Implementing “At-the-Elbow” Training in the Emergency Department: Feasibility, Outcomes, and Lessons

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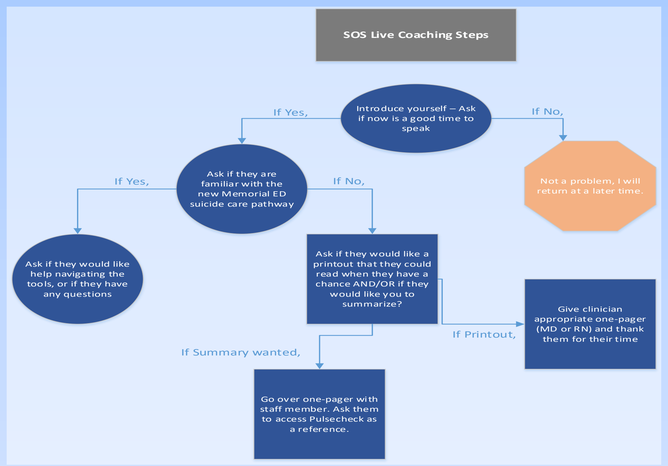
Introduction

- Suicide is the 10th leading cause of death in the United States and accounts for 1.2% of deaths annually[1]
- Often times, individuals who die by suicide will present to an Emergency Department (ED) or primary care setting in the year prior to death[2]
- By implementing universal screening for suicide risk in the ED, the system successfully identifies patients with suicide risk incidental to their clinical presentation[3]
- Such patients are important to identify, because they are often missed and do not receive any additional assessment or resources regarding suicide[4]
- In other healthcare systems, due to lack of training nurses reported feeling unequipped to screen and evaluate patients for suicide risk[5]
- Investing in training ED physicians, nurses, and residents to screen and assess suicide risk can further improve suicide prevention efforts
- The current continuous quality improvement (CQI) project, System of Safety (SOS) implemented “at-the-elbow” training to train ED providers on screening for suicide risk, suicide prevention tools in the EHR, and clinical workflows for this population

Methods

“At-the-Elbow” Training

- Training for encapsulated review of suicide-related tools in the EHR, including discharge instructions and the “*MD Secondary Screener”.*
- Nurse training focused on the ***Patient Safety Screener 3*** (PSS-3), three screening questions designed to be administered to patients during triage to help determine the level of patient suicide risk (imminent vs. moderate vs. low risk).

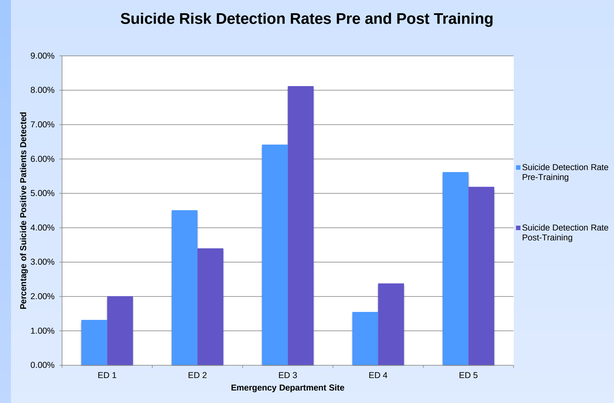


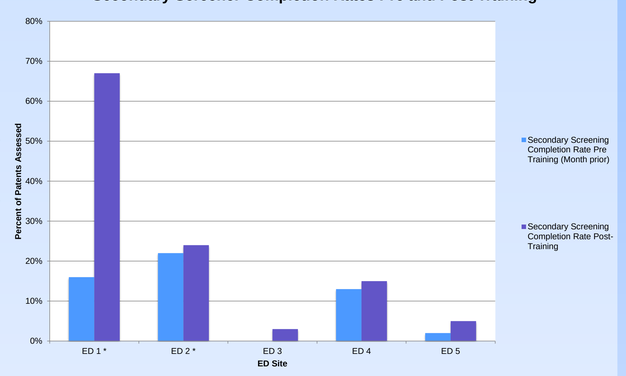
Data Collection

- A data visualization application, Tableau, was programmed to extract data directly from the EHR, to measure suicide-positive detection rates and physician secondary screener completion.
- Training logs were completed following every shift, and were used to identify barriers to training and lessons learned.

Results

- 207 ED clinicians (79 physicians, 32 residents, and approximately 96 nurses) were trained across all sites. Trainers successfully reached 79 of 104 attending physicians (76%) across all sites.
- 3 of 5 sites (60%) had an increase in positive suicide-risk detection post-training; all 5 sites (100%) had an increase in physician secondary suicide assessment completion post-training.





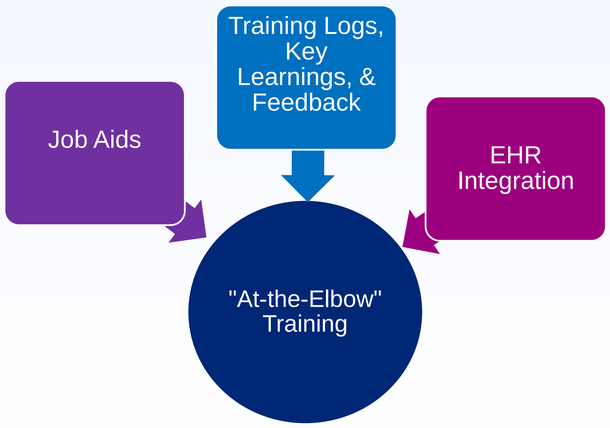
Discussion

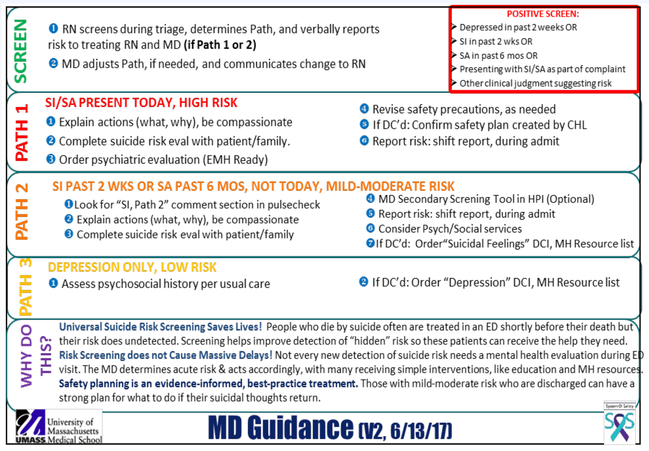
By implementing “At-the-Elbow” training, research staff raised awareness of suicide-related tools in the EHR and educated clinical staff about current suicide-related best care practices, which ultimately increased staff buy-in to actually utilize these tools. Daily engagement with clinical staff during the training period also allowed for rapid problem resolution whenever certain questions or fallacies emerged regarding the suicide-prevention initiative. Trainers were generally well-received by fellow clinical staff, and were readily available whenever any questions arose during a training shift.

Although in-person training in the ED environment proved to be impactful, there were time and environmental impediments that made the at-the-elbow approach cumbersome for training staff. Physicians often had to be approached multiple times a shift in order to complete the brief training, and some were not available at all due to demands of a busy ED. Approaching physicians multiple times was very resource intensive for trainers, as a lot of time was used to approach the same staff member repeatedly.

One of the largest barriers identified through nurse training interaction was the lack of previous training around the screening tool, the PSS-3. Many nurses expressed that they never received training on how to ask these sensitive questions to patients, and did not feel confident administering these questions as they were presented in the EHR. Additionally, once a patient was deemed a positive screen, there was confusion around the appropriate pathway for that patient. Often, the threshold for suicide-risk is rather low, so it is common for patients with low to moderate suicide risk to be placed on constant observation and receive an Emergency Mental Health evaluation, even when it is not necessary for the patient. Although our training approach was beneficial, a more structured screening training is needed.

Training Components





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