

Process for Fidelity Improvement to Suicide Prevention Protocol

Monthly Auditing Process

1. The Project Director (PD), Lead Grant Evaluator (LGE), and Suicide Prevention Clinical Specialist (SPCS) will perform audits of 10 charts each utilizing the *Suicide Prevention Pathway Quality Review Form*. This is a total of 30 charts a month.
2. Report of cases pulled from the ___ *report* will be run by the 7th day of the following month. The LGE will sort and send out the assignments by the 14th day of the following month.
3. Completed audits will be submitted back to the LGE by the 21st day of the next month to then be reviewed by the PD and LGE in the next bi-weekly meeting, and then so that they can be presented during the following Suicide Prevention Leadership Team meeting that occurs every other month.
4. SPCS will forward completed Suicide Prevention Pathway Quality Review Forms (*should there be a compiled spreadsheet for all at the aggregate level?*) to the appropriate clinic director/manager upon completion.
5. SPCS will review aggregate and take the following actions:
 - Email those clinicians scoring 22 points or higher thanking them for efforts. (CC ED, CMO, clinic manager/director, ED).
 - Email those clinicians scoring between 18 to 21 points to share what they missed and encourage improvement (include SPP checklist).
 - Assign clinician's scoring 14 to 17 points to an e-learning training video/PowerPoint with exam, requiring completion within 30 days.
 - Refer clinician's scoring 10 to 13 points to attend a required training via zoom meeting with the SPCS and PD (possibly one per region) for more targeted feedback and guidance, within 1 month.
 - Email clinic manager and clinical director for those scoring below 10 points with additional expectation that the clinic manager will require staff to inform them of enrollment into the SPP for the next 4 weeks to provide immediate feedback regarding fidelity. These staff will also be attending zoom training with SPCS and PD, possibly one on one.

Measurement Tool Utilized for Fidelity to Protocol

22 to 26 points	18 to 21 points	14 to 17 points	10 to 13 points	Below 10 points
Encouragement email from PD, copying ED, Clinical Director, CMO and direct supervisor.	Email sent by PD sharing what items were missed and encourage improvement.	Assign e-learning training video/presentation of Suicide Prevention Protocol Clinical Documentation training with required completion of video and passing of final exam within 30 days.	Require attendance to Zoom training with SPCS and PD for targeted feedback and guidance.	In addition to required attendance at Zoom training, PD will email clinic manager and clinical director with additional expectation that the clinic manager/clinical supervisor will require staff to inform them of Suicide Prevention Protocol enrollment for next 4 weeks to provide immediate feedback regarding fidelity.

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Additional Oversight (first 3 months post go live date)

1. Develop SPP Capacity Report
2. ZS Team Weekly:
 - a. Monday morning (weekly):
 - i. LGE downloads weekly report and filters as needed:
 1. Enrolled in suicide prevention pathway in last 7 days
 2. Currently enrolled on suicide prevention pathway
 3. Indicated various measures included in example and specifically if a safety plan was developed
 - b. Monday afternoon (2-3pm):
 - i. LGE, SPCS and PD review weekly report and send to clinical supervisors (or SL Compliance and/or SL Clinical Director?)
 - c. Mondays (at 3-4pm):
 - i. Clinical supervisors join Maggie's office hours to review anyone on a SPP, answer questions/additional support needed
3. SL/ZS Team Bi-Weekly:
 - a. LGE, SPCS and PD meet with each SL clinical director and SL compliance director to review fidelity to SPP Capacity Report (30 mins. total), OR send them report weekly filtered by SL