the uptake of evidence-based practice, is also referred to as 'implementation science'. As a relatively new field of study, implementation science aims to "...close the gap" between what we know and what we do by identifying and addressing the barriers that slow or halt the uptake of proven health interventions and evidence-based practices"⁴.

Where to start? With your project team, begin to think about how you met your goals, objectives, and activities to determine whether or not the project has produced the planned for/intended results. Review your project plan and create notes beside your goals, reflecting on the status of each. Also consider the field notes you kept throughout the project, and spend some time reflecting on how smoothly the project roll out went, such as:

1) What facilitated the project's implementation (e.g. leadership support)?

2) What were some of the barriers to its implementation (e.g. timing)?

3) What were some of the most effective mechanisms of change (e.g. stakeholder engagement)?

4) What are some of the strengths I have identified about the organization's capacity to roll out a project (e.g. innovation)?

Fidelity

Next, let's take a look at evaluating the implementation of the Zero Suicide Initiative more closely by examining **fidelity** to the framework. Implementation fidelity speaks to the degree to which an intervention or model is delivered as intended. In other words, how closely does your implementation match the Zero Suicide framework and what you planned to do? As for how to measure fidelity, remember that "Organizational Self Study" (OSS) you completed during the planning phase (specifically in the current state analysis) of the Zero Suicide Initiative? You can choose to return to this, completing it based on where your suicide prevention efforts are today.

It is recommended that the OSS is completed approximately one year after implementation, however, based on the size of the organization and when you are completing a PDSA cycle, you may feel that it is appropriate to complete this sooner. Try not to review your previous findings until you have completed the OSS at present time. Then, take some time to compare your previous and current OSS. Don't forget to stop, take a breath, and recognize all the work you have done, and the progress made – recognizing your efforts. Completing the OSS every year post implementation will reveal to your organization how well you are adhering to the Zero Suicide framework and point out the areas where you can engage in a PDSA cycle and strive for continued improvement.

TIP:

Share your findings from the OSS with staff! This could be in a recap/progress meeting, report, presentation, etc. Rewarding progress and highlighting opportunities for continued improvement will help keep the initiative's momentum going.



Example: Several years after “go-live” at St. Joseph’s, clinicians identified how they could enhance their care planning procedures and provision of evidence-based treatment. With a commitment to learning and achieving fidelity to the Zero Suicide framework, key stakeholders began working together to study the research about how they could continue improving care for chronic and complex suicidality.

One resource we highly recommend is the Zero Suicide Institute of Australia,³ “[Zero Suicide Healthcare Evaluation Framework: Outcomes, Actions & Measures](#).” Although this document was created with a healthcare lens, it provides exceptional guidance to organizations seeking to better understand the theory related to project evaluation as well as key outcomes organizations can measure their progress in. Most importantly, organizations can measure their fidelity to the Zero Suicide framework, and also consider their involvement with high level outcome measures (e.g. community suicide death rates, proportion of those presenting to the ED for a suicide attempt). These are important considerations where communities tend to lack coordinated data collection and reporting.

Data Reporting

How you share your data will really depend on the scale of your initiative and the size of your organization. For example, you may have embedded this initiative into a quality improvement organizational program that involves senior leaders and that has specific reporting requirements. Or you may include data results in each Steering Committee or project team meeting. Whatever you decide, the important part is that the data is accurate, transparent, and used positively to promote quality improvement.

Further, it is an important principle to always share data results with those from whom you collected it. The ability to have tangible results demonstrating progress is important for staff - ensuring they can see the fruits of their labor. You may wish to include an area on an organizational webpage, or as a standing agenda item for team meetings where you can report such findings.

Again, depending on the size and scale of the initiative, you may also have requests from the media to share the good news of your work. As an underserved area, such an initiative has the potential to catch the eye of the public. Developing a one-page overview of your work can be a useful reference to use, so that you can share information quickly and effectively.

Other opportunities for data sharing (knowledge translation – more on [page 112](#)) may include (but are not limited to):

- Consortium or community of practice
- Conferences
- Scholarly publications
- Organizational reports
- Public website
- Social media (e.g. infographics or videos)
- Community forums/meetings
- Newsletters

Conclusion

The information provided above is not an exhaustive list of all that you can study or the ways you can share your good work. It is prudent to also consider measures that might be specific to/required by your organization, such as funding or legislated/adopted quality markers/indicators (e.g. Accreditation).

Each organization can benefit greatly from completing a comprehensive and structured evaluation. Recall that you can use the “Zero Suicide Data Elements Worksheet” (Plan 2.0 section of the Toolkit) as a useful guide. By completing ongoing evaluation of the project, your organization stays committed to a culture of learning and growth (quality improvement). Remember, another added bonus is that by completing formal evaluation you will increase your leadership potential in translating your new-found knowledge to others and contribute to the greater ongoing efforts of universal suicide prevention.

In this section of the Toolkit we’ve offered some guidance in developing your project evaluation. Next, we will consider how you act on this data to drive quality improvement.

References

1. Education Development Center. (2015). *Zero Suicide toolkit*. Zero Suicide. zerosuicide.edc.org/toolkit
2. Cleland, D. I. (1985). A strategy for ongoing project evaluation. *Project Management Journal*, 16(3), 11–17.
3. Zero Suicide Institute of Australia (2020). *Zero Suicide healthcare evaluation framework outcomes: Actions and measures*. zerosuicide.org/zero-suicide-healthcare-evaluation-framework/
4. University of Washington. (2021). *What is implementation science?* impsciuw.org/implementation-science/learn/implementation-science-overview/

Appendices

[Appendix N](#) - Root Cause Analysis and Corrective Actions (Non-healthcare)

NOTES
