

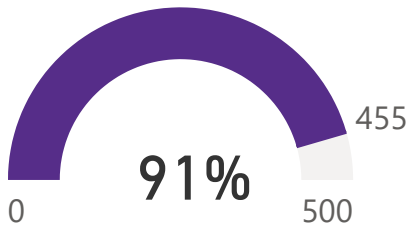
# Zero Suicide

## Workforce Survey Summary Example

Have a comment? Forgot to mention something in your initial survey response? We want to hear it! Contact \_\_\_\_\_ with any feedback.

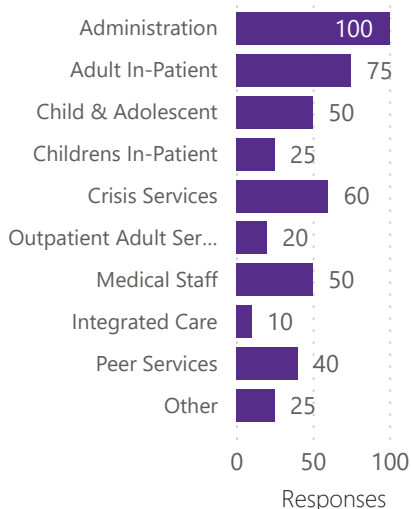
### Who Answered?

We had responses from every group we measured, with rates close to the YYYY Survey. In fact, XX% respondents answered both surveys!



of Staff Responded

### Which Departments?



### Work Setting

Setting ● Inpatient ● Outpatient ● Both



### All Staff Findings

#### Zero Suicide at Work

You've all learned Zero Suicide and learned it well. For X of X questions regarding the Zero Suicide framework (role/importance in suicide prevention, endorsement by leadership, access to policies/resources/training, and center responsiveness), 'X' represented a majority of responses. In the YYYY survey, this was only true of X of the same questions.



#### We Have Seen This Before

X% of staff report interacting with someone who attempted suicide, X% multiple times. We can support each other when working with patients at risk.

#### Systems & Training

At least X% more staff reported improved organizational supports regarding suicide (both feeling supported and knowledge of practices) compared with YYYY. In addition, X% of staff report receiving training about the warning signs for suicide, compared with X% in YYYY. As a result, >X% of staff agreed that they have the knowledge, training, and ability to respond when interacting with a patient who may be at elevated risk for suicide. In YYYY, the highest percentage of respondents who agreed was X%.

### Patient-Facing Staff Findings

#### Owning Zero Suicide

More than ever we are taking ownership of the role we play in preventing suicide. More staff report feeling responsible for conducting screenings to check if suicide risk is present (X% vs. X% in YYYY) along with suicide risk assessments to examine the severity of the risk (X% vs. X% in YYYY). Of those who are responsible for conducting screenings, over X% reported having the skills, training, and knowledge of procedures to do so.

Staff conducting suicide risk assessments reported similar preparedness at X% or greater, along with a large increase in standardized assessment usage (X% vs. X% in YYYY). The Specific Program Group was a slight exception at X%. We're working on clarifying this right now, so look forward to new updates in the coming months.

Once on the pathway, over X% of staff responsible for patients with elevated risk feel confident treating them. This applies to both those directly providing care and care transitions. The only slight exceptions were working with family members/caregivers (X%) and safety planning (X%), which we'll look to providing more training (see below). Your work saves lives. Keep it up!

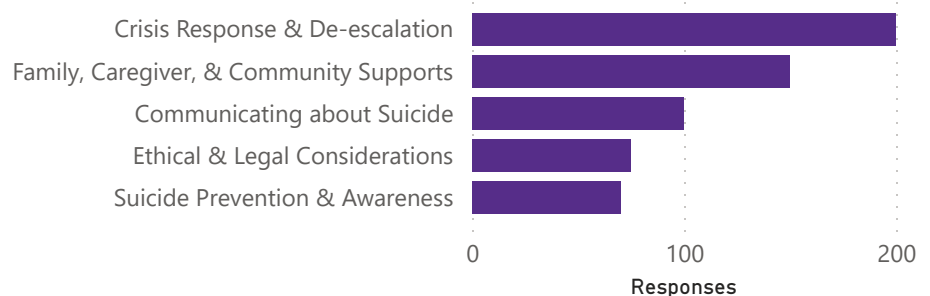
#### In-Patient Ready



In-patient staff reported increased ability to make our units safer and more knowledge of what to do if they identify an issue in our facilities

### Top Five Training Requests!

We know a lot of you have the basics down for training and the survey results show that. X% of patient-facing staff report being trained in CALM vs. X% in YYYY. X% also report training on screening/assessments, with X% receiving it for a standardized tool such as the C-SSRS. In YYYY, only X% reported standardized assessment training! To the right are the Top 5 most requested training topics. We'll looking into providing these alongside the more foundational trainings.



Interested in becoming a trainer for these or any other topics? We'd love to have you! Contact \_\_\_\_\_ for details.