

Reviewing the Mo/Yr Workforce Survey Results

REV. 3/2018

Include site logo here.

Highlights and writing not in black ink are places you will want to put in your own information and answers.

This document should help guide you through your (Type Mo/Yr here) Zero Suicide Workforce Survey results. Please discuss the questions and statements below along side your results (and any previous year's Workforce Survey results and priorities) and with your implementation team members.

Note: It's important to pay attention to both the areas where staff disagree/strongly disagree that they are knowledgeable, confident, and comfortable AND the areas where staff do not *strongly agree* they are knowledgeable, confident, and comfortable. This may be particularly important for the clinical care-focused sections of the survey. The branches in the survey ensure that only the staff who indicate it is their professional responsibility to perform those clinical tasks (i.e. suicide risk assessment, safety planning) answer the questions about those tasks.

For example even if the majority of clinicians indicate that overall they *agree or strongly agree* that they are confident in their ability to conduct a suicide risk assessment, if only a small proportion actually *strongly agree* you may want to address this further. Ideally you want all the clinicians to not just agree, but strongly agree that they are confident, especially since conducting suicide risk assessment is part of their professional responsibility.

1. **In section 1, *Your Work Environment*:** (As a team, discuss the following questions and feel free to jot down some important points)
 - a. Did most people agree that they know about the protocols your organization currently has around patients at risk of suicide?
 - b. If people are unaware of these protocols, what could be done to remedy this?

- 2. In section 2, *Suicide Prevention within Your Work Environment*, what are the teams thoughts? (As a team, discuss the following questions and feel free to jot down some important points)**
- a. Does more education around the Zero Suicide model need to occur? How can this be done?
 - b. Do staff feel they have a role in suicide prevention? Which departments are staff from who feel they do/ do not have a role in suicide prevention.
 - c. Does your site have clear policies and protocols around suicide? Do staff know about them?
 - d. Do staff feel supported around education and training for suicide? How can the site help staff feel supported as you take on Zero Suicide?
 - e. If a suicide of a patient does occur, how do staff feel about this? How can the site provide support of staff if a patient does die by suicide?

- 3. In sections 3 -5, *Recognizing When Patients May Be at Risk for Suicide, Screening and Assessing Patients for Suicide Risk, and Training on Screening and Risk Assessment*, what stood out to your team the most? (As a team, discuss the following questions and feel free to jot down some important points)**
- a. Are you surprised by the number of staff who feel knowledgeable about recognizing whether a patient may be at risk of suicide and how many feel confident and comfortable asking patients about suicidal thoughts and behaviors?
 - b. Are you surprised by the number of staff who have not received training on how to recognize suicide warning signs? How about for suicide screenings or risk assessments?
 - c. Are you surprised by the number of staff who feel knowledgeable about suicide screening patients for suicide and are comfortable with it?
 - d. Are you surprised by the number of staff who feel knowledgeable about suicide assessments and lethal means counseling around suicide and are comfortable with it?
 - e. Do you feel that, based on the answers in this section, creating change to the whole system is necessary?
 - f. Does your team feel that additional skill building workshops and/or trainings around suicide prevention and how to talk with a suicidal person are necessary?
 - a. If yes, what strategies, events, trainings could be used to increase the number of people comfortable talking about suicide with others and to increase the number of suicide prevention trained individuals at your site?

4. In section 6, *Providing Care to Patients at Risk*, what stood out to your team the most?

(As a team, discuss the following questions and feel free to jot down some important points)

- a. For the staff that are responsible for providing care to clients at risk of suicide, are you surprised by the number of staff who *do not* feel they have the knowledge, skills, or confidence in their skills that are needed to provide care to clients at risk of suicide?
- b. Is there a clinical workflow for staff to follow if they have a client at risk of suicide? This would include things like when/if a safety plan is needed, possible counseling on access to lethal means, documentation of the encounter, etc. Do staff know about this workflow if it exists?
- c. Does your team feel that additional skill building workshops and/or trainings around providing care to clients at risk of suicide? What trainings could this include? Safety planning, Counseling on Access to Lethal means, etc?

5. In sections 7 & 8, *Use of Evidence-Based Treatments That Directly Target Suicide and Care Transitions*, what stood out to your team the most?

(As a team, discuss the following questions and feel free to jot down some important points)

- a. Do the staff know which clinical treatments your site considers “the best” or that your site offers its clients? What are they?
- b. Are you surprised that staff do or do not feel confident in their abilities to provide treatments to clients with suicidal thoughts/behaviors?
- c. Do you offer training to expand the evidence-based treatment knowledge of staff? Do you include traditional treatments and how can they be paired with evidence based treatments?
- d. Does your site have procedures for care transitions? Do your staff know about these? How can they be passed down to staff if necessary?
- e. What ways can you support staff to feel more comfortable with care transitions for patients?

- 6. From these results what are a few of your workforce development or training priorities that you have identified?** *(Please answer this question while thinking about the following questions...)*
- a. Which department of people would you like to start with?
 - b. Do these priorities fit in with your overall goals as a Zero Suicide site?
 - c. Are these priorities realistic and feasible?
 - d. Do you foresee costs being associated with some priorities? *Maybe write the cost next to the priority.*
 - e. Who will be the primary coordinator of each of these priorities?
 - f. Do you have a plan on how to carryout each priority?

- 7. What is your intended timeline for implementing the 2-3 priorities your team identified above?** *(Please answer this question while thinking about the following questions...)*
- a. What year(s) can this be started and maybe even completed in?
 - b. Will you need additional support from leadership? How/when can you gain that support?
 - c. How will you recruit staff to attend the necessary training/meetings?
 - i. Will your Tribal Health Director make it mandatory for the identified staff?
 - ii. Will the training be during a work day and will the clinic need to be on a reduced schedule or closed for a few hours?
 - iii. Who can help implement these decisions with minimal push back from the staff?
 - iv. Should trainings be chosen that fulfill many staff members needs for CEUs?
 - v. What are the CEU options?
 - d. Additional questions for your team? Ideas?

8. How will the workforce results and planned activities be communicated back to staff and the community?

(Write a few sentences, thinking about the following questions...)

- a. Newspapers?
- b. Social media?
- c. Email?