

Pavan Somusetty, MD

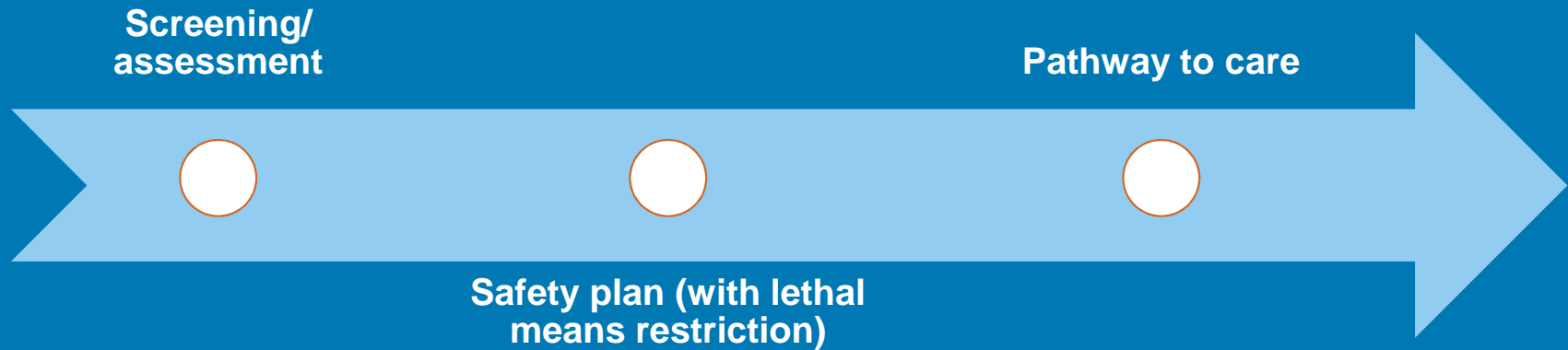
National Leader for Suicide Prevention

Kaiser Permanente

 @thebrownshrink

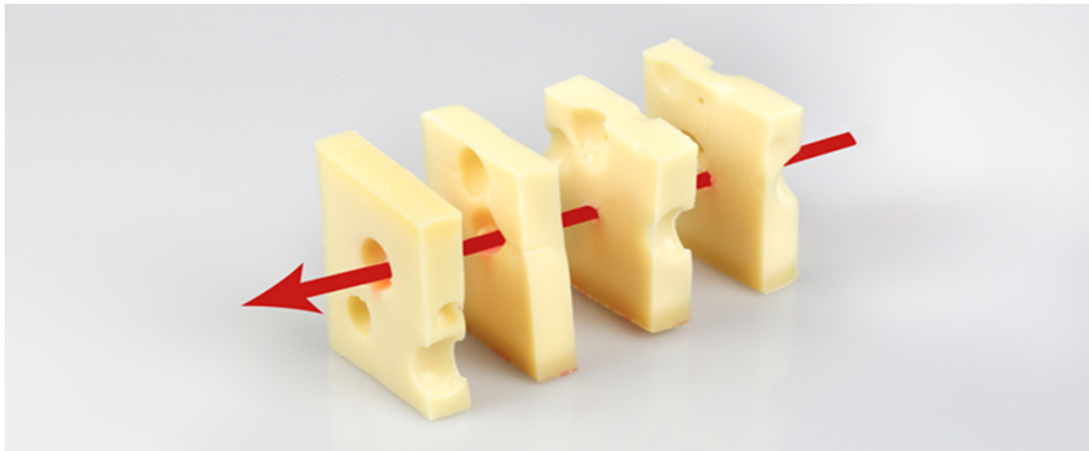
Exploring Care System Solutions

Zero Suicide in Kaiser Permanente



Systems Approach: Vital Behaviors

- Vital Behavior 1: Increase identification of patients at high risk for depression PHQ 9
- Vital Behavior 2: Reliable escalation pathway for suicidal patients Columbia-Suicide Severity Rating Scale (C-SSRS)
- Vital Behavior 3: Timely Safety Plan Intervention (Stanley & Brown) and referral



Columbia Suicide Severity Risk Scale (C-SSRS)

Kaiser Permanente Northwest

MRN/HRN: _____

NAME: _____ DATE: _____

Thank you for taking the time to answer this short survey. Answers to these questions will help us work together to build a care plan that meets your mental, physical, and emotional health needs.

Answer Questions 1 and 2

In the past month

1. Have you wished you were dead or wished you could go to sleep and not wake up? Yes No
2. Have you actually had any thoughts about killing yourself? Yes No

If Yes to 2, answer questions 3, 4, 5 and 6

If No to 2, go directly to question 6

3. Have you thought about how you might do this? Yes No
4. When you thought about killing yourself, did you think that this was something you might actually do? This is different from having the thoughts but knowing you wouldn't do anything about it. Yes No
- 5a. Have you started to work out or worked out the details of how to kill yourself? Yes No
- 5b. Do you intend to carry out this plan? Yes No

Always answer question 6

- 6a. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life? Yes No
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself to kill yourself, tried to hang yourself, etc.
- 6b. How long ago did you do any of these? Less than 3 months More than 3 months



Endorsed, Recommended, or Adopted by:



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
 2. _____
 3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
 2. _____
 3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
 2. Name _____ Phone _____
 3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
 2. Name _____ Phone _____
 3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
 Clinician Pager or Emergency Contact # _____
 2. Clinician Name _____ Phone _____
 Clinician Pager or Emergency Contact # _____
 3. Local Urgent Care Services _____
 Urgent Care Services Address _____
 Urgent Care Services Phone _____
 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
 2. _____

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The one thing that is most important to me and worth living for is:

Data: Current/Future, Predictive Analytics

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