Suicide Care | Adopted September 2018
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- Established by the State Legislature
- Goal to improve quality, health outcomes, and cost-effectiveness of care in Washington State
- Bring together member clinicians, Washington State agencies, hospitals, health care systems, health insurance plans, and quality improvement organizations
- Select health care topics every year and develop evidence-based recommendations by convening workgroups of clinical experts, administrative experts, patients, and others
- Recommendations guide health care purchasing for Washington State agencies and set a community standard of care.

Why Suicide Care?
Suicide is both a preventable outcome and a public health issue with a long-lasting and profound effect on family members, friends, and clinical providers. Our rate of suicide in Washington State is higher than the national average.

Our Report and Recommendations:
- Are applicable to in- and out-patient care settings including for care transitions, behavioral health providers and clinics, and for specialty care (e.g., oncology)
- Are focused on a clinical setting, but recognize need for visibility and education in a variety of community settings, and that limited access to behavioral health is an issue.

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<th>Focus Areas and Care Pathway</th>
<th>Identification of Suicide Risk</th>
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<td></td>
<td>• Screen all patients over 13 annually for behavioral health conditions (i.e., mental health, substance use), associated with increased suicide risk using a validated instrument(s), including depression, suicidality (i.e., suicidal ideation, past attempts), alcohol misuse, anxiety, and drug use.</td>
<td>• Based on results from identification above, further identify risk of suicide with a validated instrument and identify additional risk factors including mental illness diagnosis, substance use disorder(s), stressful life event, and other relevant psychiatric symptoms or warning signs (at clinician’s discretion).</td>
<td>• Ensure individuals at risk of suicide have pathway to timely and adequate care (e.g. follow-up contact same day or later as indicated by suicide risk assessment). • Keep patients in an acute suicidal crisis in an observed, safe environment. • Address lethal means safety (e.g., guns, medications). • Engage patients in collaborative safety planning. • If possible, involve family members or other key support people in suicide risk management.</td>
<td>• Use effective evidence-based treatments provided onsite that directly target suicidal thoughts and behaviors (rather than focusing primarily on specific mental health diagnoses) through integrated behavioral health or off-site with a supported referral. • Document patient information related to suicide care and referrals.</td>
<td>• Ensuring the patient is connected to evidence-based follow-up treatment. • Provide contact and support during transition from inpatient to outpatient sites, and from out-patient to no behavioral health treatment. • Ensure supported pathway to adequate and timely care, as outlined above (e.g., collaborative safety planning, onsite or referral to offsite behavioral health).</td>
<td>• Follow-up and support for family members, friends, and for providers involved in care including screening for depression, suicidality, anxiety, alcohol misuse, and drug use.</td>
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Read our report: www.breecollaborative.org/topic-areas/previous-topics/suicide-care/