From the Office of Health Informatics

Primary Care and Pediatric Practices
Suicide Risk Screening & Assessment

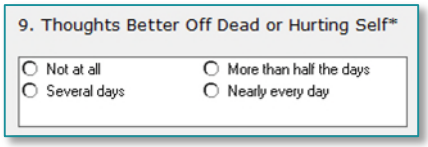
March 18, 2025

Universal suicide risk screening is performed at each visit for patients 12 years and older. Patients who screen positive will require further screening and assessment with the provider to determine if further intervention is needed, including safety planning.

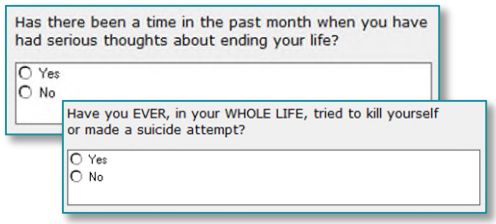
Initial Suicide Risk Screening Questions

During intake, complete the **PHQ2 Plus** or **Edinburgh Postnatal Depression Screening (EPDS)** with the patient. If appropriate, complete the full PHQ9/PHQA including, four additional questions at the bottom of the PHQA.

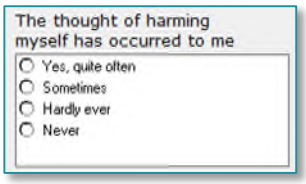
STEP 1: Suicide Risk Screening Questions, positive screen is indicated when:



- **PHQ9/PHQA:** A response of anything other than, not at all, for **Item 9**, **Thoughts Better off dead or hurting self**.
- **PHQA:** A **Yes** response to additional suicide questions at the bottom, **Has there been a time in the past month when you have had serious thoughts about ending your life? Or Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?**

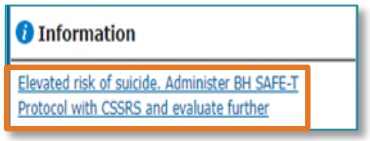


- **EPDS:** A response of anything other than, **Never**, to **Item 10**, The thought of harming myself has occurred to me.



NOTE: **If the EPDS is completed with the mother, during a newborn visit, the alert will not populate in the newborn's chart.**

STEP 2: If a **positive** response to any of the screening questions, a **SmartZone alert** fires for the provider to complete the **BH SAFE-T Protocol with CSSRS PowerForm**.



- Clinical staff will communicate to provider if there is a positive response to an initial screening question.

NOTE: **If patient scores a 5 or above on the Depression Screening, the Depression Follow-Up Plan SmartZone alert may also fire. For more information on how to address the alert, click here.**

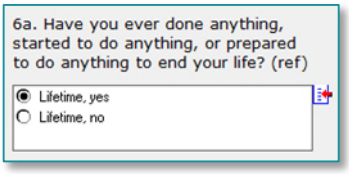
BH SAFE-T w/CSSRS Assessment PowerForms

Further suicide risk screening is required by the provider if there is an elevated risk of suicide in response to an initial screening question.

- There are two **BH SAFE-T PowerForms**, initial and reassessment; the SmartZone alert will automatically prompt the appropriate assessment for the provider to complete.

- **Initial Assessment**: **CSSRS Screener** is completed when a full **BH SAFE-T** assessment has never been documented by someone at Northern Light Health.
    - **CSSRS Screener** asks the **lifetime Suicidal Behavior** question (6a) which, if positive, will prompt the provider to complete a full assessment.
- **Reassessment**: **CSSRS Since Last Asked Screener** is completed once a full assessment is already documented in Cerner, with an **Assessed Risk Level**, by someone at Northern Light Health.
    - **CSSRS Since Last Asked** screens for **imminent risk**. If the patient had suicidal behaviors in their lifetime, but not since last asked, it may not require a full assessment.

NOTE: **The lifetime Suicidal Behavior question (6a) will populate at the top of the CSSRS Since Last Asked Screener, for historical reference. This is not a part of the Since Last Asked Screener.**



➢ Low Risk Screening BH SAFE-T Protocol with CSSRS

When screening indicates a **Low Risk**, further assessment is not needed unless the provider feels further assessment is warranted.

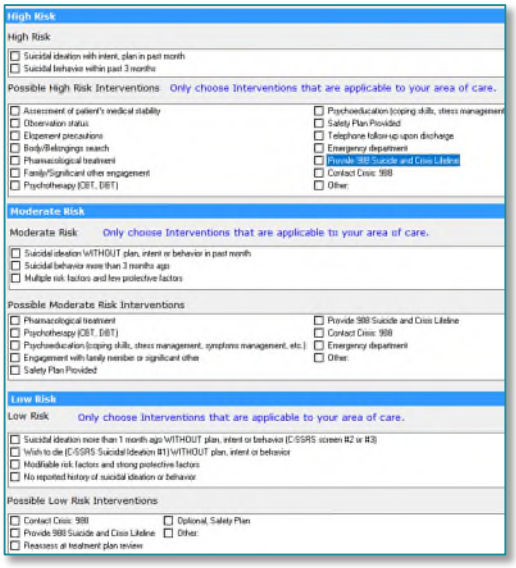
STEP 1: Complete the **CSSRS Screener/CSSRS Since Last Asked Screener.**

NOTE: **The Screener auto-calculates the Screened Suicide Risk Level. If *Low Risk*, a conditional section populates stating that patient is Low Risk- No Assessment Needed.**

STEP 2: Close the **Low Risk window** and select the **green checkmark** to **Sign** the Form.

➢ Moderate or High-Risk Screening – BH SAFE-T Protocol with CSSRS

When a risk screening indicates a **Moderate** or **High Risk**, further assessment is needed to determine a patient's suicide risk level.



STEP 1: Complete **Asmt – Risk Factors and Behaviors** section.

STEP 2: Complete **Asmt – Protective Factors** section.

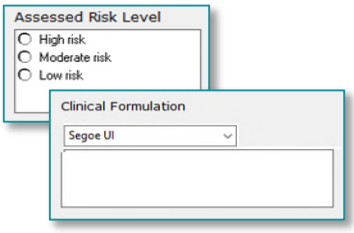
STEP 3: Select **Asmt – Risk Stratification** section.

STEP 4: Select applicable responses, starting at high risk.

- Refer to responses in previous sections to determine the most appropriate boxes to select.

STEP 5: Indicate **Risk Interventions** used.

STEP 6: Select the **Asmt – Risk Level** section.



STEP 7: Complete the **Assessed Risk Level** and **Clinical Formulation**.

NOTE: **Use the appropriate auto text to populate the risk level and clinical formulation in the note.**

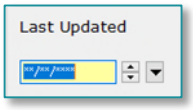
- **/bh_safe-t_initial_assessment**
- **/bh_safe-t_ reassessment**

Safety Plan

If an assessment is performed and patient is determined safe to go home, a safety plan is completed.

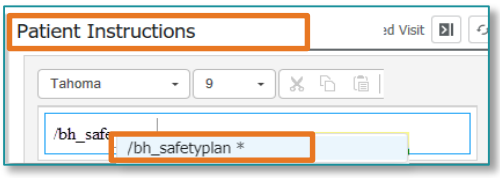
STEP 1: Complete **Safety Plan** section with the patient if it has previously been completed, the information auto populates; review and update as needed.

NOTE: **Complete Last Updated field when you review the safety plan with the patient.**



STEP 2: Enter in **Patient Instructions,** auto text **/bh_safetyplan**.

- Print the **Ambulatory Patient Summary** to provide the patient the Safety Plan information.



NOTE: **Ambulatory Visit summaries are also available in the patient portal.**