Indian Health Service
Office of Information Technology

RPMS

Suicide Reporting Form

Objectives

- Background and Purpose
- GPRA Performance Measure
- Access and Functionality
- Reports

RPMS SRF Background

- Business Owners
  - Division of Behavioral Health (DBH)
  - Suicide Prevention Committee (SPC)

- Supports multiple Public Health Initiatives
  - DHHS National Strategy for Suicide Prevention
  - IHS Division of Behavioral Health Suicide Prevention Initiative
  - Director's Health Initiatives: Behavioral Health
  - Clinical Quality Performance (GPRA measure)
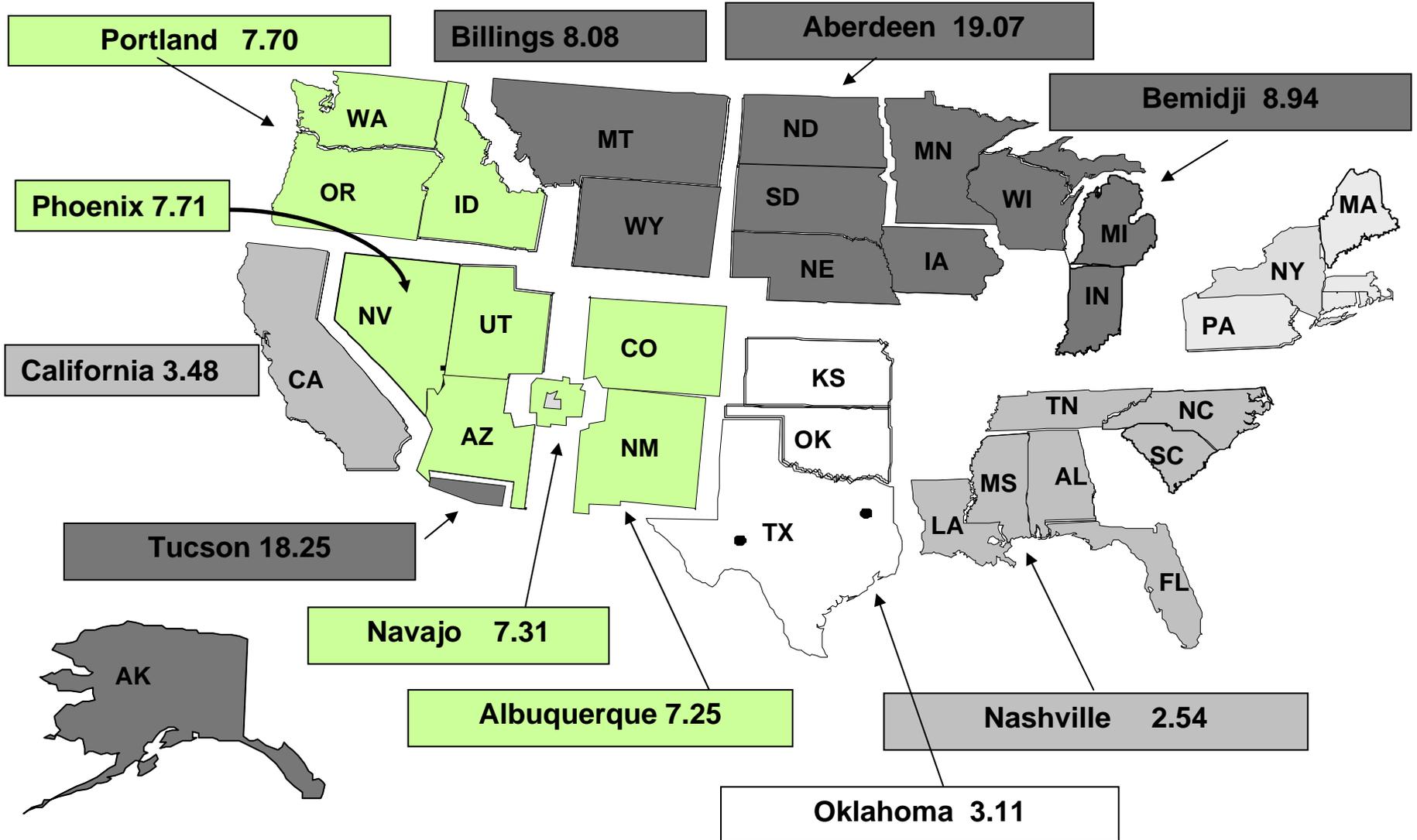   - Suicide Data Collection → Suicide Prevention

GPRA Measure

- The focus of the measure is *use* of the form *not* the number of suicide events
- Performance is measured by the number of forms in the BHS export database

- 2007
  - Maintain at the FY2006 baseline rate of 1603
  - Result: Met (1674)
- 2008
  - Increase the number of forms completed and exported to 1758 (increase of 5%)
  - Result: Not Met (1598)
- 2009
  - Increase the number of forms completed and exported to 1846 (increase of 5%)

Scope of the Problem

- 8th leading cause of death for AI/AN of all ages

- 2nd leading cause of death for AI/AN ages 10 – 34 (behind unintentional injuries and accidents)

- Rates for AI/AN ages 10 - 34 are almost twice as high as the national average

- Source: CDC

Suicide rates by region for persons aged 0-19 years – U.S., 1989-1998 (U.S. average rate 3.03)

Portland 7.70

Billings 8.08

Aberdeen 19.07

Bemidji 8.94

Phoenix 7.71

California 3.48

Tucson 18.25

Navajo 7.31

Albuquerque 7.25

Nashville 2.54

Oklahoma 3.11

Purpose of the SRF

- Improve data collection
- Inform suicide prevention activities

  – Standardized and systematic method for documenting incidents of suicide
  – Accurate suicide data at the point of care
  – Timely data
  – Capture specificity of location and associated risk factors

What data does the SRF capture?

- Provider who completed the SRF
- Patient demographics
- Type of suicide incident
  - Ideation with intent and plan
  - Attempt
  - Completion
  - Combination Suicide/Homicide
- Standard suicide epidemiological data
  - Method
  - Substances involved
  - Contributing factors

Dependencies for Use and Exporting

- RPMS Prerequisite
  - BHS v3.0 (namespace AMH) must be loaded in order to utilize the Suicide Reporting Form in any of the RPMS applications (EHR, PCC, BH GUI)

- Database
  - SRF data resides in the AMH database *not* the PCC database
  - SRF data is exported to IHS National Programs via the monthly BHS export – this is a separate export from the PCC export

Access

- Ability to enter or access SRF data is restricted to providers (BH, Medical and Nursing) and data entry staff
  - EHR
    - Suicide Form component (installed by EHR CAC)
    - Location in EHR will vary with different EHR user templates
  - BH GUI/Patient Chart and Behavioral Health System
    - Suicide Form component (tab)
    - Embedded in the application
  - PCC
    - Entry into RPMS by data entry staff (from paper forms)
    - Entry into RPMS by providers with "SF" menu option

Security Keys

– PCC (for PCC and Electronic Health Record)

- APCDZ SUICIDE FORMS
- APCDZ SUICIDE FORM DELETE
- APCLZ SUICIDE REPORTS

– AMH (Behavioral Health System)*

- AMHZ SUICIDE FORM ENTRY
- AMHZ SUICIDE FORM REPORTS

– BPC (Behavioral Health GUI)

- BPCSUI

*AMH keys are to be allocated to BH providers only.

SRF and the Medical Record

- Often completed in the context of a visit but SRF data is not visit-related (i.e. does not populate the visit record)

- Data collection function - not a clinical intervention tool
  - Any care provided in the context of seeing a patient for suicide-related issues must be appropriately documented in the medical record.

Functionality

- Business rules for completing a SRF are determined at the local level
  - For example, providers may be instructed to document historical events or only those that occurred within the past 72 hours
  - National guidelines from SPC are pending

- Required fields
  - Provider (completing the form)
  - Date of the suicidal event
  - Future modifications may include making all fields required

- Each field has an option of "Other" or "Unknown"
  - Users are encouraged to address each field

Decision Support

- BHS
  - Providers are prompted to complete a form when they enter a POV of 39, 40 or 41 (suicide)
- EHR
  - Crisis note – TIU note title created by the provider with a CWAD icon visible when patient is in focus
  - Scheduled notifications – set up to alert an individual or group of providers when a suicide form has been completed
- Non-patient centric view – display all forms on file for all patients in a specified date range

Local SRF Reports

- Access
  - Controlled by security keys
    - Not all providers have access to RPMS Reports
  - SRF reports available in both BHS and PCC

- BHS (similar report in PCC)
  - SSR: Aggregate Suicide Form Data – Standard
    - Can parse SRF data for a date range by any SRF variable including age, gender, community, etc.
    - When in BHS v3.0 Reports Module select the following menu options:

    RPTS then PROB then SUIC then SSR

Area and National Aggregate SRF Reports

- Aggregate data only (no patient identifiers)
- Should not be considered prevalence data
    - Not all AI/ANs seek care at facilities that use RPMS
    - SRF is underutilized at this time
    - Not all sites export RPMS data regularly

- Access
    - Area BH Directors/Consultants
    - DBH and SPC leadership
    - Reports are currently run as requested
    - Standard reports are currently being developed