



From the Office of Health Informatics **Primary Care and Pediatric Practices Suicide Risk Screening & Assessment**

October 24, 2024

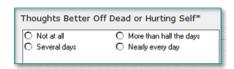
Universal suicide screening will be performed at every visit for patients 12 years and older. Patients who identify risk of suicide require further screening and assessment with the provider and interventions as needed, including safety planning.

Initial Suicide Screening Question

During intake, complete initial screening using the PHQ2 Plus or Edinburgh Postnatal Depression Screening.

STEP 1: Complete Depression Screening with patient, including asking item:

- PHQ2 Plus: Item 9, Thoughts Better off dead or hurting self.
- Edinburgh Postnatal Depression Screening: Item 10, The thought of harming myself has occurred to me.



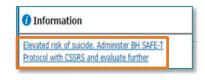
- STEP 2: If responses include anything other than **Not at All**, a SmartZone alert fires for the provider to complete the BH SAFE-T Protocol with CSSRS PowerForm.
 - Clinical Staff communicate to provider if there is a positive response to initial screening question.

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

Further Screening and Assessment

Elevated Risk of Suicide Screening – CSSRS Screener

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



- Select the Elevated risk of suicide Administer BH SAFE-T Protocol with CSSRS and evaluate STEP 1: further Smart Zone alert.
- Complete the CSSRS Screener. STEP 2:
- NOTE: The Screener auto-calculates the Screened Suicide Risk Level. If Low Risk, a conditional section populates stating that Risk is Low- No Assessment Needed.
- Moderate or High-Risk Screening BH SAFE-T Protocol with CSSRS Assessment

When a risk screening indicates a moderate or high range, further assessment is needed to determine a patient's suicide risk level.

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

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

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

STEP 4: Select applicable responses, starting with 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 **Risk Level** section to complete the **Risk**

Level and Clinical Formulation.

NOTE: Use auto text /bh_safet-t_assessment to

populate the risk level and clinical formulation

in the note.

Safety Plan

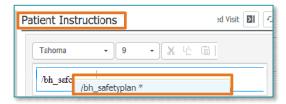
If an assessment is performed and patient is determined safe to go home, a safety plan is completed.

STEP 1: Complete **Safety Plan** section with the patient.

• If it has previously been completed the information auto populates. Review and update as needed.

<u>STEP 2</u>: 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.

