The Joint Commission Journal on Quality and Patient Safety®

# Preventing Suicide After Psychiatric Hospitalization

## A Quality Improvement Spread Initiative

Suicide rates in U.S. rural communities have risen in recent decades. Rural populations are at heightened risk after episodes of care, including psychiatric hospitalization. The risk of suicide may be exacerbated by poor treatment engagement.

The World Health Organization Brief Intervention and Contact (BIC) Program has been shown to prevent suicide after psychiatric discharge in international trials, but BIC has not been implemented in the United States.

A quality improvement (QI) collaborative, featured in the October 2022 issue of *The Joint Commission Journal on Quality and Patient Safety (JQPS)*, studied the factors that facilitated, or served as barriers for, implementation of BIC as well as the overall effectiveness of BIC as measured by treatment engagement and program satisfaction. The results of this QI collaborative may help to assess suitability of BIC for U.S. populations and inform strategies for spreading BIC across inpatient mental health units.

Suicide rates in U.S. rural communities **increased by 48%** from 2000-2018

The national average for the provision of mental health **follow-up care** in the **first 7 and 30 days** after psychiatric hospitalization is **low**

## The Study:

BIC is an evidence-based practice designed to prevent suicide in patients who are discharged after receiving treatment for a prior suicide attempt. The study used a 12-month QI collaborative to spread BIC across six U.S. Department of Veterans Affairs (VA) inpatient mental health settings serving large rural populations with mental health postdischarge care below the national average (73%).

### Four Phases of the Project

**Planning**
- Develop materials
- Outline inclusion criteria
- Recruit sites

**Prework**
- Work in teams with coaches
- Attend 3-day team session

**Implementation**
- Teams solve implementation problems and engage in supporting activities (weekly coaching; monthly calls, office hours and team reports; and expert support)

**Maintenance**
- Sites develop standardized operating procedure (SOP), spread to other areas and train additional staff, and share data with executive sponsor
- Steering committee hosts monthly office hours and additional training sessions and develop a train-the-trainer program

## The Results:

Among 70 patients...

**97%** Received mental health follow up within 30 days of discharge

**81%** Achieved the VA quality measure of mental health postdischarge care

Enrolled patients received a one-hour, one-on-one, educational intervention on suicide prevention near discharge plus seven follow-up contacts during the 3 months following discharge, in person or via telepsychiatry.

**93%** Attended required BIC educational sessions

**70%** Attended follow-up contact sessions 1-4

**52%** Attended follow-up contact sessions 5-7

**Patients rated BIC as excellent**

"It makes you feel like you are not alone and that someone out there does care."

"I thought it was really good. . . . It didn't meet all my needs. I still need therapy, but it helped me get there. I know what the next step is now."


### Factors that facilitated BIC implementation

- SOPs and checklists
- Buy-in from local providers
- Patient recruitment materials
- Cohesive team with clear roles and responsibilities

### Top barriers to BIC implementation

- Insufficient staffing
- Loss of follow up

Most sites reported a plan to enroll more patients and all sites are considering expanding the program to other clinical areas and training more staff in the delivery of the BIC program.

The study shows that a QI collaborative can facilitate implementation of BIC in rural settings that may appeal to patients and providers and improve treatment engagement after discharge.

**To learn more about this study, visit:**
**https://www.jointcommissionjournal.com/article/S1553-7250(22)00061-7/fulltext**

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