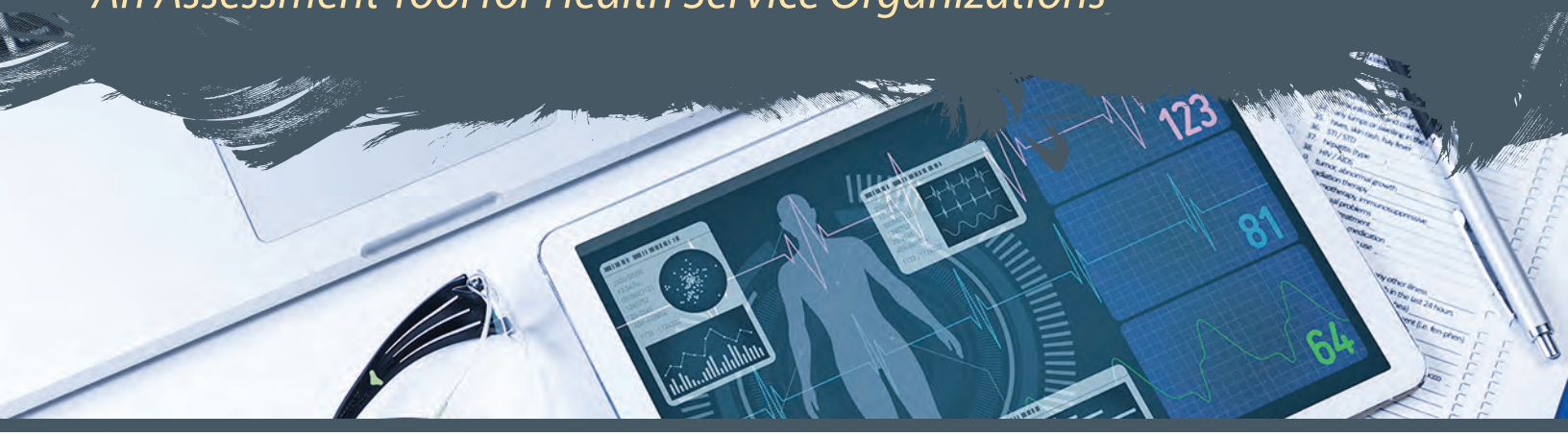
Zero Suicide Initiative EHR Readiness Checklist

An Assessment Tool for Health Service Organizations



How to Use This Checklist

This resource will help you assess whether your organization's Electronic Health Record (EHR) infrastructure supports each phase of the Zero Suicide framework. This checklist aims to help identify current capabilities and implementation gaps so that organizations can prioritize items that are not yet in place and use findings to guide planning discussions with EHR teams, clinical leadership, and vendors.

LEAD and TRAIN

Leadership, Governance, and Planning

Leadership and Oversight

- ☐ An individual or team has been designated to oversee EHR planning related to suicide prevention.
- ☐ Leadership has identified key suicide prevention metrics that could be monitored through the EHR.
- ☐ There is a process in place for assessing and prioritizing EHR enhancements related to suicide prevention.
- ☐ Organizational leadership regularly reviews suicide prevention performance data.
- ☐ Leadership has assigned clear roles to define who conducts screening and when screening should occur (e.g., per visit or encounter).

EHR Expertise and Support

- ☐ The organization has identified an EHR expert or IT contact who supports suicide prevention workflows.
- ☐ The organization maintains communication with its EHR vendor regarding new features and checks in regularly about implementing behavioral health specific enhancements.
- ☐ The organization uses an implementation plan to guide the rollout of new or updated features.

Training

- ☐ Staff receive training on suicide prevention–related workflows.
- ☐ New staff are trained in suicide prevention documentation procedures.
- ☐ Refresher trainings are scheduled annually.
- ☐ Trainings are updated when workflows or EHR features change.

Data Quality

- ☐ The organization has assigned the responsibility of monitoring data quality, including regularly reviewing documentation for completeness, accuracy, and consistency, to specific staff.
- ☐ Procedures to identify missing, inconsistent, or incomplete documentation are in place.
- ☐ Data are reviewed on a regular schedule.

IDENTIFY
Screening and Risk Identification

EHR Functions and Clinical Decision Support

- ☐ Validated suicide risk screening tools (e.g., Ask Suicide-Screening Questions, Columbia-Suicide Severity Rating Scale) are embedded in the EHR.
- ☐ Suicide risk screening tools include automatic scoring functionality.
- ☐ The EHR can prompt providers based on screening results.
- ☐ The EHR can automatically enroll patients into a suicide prevention care pathway based on defined criteria.

Workflows

- ☐ Suicide risk screening is integrated into the patient intake process.

Documentation Processes

- ☐ Screening results are documented in a structured format within the EHR.
- ☐ The EHR requires documentation when providers override recommended care pathways.
- ☐ Suicide risk assessments are stored longitudinally to support tracking over time.

Information Sharing

- ☐ Screening and assessment results are routed to the appropriate providers.
- ☐ The organization has defined which staff can access screening and assessment data.
- ☐ The organization has defined data-sharing policies for screening and assessment results.
- ☐ The patient portal provides access to screenings, assessments, and educational materials.

ENGAGE
Safety Planning and Patient Engagement

EHR Functions and Tools

- ☐ The EHR uses structured templates or other consistent documentation tools to support standardized documentation of safety plans.
- ☐ Safety plans include fields for coping strategies, emergency contacts, and crisis resources.

Workflows

- ☐ Providers are notified when a patient with an active safety plan presents for care (e.g., at check-in, chart opening, or visit initiation).
- ☐ The organization has defined how safety plans are created, updated, and reviewed.
- ☐ Providers can easily locate safety plans.
- ☐ Staff are trained in how to respond when a safety plan is in place.

Alerts and Monitoring

- ☐ To support timely follow-up, the EHR generates alerts or work queue notifications for clinicians when patients with active suicide risk or safety plans miss scheduled appointments.
- ☐ The EHR can alert providers to changes in patient status (e.g., treatment adherence, time in risk pathway).

Information Sharing

- ☐ The organization has defined who can access safety plans.
- ☐ Patients and caregivers can access safety plans and educational materials through the patient portal.

TREAT
Clinical Care and Evidence-Based Treatment

EHR Functions and Clinical Decision Support

- ☐ Evidence-based treatment guidelines are embedded in the EHR.
- ☐ Clinical decision support tools (e.g., alerts, prompts, care pathway details) to support evidence-based suicide care are available in the EHR.

Workflows

- ☐ The EHR workflow is aligned with the treatment plan process.
- ☐ Designated EHR staff help implement organizational standards into workflows.
- ☐ The organization has identified clinical staff to serve as EHR transition or support champions.

Documentation Processes

- ☐ Treatment plans are documented and accessible within the EHR.

Patient Engagement Tools

- ☐ The EHR supports tracking of treatment-related activities (e.g., skills-building exercises).

Information Sharing

- ☐ The organization has defined data-sharing policies for treatment plans.

TRANSITION
Follow-Up and Care Coordination

EHR Functions and Tools

- ☐ The EHR supports automated follow-up reminders, including patient communications (e.g., portal messages or appointment reminders) and clinician notifications or task assignments.

Workflows

- ☐ There is a protocol in place for documenting completion of warm handoffs between internal and external providers.
- ☐ Transition workflows ensure that receiving providers are aware of suicide risk and safety or treatment plans.

Information Sharing

- ☐ The organization can access patient care information from external facilities (e.g., hospital discharge information).
- ☐ There is a protocol in place for receiving and reviewing external care information.
- ☐ The organization has defined data-sharing policies for securely sharing patient information with external providers and care partners to support follow-up and care coordination.

Monitoring and Responsibility

- ☐ The organization has an established standard operating procedure that defines how external care information (e.g., hospital discharge summaries) is received, reviewed, and incorporated into patient care.

IMPROVE
Quality Improvement and Monitoring

Reporting and Analytics

- ☐ The organization can generate reports on suicide-related care metrics (e.g., screening rates, follow-up rates) using data from the EHR and other data sources.
- ☐ Data in reports can be categorized by patient demographics, visit type, or provider characteristics.

Outcome Tracking

- ☐ The organization tracks completion of recommended follow-up visits after a positive suicide risk screen or assessment.
- ☐ The organization tracks emergency department visits related to suicide risk.
- ☐ The organization tracks re-hospitalization rates.

Continuous Quality Improvement (CQI)

- ☐ EHR data are used to identify gaps in suicide prevention care.
- ☐ Report findings inform process improvements and policy updates.
- ☐ Report findings are shared with leadership and clinical teams.
- ☐ Improvement activities are documented using a CQI framework, such as PDSA (Plan-Do-Study-Act) or FOCUS (Find, Organize, Clarify, Understand, Select).

ACTION PLANNING

Think about the items in this checklist that your organization plans to implement or adopt over the next 6 months, 12 months, and long-term, and designate a responsible person for each item listed.

High-Priority (0–6 Months)	Responsible Person/Team

Medium-Priority (6–12 Months)	Responsible Person/Team

Long-Term Enhancements	Responsible Person/Team

RTI INTERNATIONAL

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