ALL PATIENTS SAFE: Suicide Prevention for Medical Professionals

PROTOCOL PLANNING TOOL



Steps to protocol development:		Team members:
1.	Do an honest assessment of the All Patients Safe	
	protocol elements	1
2.	Work to get leadership on board (unless, of course, you	
	represent leadership)	2
3.	Assemble a team of champions	
4.	Start somewhere, identify an element(s) that is low	3
	hanging fruit for your practice	
5.	Follow through	4
		5

	Suicide Prevention Protocol Elements	This element is in place	What is currently happening in my practice setting?	My next steps
	Agency protocols address: patient education, screening, assessment, safety planning and removing dangers, and suicide care management	☐ Yes ☐ Somewhat ☐ No		
Agency prioritizes suicide	Tools for screening, assessment, risk determination and safety planning are embedded in the electronic health record or are easily identifiable in your written documentation	☐ Yes ☐ Somewhat ☐ No		
	All medical staff are provided role- specific training	☐ Yes ☐ Somewhat ☐ No		



	Suicide Prevention Protocol Elements	This element is in place	What is currently happening in my practice setting?	My next steps
	All non-medical staff are provided role-specific training	☐ Yes ☐ Somewhat ☐ No		
	There is a plan and supports for providers and staff if there is a patient that dies by suicide in this organization	☐ Yes ☐ Somewhat ☐ No		
	There is a plan and supports from this organization in case a provider or a colleague dies by suicide	☐ Yes ☐ Somewhat ☐ No		
_	Patient literature on safe storage of medications and firearms is available	☐ Yes ☐ Somewhat ☐ No		
Safer Homes	Every patient is advised how to make their home safer to prevent suicide and other medication and firearmbased tragedies	☐ Yes ☐ Somewhat ☐ No		
	Providers are trained to identify risk factors and warning signs	☐ Yes ☐ Somewhat ☐ No		
Look	All patients are screened for depression and suicide risk	☐ Yes ☐ Somewhat ☐ No		
	Team communicates to make ensure patients that screen positive are	☐ Yes ☐ Somewhat ☐ No		



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	triaged.			
Empathize	Provider workflow allows for extra time to work with complex patients	☐ Yes ☐ Somewhat ☐ No		
and listen	A patient-centered approach to care exists in this practice.	☐ Yes ☐ Somewhat ☐ No		
	A team member is assigned to complete the assessment of a potentially suicidal patient (e.g., medical provider, nurse, mental health professional).	☐ Yes ☐ Somewhat ☐ No		
	Practice has plan to gather further information once a patient has screened positive for thoughts of suicide.	☐ Yes ☐ Somewhat ☐ No		
Ask and assess	If not in electronic health record, a place is designated to keep resources to help with suicide-risk assessment? (e.g., Colombia Suicide Severity Rating Scale, SAFE-T).	☐ Yes ☐ Somewhat ☐ No ☐ N/A in EHR		
	Team member is available to help when a potentially suicidal patient is identified. Practice may have other partners in this task, including mental health partnerships.	☐ Yes ☐ Somewhat ☐ No		
	Clinic is up-to date on local rules about confidentiality related to safety	☐ Yes ☐ Somewhat		



	Suicide Prevention Protocol Elements	This element is in place	What is currently happening in my practice setting?	My next steps
	risks, including a plan to manage adolescents and special considerations about breaking confidentiality to involve parents if needed.	□ No		
	Patients at risk are identified by flag or other indicator in EHR. This could be similar to medication allergies or other problem list items.	☐ Yes ☐ Somewhat ☐ No		
	A plan is in place to assess and manage self-injurious behavior.	☐ Yes ☐ Somewhat ☐ No		
	A plan is in place to assess and manage intoxicated patients.	☐ Yes ☐ Somewhat ☐ No		
	Key supports in your community to remove means have been identified.	☐ Yes ☐ Somewhat ☐ No		
Remove danger	The clinic has a resource list of community resources to support means removal to share with patients.	☐ Yes ☐ Somewhat ☐ No		
and plan for safety	EHR has functions to help identify medications that increase suicidal thoughts and lethal in overdose.	☐ Yes ☐ Somewhat ☐ No		
	There is a clear protocol to generate and document safety plans.	☐ Yes ☐ Somewhat ☐ No		



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	Suicide contracts are no longer used.	☐ Yes ☐ Somewhat ☐ No		
	The Lifeline number (1-800-273-8255) or other relevant emergency / crisis numbers are easily available in care rooms	☐ Yes ☐ Somewhat ☐ No		
Next steps to continuous care	The clinic has a clear plan to manage patients that need emergency treatment or involuntary detention: i. a staff member is designated to sit with the patient ii. a staff member is designated to call the ambulance/911. iii. clinic has a designated emergency room to send patients for evaluation and treatment. iv. clinic has a clear plan to communicate with the receiving hospital about any concerns and assessment. v. Patients are not transported by self or family after referral to emergency treatment has been established.	☐ Yes ☐ Somewhat ☐ No		



Suicide Prevention Protocol Elements	This element is in place	What is currently happening in my practice setting?	My next steps
The clinic has clear guidelines and processes in place to make sure to follow up on safety planning. There is a system in place to track commitments.	☐ Yes ☐ Somewhat ☐ No		
The clinic has clear guidelines and processes to follow patients that are hospitalized.	☐ Yes ☐ Somewhat ☐ No		
There is a clear policy about how patients at risk are seen for close follow-up after discharge. Clinic has set standards about how soon patients will be seen back. There is a clear process to make sure no patients "fall through the cracks".	☐ Yes ☐ Somewhat ☐ No		
Agency has clear processes in place to ensure continuity of care when patients are referred to outside resources.	☐ Yes ☐ Somewhat ☐ No		
There are clear protocols to connect patients at risk to mental health treatment. A list of community resources is actively maintained	☐ Yes ☐ Somewhat ☐ No		
Our clinic uses caring letters or messages. We have designated staff time to do this and to track and manage this work.	☐ Yes ☐ Somewhat ☐ No		

