

ZERO SUICIDE WORK PLAN TEMPLATE

An implementation team should use this template after completing the Zero Suicide Organizational Self-Study. It is organized by Zero Suicide element and does not have to be completed all at once.

To go directly to a particular element, click the link in the table of contents below.

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LEAD						
>> Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Establish an implementation team. Clearly define tasks and roles of team members.						
Announce Zero Suicide philosophy to staff and establish ongoing communication about initiative.						
Consider ways to link Zero Suicide to other initiatives (e.g., trauma-informed care, substance abuse).						
Train management on new initiative (e.g., develop PowerPoint presentation for staff trainings).						
Present Zero Suicide to the board, where applicable.						
Establish budget to implement Zero Suicide (e.g., to purchase screeners, conduct training).						

Review agency policies to determine what new policies need to be developed.						
Ensure policies and procedures include review of adverse outcomes related to suicide.						
Ensure policies and procedures include support for staff who have experienced the suicide death of a patient.						
Involve suicide attempt and loss survivors in leadership and planning roles.						
Design an evaluation plan to assess impact.						
Ensure patient safety is addressed within the hospital environment (e.g., breakaway rods, door alarms).						

TRAIN						
>> Develop a competent, confident, and caring workforce.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Train staff on Zero Suicide philosophy and organization's program and expectations.						
Assess workforce for skills and confidence in providing suicide care.						
Provide research-informed training on suicide risk for all staff.						
Provide research-informed training for suicide care and treatment to clinical staff.						
Repeat training and reassess skills periodically.						
Provide training tailored to staff weaknesses as identified in workforce survey.						
As a minimum, provide clinical staff with training that centers on information, skills, and confidence in gathering the right information to develop and write a risk formulation in the patient record and to communicate it to the patient and their support system. Use a standard risk formulation format across the organization.						

IDENTIFY >> Screening						
>> Systematically identify and assess suicide risk among people receiving care.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Ensure policies and procedures describe when patients are screened for suicide risk.						
Ensure a valid and reliable screening measure is used by appropriate staff.						
Routinely document suicide risk screenings.						
Train staff on suicide screening.						
Outline frequency of screening and assessment.						
Establish workflows on screening and identification processes.						

IDENTIFY >> Assessing and Formulating Risk						
>> Systematically identify and assess suicide risk among people receiving care.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Ensure facility has a written policy and procedure stating suicide risk assessment is completed during the same visit whenever a patient screens positive for suicide risk.						
Ensure facility has a written policy and procedure stating patients are provided timely access to clinically trained staff after screening positive for suicide risk.						
Ensure all staff use a standardized assessment and risk formulation protocol.						
Provide all clinical staff with formal training on risk assessment and formulation.						
Have a mechanism in place to alert all staff providing patient care about suicide risk.						
Ensure staff understand that information from <i>screening</i> (past and present suicide ideation and behavior) is insufficient to formulate risk and inform treatment. Instruct staff to collect the following additional information to inform risk formulation: <ul style="list-style-type: none"> » Long-term risk factors » Impulsivity/Self-control, including substance abuse » Identifiable stressors and precipitants » Clinical presentation/Dynamic factors Patient engagement and reliability						
Conduct risk assessment prior to any less restrictive change in level of observation or discharge.						

ENGAGE >> Suicide Care Management Plan						
>> Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet patient needs.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Place individuals at risk for suicide on a suicide care management plan.						
Develop clear protocols for indicating that a patient is no longer considered suicidal.						
Ensure documentation used by all staff reflects patient status.						
Establish outreach protocol for missed appointments.						
Hold regular team meetings to discuss patients at risk.						
Coordinate care among all providers for patients on a suicide care management plan.						
Provide alternatives for urgent care (e.g., attempt survivor support groups, drop-in visits).						
Use a thorough risk formulation to determine management and treatment strategies for each patient's care management plan.						
Update risk formulation on a regular schedule and whenever any aspect of the patient's presentation changes. Include description of the patient's risk status and risk state, plus coping resources and potential triggers.						

ENGAGE >> Collaborative Safety Planning and Restriction of Lethal Means						
>> Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet patient needs.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Include steps to reduce access to weapons or other potentially lethal means in facility's suicide care policies.						
Actively, collaboratively, and routinely engage each patient in his or her own role in recovery from suicide risk.						
Have all staff across the organization use the same safety planning template.						
Provide staff with formal training in safety planning, including reducing access to lethal means. Hold periodic refreshers.						
Actively engage family members or other identified support persons in role of patient recovery, including lethal means reduction.						
Train staff in how to engage family and other support persons in lethal means restriction and safety planning.						

TREAT						
>> Use effective, evidence-based treatments that directly target suicidality.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
When suicide concerns are present, ensure patient treatment plan explicitly focuses on reducing suicidality and treating suicide risk directly.						
Assess fidelity to treatment and outcomes.						
Develop policies for how to observe patients with suicidal concerns and train staff on these policies.						
Conduct routine checks on staff fidelity to the observation policy.						

TRANSITION						
>> Provide continuous contact and support, especially after acute care.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Establish engagement plan for patients who are hard to reach.						
Ensure facility has written policies, procedures, and/or contracts around safe hand-offs from one level of suicide care to another level, both within the facility and with other community-based agencies.						
Train staff on patient and family engagement and transitions in care.						
Consistently use and document linking and bridging strategies and follow-up tools (e.g., caring letters, telehealth, text messages).						

IMPROVE						
>> Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.	Timeline: Year 1				Beyond Year 1	Staff Responsible
	Q1	Q2	Q3	Q4		
Set target goals for actionable items.						
Establish measurement for suicide deaths.						
Update work plan to reflect results of workforce survey and other data outputs.						
Consistently use and document linking and bridging strategies and follow-up tools (e.g., caring letters, telehealth, text messages).						
Assess patient satisfaction.						
Assess workforce satisfaction and understanding of Zero Suicide philosophy.						