Saskatchewan Suicide Framework Implementation in Prince Albert Parkland

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Northern, Rural or Remote Healthcare: Enhancing Improvement through Collaboration

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Saskatchewan Suicide Framework: Provincial Context

• In June 2008, the Saskatchewan Ministry of Health issued a provincial “Alert ensuring the safety of clients at risk for suicide”

• In 2010, a suicide task committee was formed at the provincial level

• Goal to move recommendations into frameworks and protocols that would guide individuals working within the health system in the appropriate assessment and management of suicidal people.
Saskatchewan Suicide Framework: Quality Improvement for Rural & Remote Communities

• Mental health and addictions issues recognized as serious problem northern rural and remote communities
• High rates of suicide in some communities
• Often limited MH&A services or staff
• Significant variation in response across communities
Saskatchewan Suicide Protocol: A Single Provincial Screening/Assessment Framework

Provincial Framework Developed:

• Target population includes all clients that seek service through Mental Health, Addiction, Primary Care, Emergency, Public Health and Long Term Care services

• Provides common tools, shared language and a consistent approach in the screening, assessment and management across 13 Regional HAs

• A provincial protocol of 7 screening questions used by all Mental health and Addiction staff

• Eventually across all other health programs and by other health partners
Alignment to CFHI – Improvement Model

Hoshin A3 developed

- Framework and protocol development based on emerging evidence and informed decision making model
- Patient and Family reference group participation in region roll out – June 2014
- Training materials developed for inpatient, community and facilities, training of Mental health, Addiction and Primary Care clinicians – May-July 2014
- Adoption of Hoshin at PAPHR Strategic Planning – March 2014
- Based on data relating to Suicide within the Province and region all clients seeking service will be screened with the seven questions.

ACTION LEVERS TO ACCELERATE HEALTHCARE IMPROVEMENT

Improvement in healthcare requires initiative in the following six areas:

1) Promoting evidence-informed decision-making
2) Engaging patients and citizens
3) Building organizational capacity
4) Creating supportive policies and incentives
5) Engaging healthcare executives, managers and providers in creating an improvement culture
6) Focusing on population health needs
Seven Questions

All persons accessing health care services need to be screened for suicide

A hierarchy of screening questions, which gently leads to asking about suicidal ideas, is a generally accepted procedure for all health care professionals.

Figure 3: Screening Questions for Suicide

1. Are you having any feelings of hopelessness, helplessness or depression?
2. Have you had any thoughts, urges or behaviors related to harming yourself?
3. Have you recently engaged in any reckless behavior such as; abusing alcohol or drugs, reckless driving or impulsive actions?
4. Have things been so bad lately that you have thought you would rather not be here?
5. Are you thinking of suicide?
6. Have you made any current plans?
7. Do you have the means to act on your plan?

It is important to clarify the answer and watch for answers that avoid directly answering the questions! If any of the above questions are answered “YES” an assessment of risk level must be done.
Prince Albert Parkland Health Region Implementation

- The Prince Albert Parkland Health Region (PAPHR) is located in north central Saskatchewan. With a population of about 80,000, it is the third-largest of the province's 13 RHA, and provides a range of speciality services to neighbouring regions.
- City of Prince Albert is the region's largest community with a population of 40,140 (Saskatchewan Health, covered pop, 2007)
- 12 First Nation communities
Saskatchewan Suicide Framework: Implementation in Prince Albert Parkland

• Framework, protocols taken and customized and training package created
• Train the trainer with educators from different departments in MH/ADS/ABI and Pastoral Care – go live July 1st, 2014
• Client/Family reference group
• Directors of PH, PC, ED, LTC, AC, SMO, for steering Committee – train the trainer with educators from different departments with go live October 1, 2014. Audit process January, 2015
By March 31, 2015 the provincial Suicide Prevention Framework will be presented to all sectors of the Prince Albert Parkland Health Region.

2014-15 Suicide Prevention Framework

Develop Suicide Prev. Framework
MH Inpt Mistake Proof Proj
Engage Family Support Group
Develop PAPHR Working Comm
Train Nurse Educators
Region Roll Out & Train Staff

Completed provincially 2012-
Completed Mar 2014

= Not Yet Started  = Task Completed  = No Concern  = Concern  = Overdue (days)
Saskatchewan Suicide Framework: Key Benefits for NROR communities

Increased Service Quality and Equity:
• Increased equity of access and quality of services across province, regardless of size or location of community
• Reduced variation in standard of care across province

Increased Patient Safety:
• Improved case-identification, improved service coordination, & improved continuity of care

Opportunity to Develop External Partnerships:
• Implementation beyond MH&A to other health programs and to other partners, including First Nations communities, other provincial ministries such as Social Services and Corrections & Public Safety consistent with NROR community development and partnership approach
• Training and protocols will help build capacity to screen, assess and communicate, using one tool and one common language, creating a common foundation for referrals into the health service.
RESOURCES, REFERENCES & TOOLS (1 slide)

Thank you / Questions
For further information and resources please contact:
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