Sample Report for Zero Suicide Workforce Survey

<u>Zero Suicide Workforce Survey</u>

Zero Suicide Workforce Survey Results
This reports presents results from the Zero Suicide Workforce Survey that was implemented at your organization. The results should inform leadership about how prepared staff feel to provide suicide care, assist in the development of training plans in your organization, and help establish a baseline for your implementation approach. Look for topics (e.g., risk assessment, safety planning) where clinician knowledge and skills are low to identify priority areas for training. Acknowledge topics where clinician knowledge and skills are high and celebrate these areas of high performance with staff. Keep in mind that it is not unusual to find that 40%–50% of your staff do not feel confident or comfortable working with patients at risk of suicide. The purpose of this survey is to inform next steps.

How should we report these results back to our staff?
Thank staff for their participation and acknowledge its importance in the organization's adoption of the Zero Suicide model. Share the results and provide assurance that it is not uncommon to see deficits in training. Staff may not have had the opportunity to gain the skills needed to work with patients at risk for suicide in their past education or training, and therefore it is not expected that they will feel confident with this skill set. Be supportive of your staff in a manner consistent with a just, no-blame culture. Communicate how you will support staff and address training needs or next steps. Share that the Workforce Survey will be administered again in the future, and staff will be notified once that process begins.

Which questions should be used to inform the training needs of the organization's clinical staff?
The data that your staff provide by completing the Zero Suicide Workforce Survey are essential to your organization's implementation of Zero Suicide. Remember that the survey contains branching logic to match certain categories of survey questions with relevant staff based on their role in the organization. The results that are of importance that you choose to highlight with your staff will be unique to your organization. Following are examples of how to interpret data from three different sections of the survey.
- Section 2 – Suicide Prevention within your Work Environment assesses staff attitudes and perceptions about their responsibilities in suicide prevention, as well as perceived organizational culture and support related to patient suicide deaths. Responses from this section can inform leadership about the degree of organization-wide culture change needed to advance Zero Suicide (e.g. developing a no-blame culture when adverse events occur).
- Section 6 – Providing Care to Patients at Risk includes a block of survey questions designed for respondents involved in direct patient care. Responses from this section will provide the following information about working with patients with elevated suicide risk: knowledge of the skills and procedures, confidence in their ability to follow procedures, and level of comfort.
- Section 8 – Care Transitions includes a block of survey questions designed to show the level of knowledge, confidence, and comfort that patient care staff have in safely discharging or transitioning patients following acute care admissions or changes in care. This information can highlight the degree to which staff understand and use your organization's care transition protocols or if new protocols should be developed.
- Section 9 – Training and Resource Needs results show areas where staff feel most comfortable as well as areas where additional training is desired. Address these training needs and opportunities when communicating the results and sharing next steps with your staff.
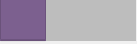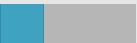
Section 1. Your Work Environment

Overview of Section 1

The first series of questions in the survey asked respondents to report on characteristics of their work environment and their role within that environment:

- **Question 1 - Work Setting**: Assesses whether the respondent works in an inpatient setting, outpatient setting, or both settings.
    - All survey respondents were asked this question.

- **Question 2 - Primary Professional Role**: Respondents were asked to identify their *primary* professional role according to 14 categories.
    - All survey respondents were asked this question.

- **Question 3 - Interaction with Patients**: Respondents were asked if they directly interact with patients during their day-to-day duties.
    - All survey respondents were asked this question.

- **Question 4 - Inpatient Settings**: A two-part question examining perceived safety of the physical environment.
    - Only Survey Respondents Who Reported in Question 1 that they work in an inpatient setting.

1. Work Setting: In which of the following settings do you work?

Respondents: All

Value		Percent	Responses
Inpatient setting		33.60%	168
Outpatient setting		33.40%	167
Both		33.00%	165

Totals: 500

2. Primary Professional Role: Please choose the one category below that best describes your primary professional role. (choose one)

Respondents: All

Value		Percent	Responses
Management (Administrators, Supervisors, Managers, Coordinators)		7.56%	34
Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)		5.78%	26
Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation)		8.22%	37
Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)		6.67%	30
Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation)		7.78%	35
Case Management		6.89%	31
Crisis Services		8.00%	36
Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant)		5.78%	26
Nursing (Nurse, Registered Nurse)		6.00%	27
Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)		6.00%	27
Technician (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician)		8.22%	37
Patient Observer		9.11%	41
Support and Outreach (Outreach, Faith, Family Support, Peer Support)		6.67%	30
Education (Teacher, Health Educator)		7.33%	33

Totals: 450

3. Interaction with Patients: As part of this role, do you directly interact with patients either in person or from a distance during your day-to-day duties within the organization? This includes things such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services.

Respondents: All

Value		Percent	Responses
No		48.20%	241
Yes		51.80%	259

Totals: 500

4. Inpatient Setting: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 1 that they work in an inpatient setting.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I know the organizational protocols for ensuring a safe physical environment for patients at risk for suicide (including safety precautions around entry, visitors, patient belongings, and physical structures in the facility). Count Row %	74 14.60%	76 14.99%	84 16.57%	93 18.34%	90 17.75%	507	2.56
I know what to do when I have concerns about potential means for suicide in the physical environment in our facility. Count Row %	96 19.51%	84 17.07%	73 14.84%	77 15.65%	81 16.46%	492	2.43
Totals Total Responses						507	2.50

Section 2. Suicide Prevention Within Your Work Environment

Overview of Section 2

This series of questions asked respondents to reflect on suicide prevention within their work environment:

- **Question 5 - Suicide Prevention in the Work Environment**: An eight-part question about suicide prevention within the organizational work environment.
    - All survey respondents were asked these questions.

- **Question 6 - Interaction with a Patient Who Ended His/Her Life**: A single item about experience interacting with someone who ended his/her life.
    - All survey respondents were asked this question.

- **Question 7 - Organizational Supports Following Suicide**: A two-part item about organizational supports following a suicide.
    - Only survey respondents who reported in Question 6 that they interacted with a patient who ended his/her life.

5. Suicide Prevention in the Work Environment: Please indicate how much you disagree or agree with each of the following statements.

Respondents: All

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I am familiar with the "Zero Suicide" initiative. Count Row %	74 15.13%	85 17.38%	86 17.59%	76 15.54%	84 17.18%	489	2.51
I understand my role and responsibilities related to suicide prevention within this organization. Count Row %	75 15.03%	86 17.23%	84 16.83%	82 16.43%	86 17.23%	499	2.52
I believe suicide prevention is an important part of my professional role. Count Row %	88 18.37%	70 14.61%	80 16.70%	87 18.16%	77 16.08%	479	2.51
The leadership at this organization has explicitly indicated that suicide prevention is a priority. Count Row %	87 18.05%	73 15.15%	86 17.84%	78 16.18%	79 16.39%	482	2.49
This organization has clear policies and procedures in place that define each employee's role in preventing suicide. Count Row %	79 15.96%	83 16.77%	80 16.16%	67 13.54%	93 18.79%	495	2.46

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have received training at this organization related to suicide prevention. Count Row %	85 17.93%	73 15.40%	92 19.41%	78 16.46%	73 15.40%	474	2.50
This organization provides me access to ongoing support and resources to further my understanding of suicide prevention. Count Row %	72 14.91%	101 20.91%	74 15.32%	80 16.56%	78 16.15%	483	2.50
I feel that my organization would be responsive to issues that I bring up related to patient safety. Count Row %	66 13.78%	88 18.37%	80 16.70%	75 15.66%	85 17.75%	479	2.52
Totals Total Responses						499	2.50

6. Interaction with a Patient Who Ended His/Her Life: While working at this organization, I have directly or indirectly interacted with a patient who ended his/her life by suicide.

Respondents: All

Value		Percent	Responses
Yes, it has happened once		27.20%	136
Yes, it has happened more than once		25.60%	128
No		24.20%	121
I Don't Know		23.00%	115

Totals: 500

7. Organizational Supports Following Suicide: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 6 that they interacted with a patient who ended his/her life by suicide.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I felt supported by this organization when a suicide occurred. Count Row %	74 15.35%	77 15.98%	92 19.09%	77 15.98%	81 16.80%	482	2.52
I felt blamed when a patient died by suicide. Count Row %	81 17.02%	78 16.39%	72 15.13%	99 20.80%	73 15.34%	476	2.55
This organization has practices in place to support staff when a suicide occurs. Count Row %	88 18.57%	80 16.88%	87 18.35%	81 17.09%	69 14.56%	474	2.49
Totals Total Responses						482	2.52

Section 3. Recognizing When Patients May Be at Elevated Risk for Suicide

Overview of Section 3

Respondents were asked about their knowledge and comfort related to recognizing when a patient may be at elevated risk for suicide:

- **Question 8 - Recognizing when a Patient May be at Elevated Risk**: An five-part question about recognition and response when a patient may be at elevated risk for suicide.
    - All survey respondents were asked these questions.

- **Question 9 - Training on Recognizing Warning Signs**: A single item about receipt of training on recognizing warning signs of elevated risk.
    - All survey respondents were asked this question.

- **Question 10 - Training at Current Organization**: A single item asking whether training on recognizing elevated risk was provided by the respondent's current organization.
    - Only survey respondents who reported in Question 9 that they have received training in the past.

8. Recognizing When a Patient May be at Elevated Risk: Please indicate how much you disagree or agree with each of the following statements.

Respondents: ALL. The table on the next page presents data on the five parts of Question #8: (a) I have the knowledge and training needed to recognize when a patient may be at elevated risk for suicide; (b) I am knowledgeable about warning signs for suicide; (c) I know what organizational procedures to follow when I suspect that a patient may be at elevated risk for suicide; (d) I am confident in my ability to respond when I suspect a patient may be at elevated risk for suicide; and (e) I am comfortable asking patients direct and open questions about suicidal thoughts and behaviors. All survey respondents were asked these questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have the knowledge and training needed to recognize when a patient may be at elevated risk for suicide. Count Row %	74 14.89%	72 14.49%	95 19.11%	80 16.10%	88 17.71%	497	2.54
I am knowledgeable about warning signs for suicide. Count Row %	84 17.14%	96 19.59%	62 12.65%	82 16.73%	83 16.94%	490	2.46
I know what organizational procedures to follow when I suspect that a patient may be at elevated risk for suicide. Count Row %	79 16.02%	84 17.04%	78 15.82%	74 15.01%	89 18.05%	493	2.48
I am confident in my ability to respond when I suspect a patient may be at elevated risk for suicide. Count Row %	71 15.14%	92 19.62%	76 16.20%	80 17.06%	75 15.99%	469	2.51
I am comfortable asking patients direct and open questions about suicidal thoughts and behaviors. Count Row %	85 17.17%	69 13.94%	76 15.35%	81 16.36%	92 18.59%	495	2.49
Totals Total Responses						497	2.50

9. Training on Recognizing Warning Signs: Have you ever received training on how to recognize the warning signs that a patient may be at elevated risk for suicide?

Respondents: All

Value		Percent	Responses
No		49.40%	247
Yes		50.60%	253

Totals: 500

10. Training at Current Organization: Has your current organization provided you with training on how to recognize the warning signs that a patient may be at elevated risk for suicide?

Respondents: Only Survey Respondents Who Reported in Question 9 that they have received training in the past.

Value		Percent	Responses
No		49.89%	226
Yes		50.11%	227

Totals: 453

Section 4. Screening and Assessing Patients for Suicide Risk

Overview of Section 4

Respondents who reported in Question 4 that they directly interact with patients either in person or from a distance during their day-to-day duties within the organization (including thing such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services) were all asked the questions in this section. All respondents who do **not** directly interact with patients were not asked the questions in this section.

The questions in this section were about screening patients who may be at elevated risk for suicide:
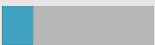
- **Question 11 - Primary Patient Population**: A single item asking which *primary* patient population the respondent works with from four age categories.
    - All survey respondents who directly interact with patients.

- **Question 12 - Responsibility for Conducting Screening**: A single item asking if the respondent is responsible for conducting screenings for suicide risk.
    - All survey respondents who directly interact with patients.

- **Question 13 - Conducting Screenings for Suicide Risk**: A four-part item asking about conducting screenings for suicide risk.
    - Only survey respondents who reported in Question 12 that they are responsible for conducting screenings for suicide risk

Patients who screen positive for suicide risk should be assessed to inform clinical decision making. This is sometimes referred to as suicide risk assessment.

- **Question 14 - Responsibility for Conducting Suicide Risk Assessments**: A single item asking if the respondent is responsible for conducting suicide risk assessments for patients who screen positive for suicide risk.
    - All survey respondents who directly interact with patients.

- **Question 15 - Conducting Suicide Risk Assessments**: A nine-part item asking about conducting suicide risk assessments.
    - Only survey respondents who reported in Question 14 that they are responsible for conducting suicide risk assessments.

11. Primary Patient Population: You indicated earlier that you directly interact with patients either in person or from a distance during your day-to-day duties within the organization. Which of the following groups do you primarily work with?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
Children		24.39%	60
Adolescents		21.14%	52
Adults		26.02%	64
Elderly		28.46%	70

Totals: 246

12. Responsibility for Conducting Screening: Are you responsible for conducting screenings for suicide risk?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		51.25%	143
Yes		48.75%	136

Totals: 279

13. Conducting Screenings for Suicide Risk: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 12 that they are responsible for conducting screenings for suicide risk.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have the knowledge and skills needed to screen patients for suicide risk. Count Row %	51 19.39%	33 12.55%	32 12.17%	53 20.15%	47 17.87%	263	2.51
I know our organizational procedures for screening patients for suicide risk. Count Row %	35 13.41%	51 19.54%	35 13.41%	50 19.16%	45 17.24%	261	2.56
I am confident in my ability to screen patients for suicide risk. Count Row %	47 17.80%	44 16.67%	51 19.32%	36 13.64%	43 16.29%	264	2.45
I am comfortable screening patients for suicide risk. Count Row %	48 18.82%	36 14.12%	52 20.39%	37 14.51%	41 16.08%	255	2.47
Totals Total Responses						264	2.50

14. Responsibility for Conducting Suicide Risk Assessments: Are you responsible for conducting suicide risk assessments for patients who screen positive for suicide risk?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		44.80%	125
Yes		55.20%	154

Totals: 279

15. Conducting Suicide Risk Assessments: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 14 that they are responsible for conducting suicide risk assessments for patients who screen positive for suicide risk.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have the knowledge and skills needed to conduct a suicide risk assessment. Count Row %	43 19.37%	39 17.57%	59 26.58%	41 18.47%	40 18.02%	222	2.98
I am knowledgeable about risk factors for suicide. Count Row %	41 19.16%	39 18.22%	39 18.22%	46 21.50%	49 22.90%	214	3.11
I obtain information about risk and protective factors when conducting suicide risk assessments. Count Row %	35 16.20%	48 22.22%	37 17.13%	50 23.15%	46 21.30%	216	3.11
I assess the patient's access to lethal means as part of a suicide risk assessment. Count Row %	44 20.47%	32 14.88%	48 22.33%	50 23.26%	41 19.07%	215	3.06
I assess the patient's suicide plans and intentions as part of a suicide risk assessment. Count Row %	47 21.66%	46 21.20%	43 19.82%	40 18.43%	41 18.89%	217	2.92

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I know what organizational procedures exist regarding suicide risk assessments. Count Row %	51 24.06%	46 21.70%	50 23.58%	30 14.15%	35 16.51%	212	2.77
I am confident in my ability to conduct a suicide risk assessment. Count Row %	49 22.90%	40 18.69%	38 17.76%	38 17.76%	49 22.90%	214	2.99
I am comfortable conducting a suicide risk assessment. Count Row %	42 19.27%	47 21.56%	43 19.72%	45 20.64%	41 18.81%	218	2.98
I know the clinical workflow to follow when a suicide risk assessment indicates the patient needs additional clinical care. Count Row %	49 22.58%	48 22.12%	45 20.74%	39 17.97%	36 16.59%	217	2.84
Totals Total Responses						222	2.97

Section 5. Training on Screening and Risk Assessment

Overview of Section 5

Respondents who reported in Question 4 that they directly interact with patients either in person or from a distance during their day-to-day duties within the organization (including thing such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services) were all asked the questions in this section. All respondents who do **not** directly interact with patients were not asked the questions in this section.

The questions in this section were about any training that the respondent may have received on screening and suicide risk assessment - even if this is not part of their current professional duties:

- **Question 16 - Ever Trained on Screening or Risk Assessment**: A single item asking whether the respondent has ever received training on conducting suicide screenings or suicide risk assessments.
  - All survey respondents who directly interact with patients.

- **Question 17 - Training at Current Organization**: A single item asking if the respondent received training on conducting suicide screenings or suicide risk assessments at their current organization.
  - Only survey respondents who reported in Question 16 that they have received training

- **Question 18 - Trainings Taken on Screening or Risk Assessment**: A multi-part question that asked respondents which training(s) they have taken on screening or suicide risk assessment.
  - Only survey respondents who reported in Question 16 that they have received training.

- **Question 19 - Standard Tools, Instruments, or Rubrics**: A single item asking if the respondent uses a standard tool, assessment instrument, or rubric for suicide screening or risk assessment.
  - All survey respondents who directly interact with patients.

- **Question 20 - Standard Tools, Instruments, or Rubrics Used**: A multi-part question that asked respondents which standard tools, instruments, or rubrics they currently use for suicide screening or risk assessment.
  - Only survey respondents who reported in Question 19 that they used standard tools, instruments, or rubrics.

16. Ever Training on Screening or Risk Assessment: Have you ever received training on conducting suicide screenings or conducting suicide risk assessments?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		51.97%	145
Yes		48.03%	134

Totals: 279

17. Training at Current Organization: Has your current organization provided you with training on conducting suicide screenings or conducting suicide risk assessments?

Respondents: Only Survey Respondents Who Reported in Question 16 that they have received training.

Value		Percent	Responses
No		50.79%	129
Yes		49.21%	125

Totals: 254

18. Trainings Taken on Screening or Risk Assessment: Which of the following trainings, if any, have you taken on screening or suicide risk assessment? (select all that apply)

Respondents: Only Survey Respondents Who Reported in Question 16 that they have received training.

| Value		Percent	Responses
AMSR (Assessing and Managing Suicide Risk)		54.72%	116
CASE Approach (Chronological Assessment of Suicide Events)		50.47%	107
Commitment to Living		49.06%	104
Columbia Suicide Severity Rating Scale (C-SSRS)		56.13%	119
QPRT Suicide Risk Assessment and Management Training (not basic QPR training)		55.66%	118
RRSR (Recognizing and Responding to Suicide Risk)		54.25%	115
SuicideCare		55.19%	117
An inservice or webinar training at my organization		55.19%	117
An inservice or webinar training at a former organization		52.36%	111
A different training on screening or suicide risk assessment (please specify):		51.89%	110

19. Standard Tools, Instruments, or Rubrics: Do you use a standard tool, assessment instrument, or rubric for suicide screening or risk assessment?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		52.33%	146
Yes		47.67%	133

Totals: 279

20. Standard Tools, Instruments, or Rubrics Used: Which of the following tools, screening and assessment instruments, or rubrics, if any, do you use? (select all that apply)

Respondents: Only Survey Respondents Who Reported in Question 19 that they use standard tools, instruments, or rubrics.

Value		Percent	Responses
Asking Suicide-Screening Questions (ASQ)		57.33%	133
Beck's Suicide Intent Scale (SIS)		55.60%	129
Columbia Suicide Severity Rating Scale (C-SSRS)		59.48%	138
National Suicide Lifeline Risk Assessment Standards		58.62%	136
PHQ-2		56.47%	131
PHQ-9		54.31%	126
Risk Assessment Matrix (RAM)		56.03%	130
Risk of Suicide Questionnaire (RSQ)		54.74%	127
SAFE-T		56.47%	131
SuicideCare		58.19%	135
Suicide Ideation Questionnaire (SIQ or SIQ-JR)		57.33%	133
A tool, instrument, or rubric developed by my organization		55.17%	128
A different tool, instrument, or rubric (please specify):		56.03%	130

Section 6. Providing Care to Patients at Risk

Overview of Section 6

Respondents who reported in Question 4 that they directly interact with patients either in person or from a distance during their day-to-day duties within the organization (including thing such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services) were all asked the questions in this section. All respondents who do **not** directly interact with patients were not asked the questions in this section.

The questions in this section were for staff responsible for providing care to patients determined to be at elevated risk for suicide:

- **Question 21 - Responsibility for Providing Care**: A single item asking whether the respondent provides direct care to patients who have been identified as being at elevated risk for suicide based on their risk assessment.
  - All survey respondents who directly interact with patients.

- **Question 22 - Providing Care to Patients at Elevated Risk**: A four-part item asking about providing care to patients at elevated risk for suicide.
  - Only survey respondents who reported in Question 21 that they provide direct care to patients who have been identified as being at elevated risk for suicide based on their risk assessment.

- **Question 23 - Safety Planning**: A single item asking whether the respondent has taken the *Safety Planning Intervention for Suicide Prevention* course on the Zero Suicide website.
  - All respondents who directly interact with patients.

- **Question 24 - Access to Lethal Means**: A single item asking whether the respondent has taken the *Counseling on Access to Lethal Means* (CALM) course either online or in person.
  - All survey respondents who directly interact with patients.

21. Responsibility for Providing Care: Do you provide direct care to patients who have been identified as being at elevated risk for suicide based on their risk assessment?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		52.69%	147
Yes		47.31%	132

Totals: 279

22. Providing Care to Patients at Elevated Risk: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 21 that they provide direct care to patients who have been identified as being at elevated risk for suicide based on their risk assessment. The table on the next page presents data on the four parts of Question #22: (a) I have the knowledge and skills needed to provide care to patients who have been identified as being at elevated risk for suicide; (b) I am familiar with the clinical workflows at this organization related to things such as safety planning, access to lethal means, documentation, and other procedures for caring for patients at elevated risk of suicide; (c) I am confident in my ability to provide care to patients who have been identified as being at elevated risk for suicide; and (d) I am comfortable providing care to patients who have been identified as being at elevated risk for suicide. These questions were only asked when the respondent reported in Question 21 that they provide direct care to patients who have been identified as being at elevated risk for suicide based on their risk assessment. All survey respondents were asked these questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have the knowledge and skills needed to provide care to patients who have been identified as being at elevated risk for suicide. Count Row %	49 17.38%	39 13.83%	48 17.02%	40 14.18%	53 18.79%	282	2.47
I am familiar with the clinical workflows at this organization related to things such as safety planning, access to lethal means, documentation, and other procedures for caring for patients at elevated risk of suicide. Count Row %	48 18.05%	44 16.54%	49 18.42%	45 16.92%	40 15.04%	266	2.49
I am confident in my ability to provide care to patients who have been identified as being at elevated risk for suicide. Count Row %	48 18.32%	36 13.74%	41 15.65%	41 15.65%	48 18.32%	262	2.47
I am comfortable providing care to patients who have been identified as being at elevated risk for suicide. Count Row %	39 14.44%	48 17.78%	45 16.67%	48 17.78%	45 16.67%	270	2.54
Totals Total Responses						282	2.49

23. Safety Planning: Have you taken the Safety Planning Intervention for Suicide Prevention course on the Zero Suicide website?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		48.78%	120
Yes		51.22%	126

Totals: 246

24. Access to Lethal Means: Have you taken the Counseling on Access to Lethal Means (CALM) course either online or in person?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		46.00%	115
Yes		54.00%	135

Totals: 250

Section 7. Use of Evidence-Based Treatments That Directly Target Suicide

Overview of Section 7

Respondents who reported in Question 4 that they directly interact with patients either in person or from a distance during their day-to-day duties within the organization (including thing such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services) were all asked the questions in this section. All respondents who do **not** directly interact with patients were not asked the questions in this section.

The questions in this section were for individuals who deliver *clinical treatment* to patients identified as being at elevated risk for suicide:

- **Question 25 - Clinical Treatment**: A single item asking whether the respondent provides clinical treatment to patients who have been identified as being at elevated risk for suicide.
  - All survey respondents who directly interact with patients.

- **Question 26 - Evidence-Based Treatment**: A three-part item asking about evidence-based treatments that directly target suicide.
  - Only survey respondents who reported in Question 25 that they provide clinical treatment to patients who have been identified as being at elevated risk for suicide.

- **Question 27 - Evidence-Based Treatment Approaches**: A multi-part item asking about which suicide-specific evidence-based treatment approaches, if any, the respondent has been trained to use.
  - Only survey respondents who reported in Question 25 that they provide clinical treatment to patients who have been identified as being at elevated risk for suicide.

25. Clinical Treatment: Do you deliver clinical treatment to patients who have been identified as being at elevated risk for suicide?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		44.80%	125
Yes		55.20%	154

Totals: 279

26. Evidence-Based Treatment: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 25 that they provide clinical treatment to patients who have been identified as being at elevated risk for suicide.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have received training on suicide-specific evidence-based treatment approaches (e.g. CAMS, CBT-SP, DBT). Count Row %	43 15.99%	47 17.47%	50 18.59%	37 13.75%	46 17.10%	269	2.47
I am confident in my ability to provide treatment to patients with suicidal thoughts or behaviors. Count Row %	41 16.21%	47 18.58%	41 16.21%	50 19.76%	37 14.62%	253	2.54
I am comfortable providing treatment to patients with suicidal thoughts or behaviors. Count Row %	48 17.91%	40 14.93%	50 18.66%	38 14.18%	46 17.16%	268	2.46
Totals Total Responses						269	2.49

27. Evidence-Based Treatment Approaches: In which of the following suicide-specific evidence-based treatment approaches, if any, have you received training? (select all that apply)

Respondents: Only Survey Respondents Who Reported in Question 25 that they provide clinical treatment to patients who have been identified as being at elevated risk for suicide.

Value		Percent	Responses
CAMS (Collaborative Assessment and Management of Suicide)		69.95%	149
CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)		62.91%	134
DBT (Dialectical Behavior Therapy)		71.36%	152
Another training (please specify):		57.28%	122

Section 8. Care Transitions

Overview of Section 8

Respondents who reported in Question 4 that they directly interact with patients either in person or from a distance during their day-to-day duties within the organization (including thing such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services) were all asked the questions in this section. All respondents who do **not** directly interact with patients were not asked the questions in this section.

The questions in this section were for individuals responsible for ensuring that patients identified as being at elevated risk for suicide are supported during care transitions.

For the following questions, _transitions in care_ include safely discharging and/or transitioning patients following acute care admissions or changes in care:

- **Question 28 - Responsible for Providing Safe Care Transitions**: A single item asking whether the respondent is responsible for ensuring safe care transitions for patients who have been identified as being at elevated risk for suicide.
    - All survey respondents who directly interact with patients.

- **Question 29 - Safe Care Transitions**: A six-part item asking about care transitions.
    - Only survey respondents who reported in Question 28 that they are responsible for ensuring safe care transitions for patients who have been identified as being at elevated risk for suicide.

28. Responsible for Providing Safe Care Transitions: Are you responsible for ensuring safe care transitions for patients who have been identified as being at elevated risk for suicide?

Respondents: All survey respondents who directly interact with patients.

Value		Percent	Responses
No		52.69%	147
Yes		47.31%	132

Totals: 279

29. Safe Care Transitions: Please indicate how much you disagree or agree with each of the following statements.

Respondents: Only Survey Respondents Who Reported in Question 28 that they are responsible for providing safe care transitions for patients who have been identified as being at elevated risk for suicide.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I have the knowledge and skills needed to work with patients during their transitions in care. Count Row %	32 12.21%	50 19.08%	54 20.61%	42 16.03%	42 16.03%	262	2.56
I am familiar with organizational procedures for working with patients during their transitions in care. Count Row %	49 18.63%	51 19.39%	40 15.21%	37 14.07%	43 16.35%	263	2.41
I am confident in my ability to work with patients during their transitions in care. Count Row %	41 15.13%	43 15.87%	53 19.56%	36 13.28%	49 18.08%	271	2.49
I am confident in my ability to work with family members or other support persons who may be involved during a patient's transitions in care. Count Row %	44 16.36%	39 14.50%	44 16.36%	44 16.36%	49 18.22%	269	2.51

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I am familiar with organizational procedures for ensuring that patient health information is shared during a patient's transitions in care. Count Row %	45 17.31%	49 18.85%	38 14.62%	40 15.38%	44 16.92%	260	2.45
I am comfortable working with patients during their transitions in care. Count Row %	48 17.91%	47 17.54%	38 14.18%	45 16.79%	45 16.79%	268	2.47
Totals Total Responses						271	2.48

Section 9. Training and Resource Needs

Overview of Section 9

All respondents were asked about their training and resource needs, independent of whether or not they directly interact with patients.

Staff members should have the necessary skills, appropriate to their role, to provide care and feel confident in their ability to provide caring and effective assistance to patients with suicide risk:

- **Question 30 - Training and Resource Needs**: A multi-part item asking about 20 areas in which respondents may like more training, resources, or support
  - All survey respondents.

30. Training and Resource Needs: In which of the following areas, if any, would you like more training, resources, or support? (select all that apply). Respondents: ALL

Value		Percent	Responses
Suicide prevention and awareness		51.17%	219
Epidemiology and the latest research findings related to suicide		49.77%	213
Identifying warning signs for suicide		53.97%	231
Communicating with patients about suicide		54.21%	232
Suicide screening practices		50.00%	214
Identifying risk factors for suicide		54.91%	235
Suicide risk assessment practices		50.93%	218
Determining appropriate levels of care for patients at risk for suicide		53.74%	230
Crisis response procedures and de-escalation techniques		48.83%	209
Managing suicidal patients		50.23%	215
Collaborative safety planning for suicide		53.04%	227
Suicide-specific treatment approaches		51.64%	221
Aftercare and follow-up		54.91%	235
Family, caregiver, and community supports		54.67%	234
Procedures for communicating about potentially suicidal patients		53.50%	229
Understanding and navigating ethical and legal considerations		53.97%	231
Policies and procedures within your work environment		53.97%	231
Staff roles and responsibilities within your work environment		48.36%	207
Reducing access to lethal means outside the care environment		54.91%	235
Creating a safe physical environment for patients at risk for suicide		52.57%	225

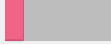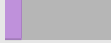**Section 10. Background Variables**

Overview of Section 10

Prior to launching the survey, the Zero Suicide Team Lead was asked to provide a list of Departments/Units representing the individuals who would be asked to take part in the survey. This question can be useful for determining which Departments/Units participated in the survey and the relative proportion of individuals represented from each Department/Unit.

- ○ **Question 31 - Department/Unit**: A single item asking respondents to indicate their Department/Unit within the organization.
  - ▪ All survey respondents.

If an organization repeats the Zero Suicide Workforce Survey multiple times, this question will identify the number of individuals who have previously taken part in the survey (as a basis for determining how comparable the samples are).

- ○ **Question 32 - Took Survey Before**: A single item asking respondents to indicate whether they have taken the survey before.
  - ▪ All survey respondents.

Value		Percent	Responses
Acute Medical Unit		16.70%	73
Emergency Department		17.85%	78
Medical Records Department		13.73%	60
Physical Therapy Department		17.39%	76
Psychiatry Department		17.62%	77
Urgent Care Department		16.70%	73

Totals: 437

32. Is this your first time taking part in the Zero Suicide Workforce Survey at your current organization?

Value		Percent	Responses
No		49.66%	219
Yes		50.34%	222

Totals: 441