

# ZERO SUICIDE METRICS

## for specific Oregon ZS Implementation Indicators<sup>1</sup>

(last updated 9/5/2023)

Full implementation of Zero Suicide includes the ability to track the suicide metrics. Prior to completing the online Oregon Zero Suicide Implementation Assessment, sites may want to calculate these metrics for the most recent reporting period (month or quarter) as a way to confirm that their tracking mechanisms are in place. The online Oregon Zero Suicide Implementation Assessment tracks changes in these data over time for sites that provide them. For more information, contact [meghan.crane@state.or.us](mailto:meghan.crane@state.or.us) or [cellark@pdx.edu](mailto:cellark@pdx.edu).

Health System: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

(Example: June 1-30, 2020)

### Element #1: Lead

#### 1a. Commitment to DEI

Method for assessing implementation of DEI principles: \_\_\_\_\_

Data that is tracked:

Lived Experience

REALD:

Race

Language

Ethnicity

Disability

SOGIE:

Sexual Orientation

Gender Identity

Gender Expression

#### 1d. Messaging to staff related to ZS adoption

Tools used for messaging:

Monthly CEO letter

Standing agenda items on regularly-meeting committees

Quarterly safety newsletter

Method to report out ZS data on a consistent basis

All staff or "town council" meetings on ZS efforts

Engage buy-in and follow-through with ZS activities (such as the WFS, etc.)

#### 1g. Availability of Trainings

Percent of current administrative and direct service staff who have been trained: \_\_\_\_ [%]

#### 1i. Survivor Involvement in Planning and Processes

Percent of workgroup members who are loss or attempt survivors: \_\_\_\_ [%]

#### 1k. Workforce Wellness

Number of paid staff: \_\_\_\_ [count]

Of those, number and percent of staff who report awareness of at least one identified wellness activity:

\_\_\_\_ [count] \_\_\_\_ [%]

SAMHSA/HRSA Culture of Wellness Implementation Score and Date: \_\_\_\_\_ [score] \_\_\_\_\_ [date]

<sup>1</sup> <https://hsimplementationlab.org/zero-suicide-implementation-assessment/>

## Element #2: Train

### 2b. Trainings for Non-Clinical Staff

Count of current non-clinical staff: \_\_\_\_ [count]

Count and percent of current non-clinical staff trained in suicide risk identification: \_\_\_\_ [count] \_\_\_\_ [%]

### 2c. Trainings for Clinical Staff

Trainings required of clinical staff:

Identification of people at risk for suicide

Risk formulation

Suicide assessment

Ongoing suicide risk management

Count of current clinical staff: \_\_\_\_ [count]

Count and percent of current clinical staff who have been trained in all 4 areas: \_\_\_\_ [count] \_\_\_\_ [%]

## Element #3: Identify

### 3a. Screening for Suicide Risk

Percent of individuals enrolled in previous month who were screened for suicide risk: \_\_\_\_ [%]

### 3b. Screening Tools Used

Suicidality screening tool used: \_\_\_\_\_

Count of current clinical staff: \_\_\_\_ [count]

Count and percent of current clinical staff who have been trained in using the suicidality screening tool:  
\_\_\_\_ [count] \_\_\_\_ [%]

### 3c. Suicide Risk Assessment

In the past full month: percent of individuals in care who screened positive for suicide risk who also had a comprehensive risk assessment on the day they screened positive: \_\_\_\_ [%]

Risk Assessment Tool used: \_\_\_\_\_

Count of current clinical staff: \_\_\_\_ [count]

Count and percent of current clinical staff who have been trained in using the assessment tool:  
\_\_\_\_ [count] \_\_\_\_ [%]

## Element #4: Engage

### 4a. Care for Individuals At-Risk for Suicide

Type of empathetic communication skills training used:

Motivational Interviewing

Reflective Communication

### 4b. Collaborative Safety Planning

Safety planning tool used: \_\_\_\_\_

In the past full month: Percent of individuals in care who were screened and assessed positive for suicide risk who also had a comprehensive safety plan developed on the same day: \_\_\_\_ [count]

### 4c. Lethal Means Counseling

In the past full month: Percent of individuals in care who were screened and assessed positive for suicide risk who also had a comprehensive safety plan developed on the same day: \_\_\_\_ [count]

Date of most recent lethal means chart review: \_\_\_\_\_ [date]

#### 4d. Postvention for staff and individuals in care

Number of current staff: \_\_\_\_ [count]

Number and Percent who have been trained in postvention policies and practices: \_\_\_\_ [count] \_\_\_\_ [%]

Percent who feel Very or Totally Confident in responding per agency protocol: \_\_\_\_ [%]

Percent who feel Very or Totally Confident in responding to grief in the workplace: \_\_\_\_ [%]

### Element #5: Treat

#### 5a. Access to Suicide-specific Treatment

Percent of clinical staff trained in a specific suicide treatment model: \_\_\_\_ [%]

Specify model: \_\_\_\_\_

#### 5b. Safer Environment

Date of most recent environment review: \_\_\_\_\_ [date]

### Element #7: Improve

#### 7a. Analysis of Suicide Deaths

Number of days since most recent root cause analysis of a suicide death: \_\_\_\_ [count]

Number of days since most recent suicide death of:

(a) someone in care: \_\_\_\_ [count]

(b) someone who had left care less than 6 months before suicide death: \_\_\_\_ [count]

#### 7b. Tracking Suicide Deaths

Date measurement for suicide deaths was established: \_\_\_\_\_ [date]

Date of most recent annual crosswalk of enrolled individuals against vital statistics data: \_\_\_\_\_ [date]

#### 7c. Analysis of Suicide Attempts

Number of days since most recent root cause analysis of a suicide attempt: \_\_\_\_ [count]

Number of days since most recent suicide attempt of:

(a) someone in care: \_\_\_\_ [count]

(b) someone who had left care less than 6 months before suicide attempt: \_\_\_\_ [count]

#### 7d. Tracking Suicide Attempts

Date measurement for suicide attempts was established: \_\_\_\_\_ [date]

Date of most recent annual crosswalk of enrolled individuals against vital statistics data: \_\_\_\_\_ [date]

#### 7e. Appropriateness of Suicide Safer Care

Percent of clinical staff trained in a specific suicide treatment model: \_\_\_\_ [%]

Specify model: \_\_\_\_\_

#### 7f. Continuous Quality Improvement (CQI)

Most recent date that data from EHR or chart reviews were examined for adherence to suicide care policies:

\_\_\_\_\_ [date]