

**Title:** Improving completion of suicide risk assessment in a primary care clinic

**Needs and Objectives:** Three out of every four patients who commit suicide have had contact with a primary care provider in the year preceding their deaths and nearly 50% of have had contact in the month prior. Furthermore, Suicide Risk Assessment is included in the required follow-up outlined in the U.S. Preventive Services Task Force's recommendations for Depression Screening. The implementation of sustainable practice-level standards for suicide risk assessment is essential to decrease the burden of mental illness and ensure patient safety. In recent years, the Internal Medicine Clinic at The University of North Carolina, Chapel Hill, has improved depression screening and treatment within this primary care setting through electronic best practice advisories, co-located behavioral health services and a dedicated depression care team. However, with the high volume of screened patients, some patients have not undergone full Suicide Risk Assessment when warranted. This quality improvement project aims to ensure that every patient with a positive screen for suicidality receives the full, indicated Suicide Risk Assessment and that the necessary action is taken based on the assessment results.

**Setting and Participants:** The setting is the Internal Medicine Clinic at the University of North Carolina, Chapel Hill. The participants include UNC Internal Medicine residents, attendings, clinical social workers, nursing staff and care assistants, as well as UNC Epic population health implementation coaches. The clinic performs 105 Patient Health Questionnaires (PHQs) each month to assess depression burden.

**Description of Program/Intervention:** The intervention began with the development of a Missed Suicide Risk Assessment report in our electronic medical record, Epic. The report was designed to display, within the Internal Medicine department, the patients whose most recent PHQ-9 showed a positive screen for suicidality and had some portion of the Suicide Risk Assessment algorithm incomplete in Epic. The initial run of this report showed all patients meeting these criteria since the implementation of Epic, approximately three and a half years ago. A chart review was then performed to determine the patients with proper suicide risk assessment and documentation that was not recognized by the Epic (i.e. freeform within provider note instead of within Epic flowsheets or Smart Text). From this report and chart review, patients in need of immediate outreach were identified. Additionally, improvements were made to provider education on the department's suicide assessment algorithm and proper documentation within Epic, as well as alterations to the depression screening and suicide risk assessment workflow. The department wide report was then run on a monthly basis to evaluate progress and identify any patients requiring follow-up.

**Evaluation:** Nineteen patients identified in the initial running of the Missed Suicide Risk Assessment report in Epic have received outreach from their primary care provider or one of the clinical social workers. Of the total patients with a positive screen for suicidality since the implementation of Epic, 68.1% patient had a complete suicide assessment documented in a manner recognizable by Epic. Upon chart review, 84.7% underwent a complete suicide assessment, including those with documentation unrecognizable by the Epic report.

**Discussion/reflection/lessons learned:** The Missed Suicide Risk Assessment report in Epic is an effective way to identify patients within our practice who have not received the full, indicated suicide risk assessment with appropriate documentation. Combined with chart review, this report has allowed us to proactively reach out to patients who may need additional intervention for suicide risk assessment, and to improve the suicide risk assessment and documentation process.