

# Suicide Care Insights: Innovation

Many people experience anxiety or nervousness when they have to go to new a place or meet new people. They might worry about the traffic, the building location, or the parking. *“Is Main St. still under construction? Will I have to parallel park? Is it safe to walk alone?”*

Once they arrive there may be new challenges. *Which door do I enter? How will I know when I am in the right place? Is there a restroom I can use?* And all of this is before they walk in the door and face additional *“new things.”*

Toni Simonson Ph.D. FACHE, Executive Director of Behavioral Health-Wisconsin Division, HSHS Sacred Heart Hospital, HSHS St Joseph's Hospital & Prevea Health, understands how challenging this can be. Simonson says that when she goes somewhere unfamiliar, the first thing she does is search online for images of the building. *“I want to know where I'm going and what I am looking for. It's a small thing, but it can help to put my mind at ease.”*

Imagine if the *“new thing”* at the end of the nerve-wracking journey described above was meeting a counselor for their first appointment after being discharged from a psychiatric hospital.

Simonson, who has been implementing Zero Suicide at her organization since 2013, knows that these transitions are tough, especially for people who are at risk of suicide. Those care transitions, especially from inpatient to outpatient treatment, can be filled with worry and fear. Addressing a patient's worries about going to an unfamiliar place and meeting with new providers can reduce their anxiety, and, quite literally, save their life.



The period between discharge from inpatient care and engagement in outpatient care is a very critical time for patients with a risk for suicide. There is a 300% increase in the risk for suicide in the first week after discharge from inpatient care and a 200% increase within the first month after discharge (Chung et al., 2019).<sup>1</sup>

The National Action Alliance for Suicide Prevention recommends inpatient clinicians to “initiate personal contact between the patient and the outpatient provider. A short conversation with the therapist or other members of the outpatient care team (e.g., peer support specialist, case manager) prior to discharge builds a clinical bridge across services.”<sup>2</sup>

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The term commonly used in healthcare for these personal introductions during transitions of care is a “warm hand-off,” and Simonson says they just didn’t seem possible until they came up with a creative approach.

“We couldn’t do true warm handoffs in most cases,” Simonson explains. “The outpatient clinics are located too far away from the hospital, over an hour away in some cases. We couldn’t have outpatient clinicians come to the hospital for in person meetings, it just wasn’t feasible. We explored the possibility of telehealth warm handoffs, but that required outpatient clinicians to be available at various times throughout the day, when they are normally booked with client sessions.”

Simonson says she and her colleagues found themselves asking, ‘How can we meet this best practice for our patients?’ After some brainstorming they came up with a creative solution. They recorded outpatient clinician and clinic video introductions so that when a patient is preparing to discharge from the inpatient center, the discharging clinician can now show the patient a video welcome from their soon-to-be outpatient clinician.

A patient can see and hear their outpatient clinician’s encouragement and invitation to engage in treatment. They can also watch videos that show the outside of the clinic, the waiting room, the hallways, and the clinician rooms where appointments are held. [See sample videos on next page.]



<sup>1</sup> Chung, D., Hadzi-Pavlovic, D., Wang, M. Swaraj, S., Olfson, M. & Large, M. (2019). Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalization. *BMJ Open*, 9. <https://doi.org/10.1136/bmjopen-2018-023883>.

<sup>2</sup> National Action Alliance for Suicide Prevention. (n.d.). Best practice in case transitions for individuals at risk for suicide: Inpatient to outpatient care. Retrieved from: [https://theactionalliance.org/sites/default/files/report\\_-\\_best\\_practices\\_in\\_care\\_transitions\\_final.pdf](https://theactionalliance.org/sites/default/files/report_-_best_practices_in_care_transitions_final.pdf)

All the above are designed to increase patient comfort and therefore increase the likelihood that they will attend and engage in critical post-hospitalization follow up care. This is exactly what HSHS Sacred Heart Hospital, HSHS St Joseph’s Hospital & Prevea Health have seen since starting the practice.

**Simonson says that the organization’s show rate for follow-up appointments, which was already very good at 78% thanks to Zero Suicide implementation efforts, has increased to 90% since they began the using the video introductions during inpatient discharge.**

“We believe this improvement in show rates in our outpatient clinics is due to patients not having as much anxiety. This is obviously good for our patients, but we’re also receiving positive feedback from outpatient clinicians who are finding it easier to establish therapeutic rapport and get to work with new clients. On the discharging side, inpatient clinicians are reporting they are feeling more confident and enthusiastic in making discharge plans for their patients.”

Simonson says the creation and distribution of the videos was done in house by her organization’s marketing department and IT department. “Our main investment was in staff time, including the recording of each clinician’s video which took about one hour per clinician, recording and editing by the marketing department, and uploading the videos to our intranet by the IT department, she explains, “but now we can use the videos any time without further demand on staff time.”

The point between inpatient and outpatient is the riskiest time for someone with risk for suicide. Making their transition from one level of care to another as engaging, validating, and anxiety-free as possible will save lives.



| CLINICIAN VIDEOS:

Courtney Hovland, LPC: <https://www.youtube.com/watch?v=gOGRtJcWGoo>

Pamela Kraus, LPC, SAC: <https://www.youtube.com/watch?v=-aRzrM8AtD8>

Jeni Gronemus, LPC: <https://www.youtube.com/watch?v=OJeqXut5woo>

This resource was created as part of "[Suicide Care Insights: Stories & Tips to Cultivate Your Implementation](#)" series available at [ZeroSuicide.com](#).

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