Zero Suicide Inpatient Work Plan Template

An implementation team should use this template after completing the Zero Suicide Organizational Self-Study. It is organized by element of the Zero Suicide model 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	
	Q1	Q2	Q3	Q4		Staff Responsible
Establish an implementation team. Clearly define tasks and roles of team members.						
Announce Zero Suicide philosophy to staff and establish ongoing communication about framework.						
Consider ways to link Zero Suicide to other initiatives (e.g., trauma-informed care, substance abuse, high reliability organizations/National Patient Safety Goals/Zero Patient Harm).						
Train management on Zero Suicide philosophy and framework (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 revised or developed.						
Ensure policies and procedures include review of adverse outcomes related to suicide and suicide attempts						
Ensure policies and procedures include support for staff who have experienced the suicide death of a patient or death of a recently discharged patient.						

Involve suicide attempt and loss survivors in leadership and planning roles.						
Design an evaluation plan to assess impact.						
Ensure safety is addressed within the hospital environment (e.g., ligature risk, breakaway rods, door alarms, reducing access to medical equipment and personal belongings, securing home medications)						
Ensure policies and procedures related to suicide prevention include environment of care.						

TRAIN >> Develop a competent, confident, and caring workforce						
	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
Train staff on Zero Suicide philosophy and organization's program and expectations.						
Assess workforce for skills and confidence in providing suicide care (e.g., Zero Suicide workforce survey).						
Provide research-informed training on suicide risk for non-clinical staff.						
Provide research-informed training for suicide care and treatment to clinical staff.						
Provide research-informed training on suicide risk for all contract staff.						
Repeat training and reassess skills at least every two years. Create workgroup to inform education/training and competency plans.						
Provide training tailored to staff weaknesses as identified in workforce survey.						
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 >> Systematically identify and assess suicide risk among people receiving care						
Screening	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
Ensure policies and procedures related to suicide risk screening describe when, and how frequently, 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.						
Establish workflows on screening, identification, and risk assessment during initial assessment, intake, throughout treatment, at discharge, during transitions in care, and any follow up contacts.						
Assessing and Formulating Risk	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
Ensure facility has a written policy and procedure that ensures timely assessment by clinically trained staff whenever a patient screens positive for suicide risk.						
Ensure all staff use a standardized assessment and risk formulation protocol that includes both risk and protective factors.						
Provide all clinical staff with formal training on risk assessment and formulation.						
Have a mechanism in place to alert all staff and consistently communicate to staff						

providing direct patient care about patient suicide risk.						
Ensure facility has a written policy and procedure stating the frequency of risk assessment, including that assessment must be conducted prior to any less restrictive change in level of observation or discharge.						
Ensure staff understand that information from *screening* (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: Long term risk factors Impulsivity/Self-Control, including substance abuse Identifiable stressors and precipitants Clinical presentation/Dynamic factors						

ENGAGE >> Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet his or her needs.						
SUICIDE CARE MANAGEMENT PLAN	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
Place individuals at risk for suicide on a suicide care management plan.						
Develop clear protocols for determining that a patient no longer requires the suicide care management plan.						
Ensure documentation used by all staff reflects patient status.						
Establish outreach procedure/guidelines for engaging patients if they miss treatment sessions such as individual or group therapy.						
Hold regular team meetings (e.g. care conferences, treatment rounds, interdisciplinary staffing) to discuss patients at risk of suicide.						
Use a thorough risk formulation, trauma-informed approaches, and evidence-based interventions to determine management and treatment strategies for each patient's suicide care management plan.						
Coordinate care among all providers for patients on a suicide 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.						
Integrate concepts of trauma-informed care into suicide care management plan and treatment						

ENGAGE >> Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet his or her needs						
Collaborative safety planning and lethal means safety	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
Regularly review and update the patient's safety plan collaboratively with the patient throughout treatment (at the time of initial assessment, before discharge, at discharge, and during follow up contact and/or appointments).						
Lethal means access and safety plans are reviewed regularly, and at times of transition in care.						
Ensure patient safety is addressed within the hospital environment (e.g., break-away doorknobs, door alarms, management of personal belongings).						
Ensure facility has policies and procedures in place to reduce a patient's post-discharge access to weapons and other potentially lethal means as a part of the 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 collaborative safety plan template.						
Provide staff with formal training, (including documentation expectations) in collaborative safety planning, reducing access to lethal means, and including family and other support persons. Hold periodic refreshers.						
Actively engage family members or other identified support persons in the patient's recovery, including lethal means safety.						

TREAT >> Use effective, evidence-based treatments that directly target suicidality.						
	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
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 model to sustain staff training.						
Directly treat suicidal patients with evidence-based interventions and treatments. Include family/support persons in treatment when possible and appropriate.						
Integrate substance use issues into treatment plans of patients with co-occurring disorders.						
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.						
Ensure patient safety is addressed within the hospital environment (e.g., break-away doorknobs, door alarms). Develop and promote process for staff reporting of safety concerns.						
Create a policy to regularly monitor and remediate the hospital environment for safer suicide care needs (e.g. in construction areas, with new furnishings or decorations)						
Ensure that facility has policies that any patient-specific environmental interventions are documented in the health record.						
Collaborate with outpatient providers to provide specialized treatment modalities and continue monitoring of suicide risk.						

TRANSITION >> Provide continuous contact and support, especially after acute care.						
	Timeline- Year 1				Beyond Year 1	
	Q1	Q2	Q3	Q4		Staff Responsible
During inpatient treatment prior to discharge, establish plan for follow-up and engagement for all patients including those who may be hard to reach, transitory, and/or frequently readmitted.						
Ensure facility has written policies, procedures, and/or contracts around safe transitions, warm-hand offs, and rapid referral 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/support systems engagement and transitions in care, including communicating and planning for high risk period following discharge.						
Consistently use and document linking and bridging strategies and follow-up tools (e.g., caring letters, follow up calls, telehealth, text messages).						
Ensure policies around post-discharge contact include screening, assessment, and collaborative safety planning.						

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	
	Q1	Q2	Q3	Q4		Staff Responsible
Design an evaluation plan to assess impact, outcomes, and fidelity to the Zero Suicide framework.						
Set target goals for actionable items.						
Establish measurement and inclusion criteria for suicide deaths in care and those recently discharged						
Measure patient re-admissions within 90 days for those at risk for suicide.						
Use suicide deaths, attempts, and self-harm while in care and among those recently discharged (90 days), if known, as learning opportunities, and modify procedures accordingly.						
Root cause analysis is conducted on all suicide deaths that occur during care and following discharge; include suicide attempts requiring medical attention.						
Update work plan to reflect results of workforce survey and other data outputs.						
Assess workforce satisfaction and understanding of Zero Suicide philosophy through follow up use of the work force survey.						
Re-assess progress using the organizational self-study yearly.						
Maintain culture of including Zero Suicide elements in supervision and professional development.						

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	
	Q1	Q2	Q3	Q4		Staff Responsible
Review chosen Zero Suicide outcome and process measures and maintain continuous quality improvement plan. Conduct routine chart/data review for adherence and efficacy.						
Embed individual suicide care plans directly into the patient's medical record.						