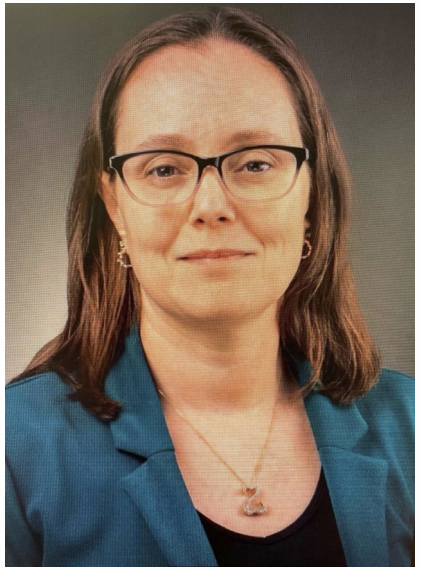

dayton children's
main entrance

a systemwide approach to suicide prevention:

integrating technology, analytics, and operational pathways

Marissa Nickerson MBA, BSN, RN Amanda Drake MHA, LISW-S Rick Haacke, Senior CIS Analyst



Amanda Drake
MHA, LISW-S

Rick Haacke
Senior Epic
Analyst

Marissa Nickerson
MBA, BSN, RN

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objectives

- Describe the need for a systemwide suicide prevention strategy
- Outline operational pathways supporting standardized care
- Highlight the role of technology and analytics in improving outcomes
- Share progress, insights, and next steps

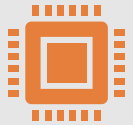
call to action

- Suicide remains a leading cause of death among youth and adolescents.
- Traditional, non-standardized workflows across health system clinics create operational variance and severe clinical risk.
- Standardizing suicide risk identification and embedding evidence-based interventions directly into routine clinical practice saves lives.

core strategic pillars

Universal Early Identification: Routine screening captures at-risk patients during regular medical encounters before acute crises escalate.

Systemwide Standardization: Eliminating clinic-to-clinic process variability so every positive screening triggers an immediate, reliable evidence-based response.



Embedded Technology Automation: Leveraging Epic EHR Decision Support (CDS) to enforce screening intervals, shared safety planning, and discrete risk tracking.

building the foundation

implementation strategy

- Phased rollout across clinics/departments
- Stakeholder engagement (providers, leadership, social work)
- Training & education approach
- Feedback loops and iterative improvement

system scope: service line differentiation

Mental Health Service Line

Care Settings:

- Inpatient Psychiatric Units
- Crisis Center & Consultation Services
- Day Treatment Programs
- Outpatient Therapy Services
- Psychiatry & Psychology Clinics

Core Role: In-depth risk evaluations, full NIMH BSSA assessments, acute crisis stabilization, ongoing therapy, and mandatory safety plan reviews.

Medical Service Line

Care Settings:

- Inpatient Medical Units
- Emergency Rooms & Urgent Care Centers
- Pediatric Primary Care Offices
- Specialty Ambulatory Clinics

Core Role: Frontline universal ASQ screening at rooming/triage, initial risk stratification, immediate physician notification, and escalation.

pathway for ambulatory spaces

Step 1 – Universal ASQ Screening in Ambulatory Clinics

- Administered at rooming for patients 10+ every 30 days
- Negative screens return to routine care
- Positives trigger real-time clinician response

Step 2 – Assess

- For positives – medical social work or MH clinician completes the full Brief Suicide Safety Assessment (BSSA)

Step 3 – Safety Planning & Resource management

- High risk triggers transfer to the crisis center
- Moderate/ low risk triggers creating/ reviewing the safety plan and reviewing/ referring to mental health resources
- Connection to Bridge Clinic if not connected to resources

clinical scenario

A 15-year-old presents to a primary care clinic for a routine sports physical.

1. Automated Reminder: Epic Our Practice Alert (OPA) flags that the patient is due for ASQ screening (>30 days since last screen).
2. Discrete Screening: During rooming, staff asks the 4 ASQ questions. Patient responds "Yes" to question 1 ("In the past few weeks have you wished you were dead?") Staff enters discrete flowsheet data.
3. Real-Time Escalation: Staff alert the provider and Social Work/MH clinician of the screening results.
4. Intervention: Social Worker/MH clinician completes the BSSA, confirms non-acute risk, completes/reviews the shared Stanley-Brown Safety Plan and provides resources.

technology

dch foundation in epic

Inpatient and Emergency Department build previously existed at DCH.

Ambulatory clinics utilized inpatient build support ASQ documentation.

ASQ implementation required a method to capture and report screening data.

Data documented in progress notes was not stored discretely and could not be easily reported.

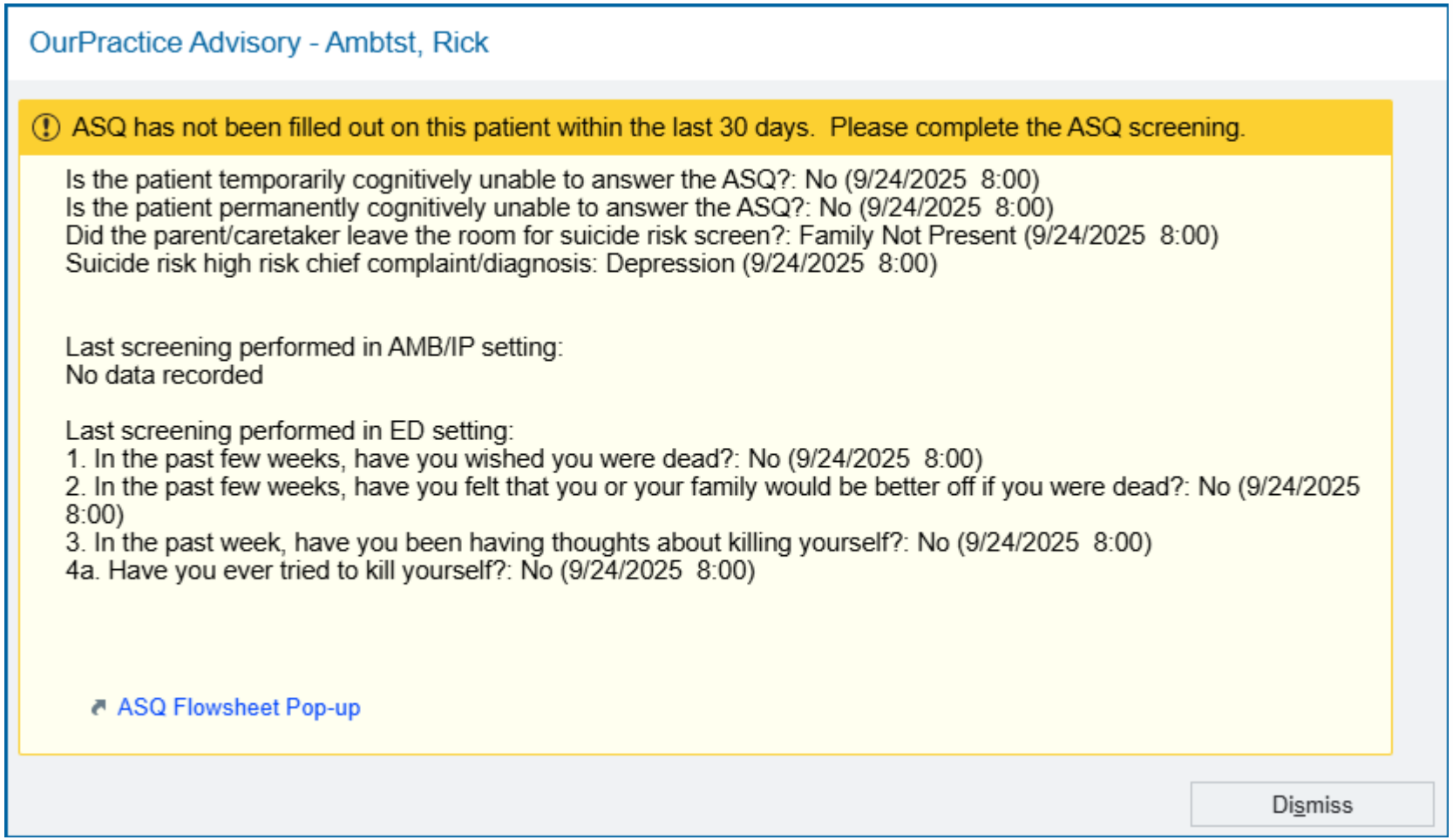
opa and decision support

To support ASQ screening compliance, an OurPractice Alert (OPA) was developed within Epic to notify ambulatory staff when a patient was due for suicide risk screening.

The alert was configured to trigger at a 30-day interval, prompting ASQ rescreening every 30 days.

During the initial rollout, the OPA served as the primary reminder tool, helping staff identify eligible patients and supporting consistent screening practices across participating clinics.

initial opa



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early dch ASQ epic optimization

Designed the workflow to align with established ED and inpatient ASQ documentation processes, creating consistency across care settings.

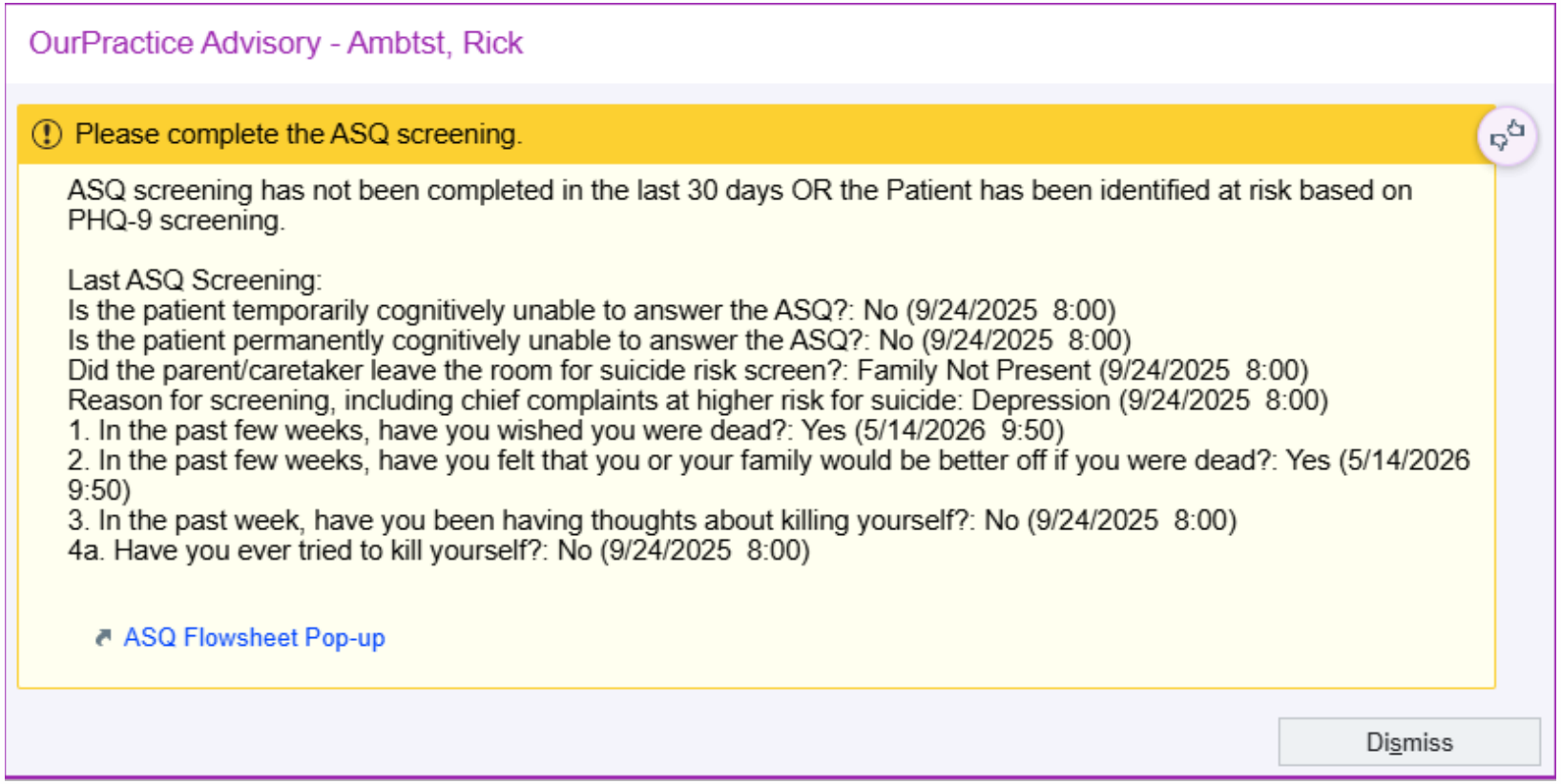
Implemented standardized documentation practices to promote reliable and consistent suicide risk screening.

Resolved issue with ASQ OPA not displaying based off historical documentation, unbeknownst to staff

dch epic optimizations during expansion

- Expansion of ASQ screening across ambulatory clinics provided valuable insights into workflow performance.
    - BSSA (Brief Suicide Safety Assessment)
        - Multiple versions
    - Stanley-Brown safety plan
        - Smart form
        - Available encounter to encounter
    - PHQ-9 (Patient Health Questionnaire 9)
        - Standardized versions being used
        - Integrated into ASQ logic (OPA)

current OPA



current dch epic optimizations

Expanded OPA Visibility Across Clinical Roles

- Supports a more consistent ASQ screening workflow across clinics.
- Accommodates varying clinic staffing models and operational workflows.
- Enhances flexibility while maintaining screening compliance.

Streamlined Epic Build

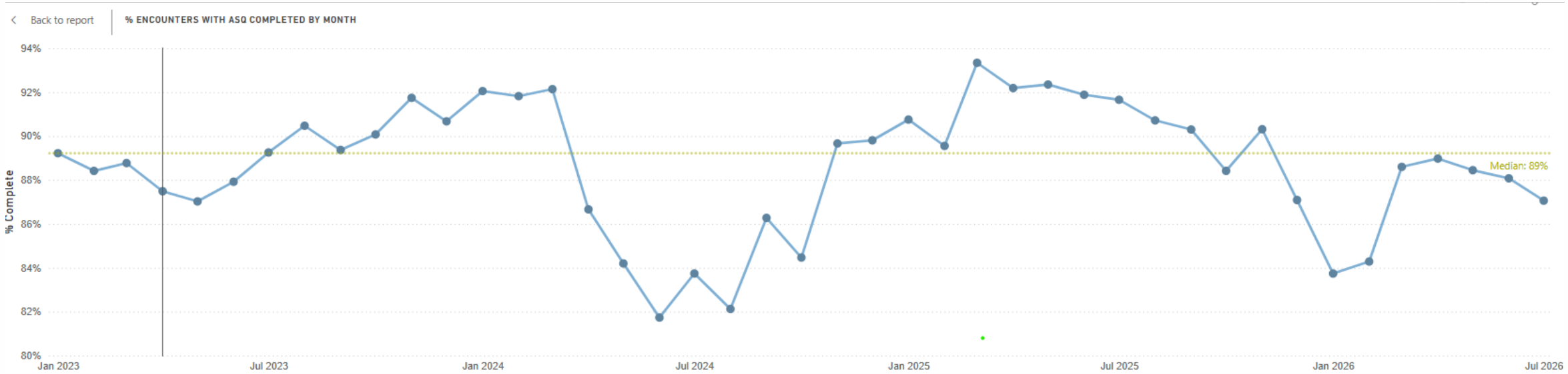
- Leveraging new Epic functionality to significantly reduce the number of alert records required.
- Optimization benefits include:
  - Reduced maintenance and build complexity.
  - Improved troubleshooting and reporting capabilities.
  - Greater long-term sustainability and scalability of the screening program.

data and analytics

analytics infrastructure

- Dashboards and compliance tracking
  - ASQ
  - BSSA
  - PHQ-9
- Key metrics:
  - Screening rates
  - Positive screen rates
  - Completion of BSSA / risk assessments
- Data transparency for leadership and frontline teams
- Identifying trends and gaps for targeted improvement

dashboard – power bi



hurdles identified through data

ASQ data identified workflow inconsistencies across clinics that impacted screening reliability and documentation practices.

- ASQ screening completion varied based on the patient's scheduled visit type, resulting in inconsistent screening opportunities.

- Patients had multiple visits within the same day, creating uncertainty regarding screening ownership and timing.
  - Visits with different providers.
  - Multiple staff members accessing separate encounters at different times.

Outcomes and future direction

- Improved reliability of ASQ screening reminders, ensuring patients due for screening are more consistently identified.
- Reducing missed screening opportunities through enhanced Epic functionality and standardized workflows.
- Supporting the expansion and standardization of suicide risk screening and follow-up processes across ambulatory clinics.
- Improving consistency and accuracy of reporting metrics, enabling more reliable compliance monitoring and program evaluation.

overcoming operational barriers

BSSA standardization

- Early implementation revealed a critical vulnerability: primary care and social work staff were using a shortened BSSA tool that omitted key risk factors present in the full version used by Crisis and Outpatient Mental Health teams.

  - Systemwide Full BSSA Alignment
    - Shifted all social work, primary care, and crisis clinicians to the single, comprehensive BSSA tool to eliminate risk evaluation discrepancies.
    - Moved from progress note/ open narrative to EPIC flowsheets

  - Workday Learning Platform
    - Paralleling the safety planning training curriculum, BSSA clinical education modules were integrated directly into the health system's Workday platform. Completion is mandatory, ensuring uniform clinical competency systemwide.

safety planning

The organization standardized on the Stanley-Brown Safety Planning Intervention, built as a single, centralized document within Epic.

- Cross-Encounter Continuity
  - The safety plan is shared across all inpatient, ambulatory, ED, and crisis encounters. When a patient moves from primary care to the ED or outpatient therapy, the existing safety plan is immediately accessible.
- Eliminating "Starting Over“
  - Prevents patients in distress from having to repeatedly re-tell painful histories or re-create safety plans at every healthcare touchpoint.
- Mandatory Review Protocol
  - Clinicians are required to review, validate, and update the existing shared safety plan at every subsequent mental health encounter.

telehealth workflow

For offsite and remote clinics lacking embedded behavioral health staff, a specialized Telehealth Offsite Care Pathway was established.

Offsite ambulatory clinics can connect a patient with a remote crisis clinician via a dedicated virtual video rooming link in Zoom, providing rapid BSSA assessment without requiring unnecessary ED transfers.

frontline staff guidance

- **Standardized Scripting**
  - Using direct language – asking questions as written.
  - Normalizing screening questions reduces patient and guardian anxiety.

- **Discrete Flowsheet Entry**
  - Input responses into ASQ flowsheet in epic, during rooming process.
  - Eliminate entering screening results free-text notes.

- **Handling Refusals vs. Declines**
  - Declining the BSSA vs patient refusal to participate in BSSA
  - Utilize standardized process – documentation of refusal/decline in flowsheet, smartphrase utilized in provider note.
  - Provide mental health resources, to include 988 information.

what's next?

lessons learned

Documentation

- **Single Shared EHR Safety Plan**: Eliminates repetitive questioning and connects care seamlessly across encounters.
- **Flowsheets > Free-Text Notes:** Discrete data entry is required for reporting, alerting, and cross-clinic visibility.

Standardization

- **Shared Language & Standardized BSSA:** Universal adoption of the BSSA and Workday training creates systemwide consistency.
- **Standardized Workflows**: Reduce clinic-to-clinic variation while allowing for operational flexibility when needed.

future

Standardize ASQ education and create annual competency

Accountability model for clinic compliance

Expansion of reporting capabilities

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questions?

Amanda Drake -
drakea1@childrensdayton.org

Rick Haacke -
haacker@childrensdayton.org

Marissa Nickerson -
nickersonm@childrensdayton.org