



# ED Screening and Treatment Options for Pediatric (STOP) Suicide Quality Improvement (QI) Collaborative: Change Strategies Overview



## Background

For 10 months, ED professionals and children's mental health experts from across the country worked together to address the ongoing state of emergency in children's mental health by sharing best practices to enhance care and optimize the follow-up processes for kids and teens with acute suicidality.

See below for the change strategies identified and implemented in EDs by ED STOP Suicide QI Collaborative participants as a result of participation in the collaborative. These strategies may be helpful to ED clinicians when implementing QI projects to improve care for pediatric suicidality.

## Policies/Procedures

- Implemented universal screening and new evidence-based screening tools
- Lowered the age for suicide screening from 12 to 10, or lower for some participating sites, regardless of chief complaint
- Administered suicide risk assessment for all patients who screened high with acute/non acute considerations and utilized telepsychiatry
- Created standardized discharge resources as well as follow-up call programs to improve connections to mental health care and safety plans

## Optimization of Emergency Medical Record (EMR)

- Engaged Electronic Health Record (EHR) vendor and data analyst in reformatting EMR note templates with dropdowns and measures of adherence in assessment
- Modified the EMR to optimize documentation and developed a data dashboard
- Adapted systems to screen universally with validated tools in place of triage screening

## Education

- Developed staff education on screening pediatric patients, lethal means restriction, firearm training/safe storage practices, and discharge/follow-up processes
- Created documents to address FAQs/concerns and educated staff on its use

## Knowledge Reinforcement

- Developed a checklist to help staff ensure a safe environment for patients
- Staff utilized handouts to assist in safety planning with patients and family members prior to discharge

## Patient-Centered Strategies

- Provided various activities for kids while boarding (e.g., coloring books, crossword puzzles, etc.) including sensory considerations, and implemented daily routines/schedules allowing for patient choice
- Developed handouts and other resources explaining the lengthy ED process for parents and patients as well as outlining community resources for after patient discharge
- Improved patient intake by utilizing Phreesia tablets and creating forms in Spanish
- Asked patients to choose a goal then worked together to set a schedule for the day, incorporating options chosen by the patient when appropriate

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