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Psychiatry and Addictions Case Conference

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QI PROJECT: PHONE PROTOCOL FOR SUICIDE RISK ASSESSMENTS IN A FQHC

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project ECHO

GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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BACKGROUND

- Fellowship 2018
- Worked in a FQHC as a clinical director/clinician for behavioral health
- Newly integrated behavioral health services
- Screening tool implementation need within workflow
- SBIRT implementation
- Psychiatric consultation development

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DEVELOPMENT OF QI PROJECT

- Initial goal: PHQ-9 and GAD-7 implementation for visits
- Attended meetings, met with CMO and other leaders within the organization
- Structure needed around suicide risk assessments via phone
- Existing protocol: Patient would call → Call Center staff answers → Staff would try to identify available mental health clinician at one of five clinics via phone
- If mental health clinician not available, call would go out to triage RN, and then finally Clinical Directors

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IDENTIFIED NEED

- Problems with current protocol:
- a.) Patient placed on hold for up to 20 minutes while staff member would try to locate a clinician that could perform the assessment
- b.) Call center staff would feel anxious about the prospect of locating someone expediently
- c.) Cumbersome, inefficient, confusing

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AIM STATEMENT

- Critical need to expediently assess and implement additional interventions
- Patient safety
- Staff satisfaction
- AIM Statement: Transfer calls in need of suicide risk assessment in 5 minutes or less to a qualified clinician

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QI PROJECT IMPLEMENTATION

- Change needed in how clinicians were notified
- New EHR allowed for texting capability
- Met with leadership and Risk/Quality manager on modifying current written policy
- Policy modified and sent to review for approval to Risk/Quality manager and CMO
- Modification to protocol: group text sent to mental health clinicians, if no response after 5 minutes, group text sent to triage RNs and Clinical Directors
- Call center lead able to track date/time of call and number of minutes

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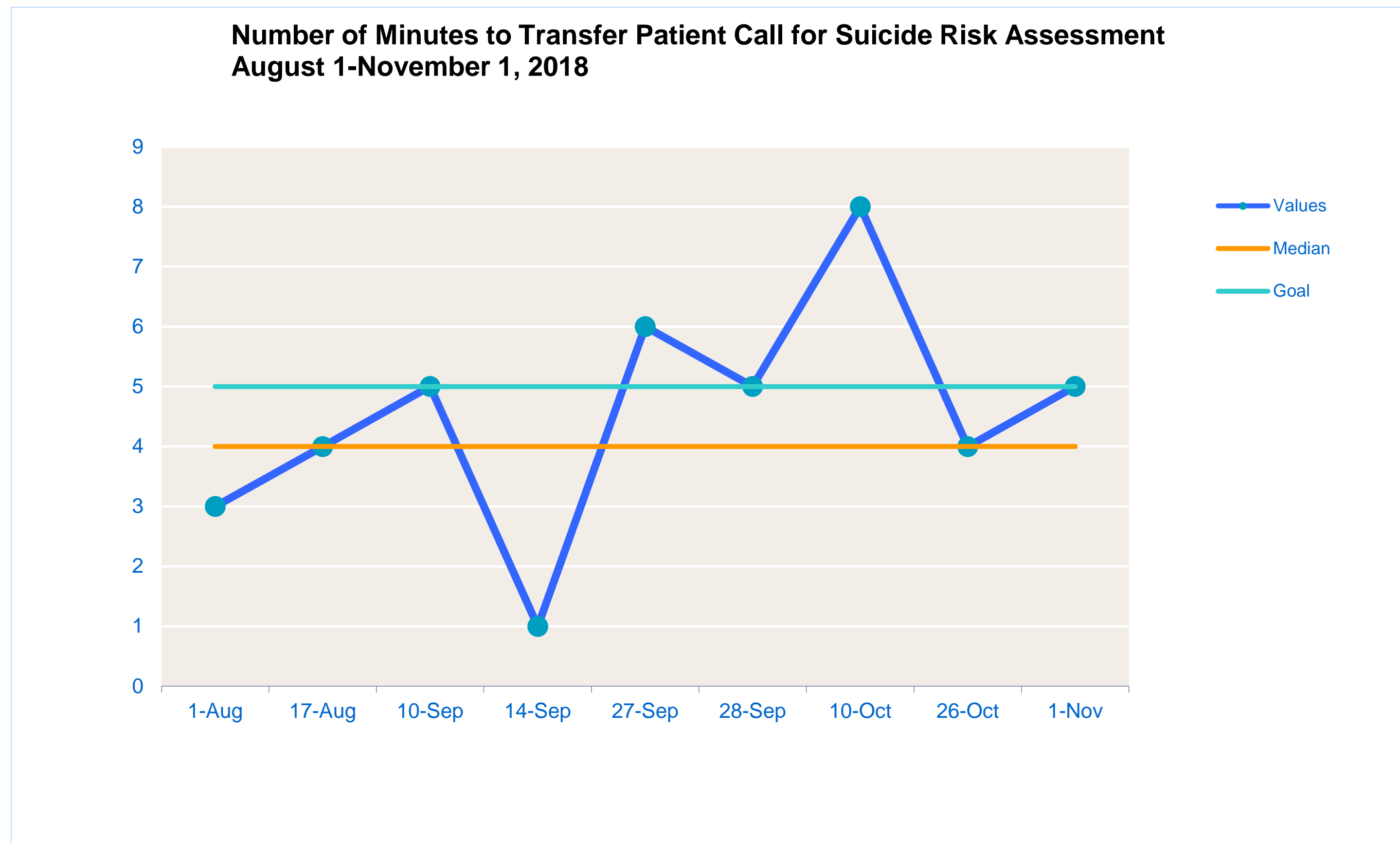
MEASURE



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MEASURES

Date of Calls	Minutes	Median	Goal	End Median
1-Aug	3	4	5	
17-Aug	4	4	5	
10-Sep	5	4	5	
14-Sep	1	4	5	
27-Sep	6	4	5	X
28-Sep	5	4	5	
10-Oct	8	4	5	
26-Oct	4	4	5	
1-Nov	5	4	5	

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OUTCOME

- Reduced wait times for transfer of calls
- Increased staff satisfaction
- Fewer patient complaints
- No sentinel events
- No unfavorable outcomes

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ACQUIRED KNOWLEDGE

- Identifying issues
- Small change can be key to significant improvement
- Engagement of both front line staff and leadership to identify context of issue
- "What gets measured, gets managed"

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PROJECT UPDATE POST FELLOWSHIP

- Suicide risk assessment protocol has continued
- No further concerns expressed by staff and leadership
- No further patient care concerns

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CURRENT USE OF QI

- Clinical focus has shifted
- Started private practice and working with another agency part-time as a clinician
- Plan to check in with staff and leadership
- Assess areas of improvement

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CONCLUSION

- Thank you for your time and attention
- You may contact me with any questions: snhall3@uw.edu

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