

INCREASING SUICIDAL IDEATION SCREENING AND DOCUMENTATION WITHIN PEDIATRIC PSYCHOLOGY

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Category: Patient Safety

Background

Given that suicide is the third leading cause of death among adolescents, prevention is a priority. The goal of the current quality improvement (QI) project is to increase suicidal ideation (SI) screening and documentation in keeping with Joint Commission's recommendations to prevent suicide.

Objectives

This initiative is focused on (a) systematic examination and management of barriers and (b) building motivation for effective and reliable screening by providers. We aim to increase the percentage of SI screening documented in the electronic health record to 90% of all initial encounters by April 2018.

Methods

The scope of this QI project includes all initial encounters among 12-17 year olds seen within the Psychology Service at Texas Children's main campus. SI screening documentation data is collected via manual chart review (since January 2017) and tracked over time via run chart. Initial improvement strategies included engaging stakeholders in collaborative manner, setting norms, process analyses, and piloting the Patient Health Questionnaire-9. Ongoing improvement methods include surveying providers (both faculty and trainees) regarding attitudes/perceived barriers to screening/documentation and working to address reported concerns using Plan-Do-Study-Act (PDSA) methodology.

Results

Documentation of screening over time (from January to August 2017) suggests an improvement trend in SI documentation. Preliminary survey results suggest that the primary barriers included limited access to safety planning protocols, self-efficacy, time, and accountability. Based on results to date, several new PDSAs will be implemented (i.e., training on brief SI tool/safety planning protocol, fostering routine discussions on management of SI, and giving providers feedback about their SI screening rates). Chart reviews for SI documentation after August 2017 are currently underway and will be presented via annotated run chart depicting change over time.

Discussion

Overall, it appears that setting norms and collaborative processes combined with tracking outcomes has already yielded improvement in SI screening and documentation. Using QI to foster adoption of Joint Commission guidelines appears to be a feasible, acceptable, and potentially impactful way to improve suicide prevention practices at the local level.