

JUST ASQ

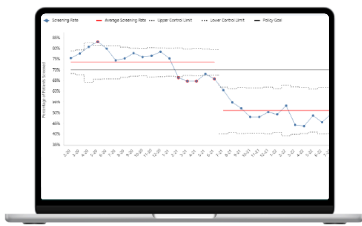
RAPID SUICIDE SCREENING SAVES LIVES



What is ASQ?

Ask Suicide-Screening Questions (ASQ) is a rapid, non-clinical screener that staff can use to identify the potential risk of suicide by a patient, especially in an emergency or urgent context.

ASQ is not a replacement for clinical instruments that assess a more comprehensive view of risk such as indicators of general depression or psychological distress, especially when the patient is at an emergency or urgent service facility.



ASQ Most Effective When Used...

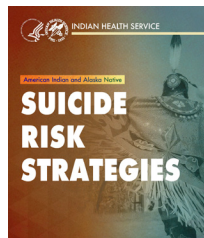
- In an environment that has adopted protocols for referrals to exams, treatments, and safety plans—such as those in the Zero Suicide Initiative (ZSI) process
- With a dashboard to make visible the trends in screening and follow-on actions
- With standardized optimal protocols for effective critical response teams (tools, training).
- With analyses to inform future tools and IT systems, such as dashboards.

THE GOALS

- Comply with the ASQ policy in the Indian Health Manual.
- Adopt the screening dashboard in emergency departments.
- Adopt effective protocols to mitigate risk of self-harm.

VALIDATE THE SCOPE OF PATIENT, FAMILY, TRIBAL, AND SYSTEM NET BENEFITS

ENGAGE AND KNOW THE RELEVANT SCIENTIFIC EVIDENCE



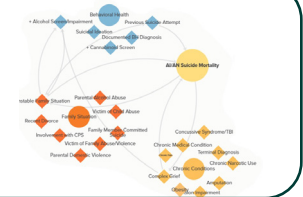
MAKE RELEVANT REPORTS AND INFOGRAPHICS HIGHLY ACCESSIBLE TO ALL



Example: Implementation of Native Nexus to expand availability of contextual sources

CLARIFY PATTERNS OF PATIENTS' EXPERIENCES AND RISKS

Example: Partner analyses at Whiteriver Indian Hospital



DETAIL SPECIFIC HEALTH SERVICE STRATEGIES AND PROTOCOLS TO IMPROVE

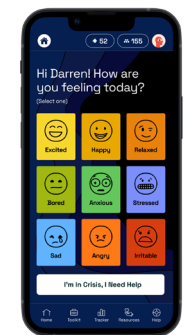
TRACE HOW SERVICES AFFECT BOTH SHORT-TERM AND LONG-TERM OUTCOMES

How do we apply health sciences to suicide prevention strategies?

UPDATE THE FEDERAL POLICIES AND PROGRAMS ACCORDING TO THE EVIDENCE

TEST HOW TECHNOLOGY INNOVATIONS CAN REINFORCE IMPROVEMENTS

Example: Client technological engagement (CTE) apps and predictive analyses of risk-based electronic health records



FRAME ANALYSES WITH RESPECT TO THE WHOLE PERSON

BUILD ANALYTICS, AT-SCALE, TO MANAGE NEW EFFICIENCIES AND EFFECTIVENESS

FY20



55%

FY21



69%

SUCCESS STORY

INDIAN HEALTH SERVICE (IHS) PHOENIX SERVICE AREA/ WHITERIVER INDIAN HOSPITAL

After receiving concentrated training on ASQ protocol during FY20, screenings increased to 55%, and then to 69% in FY21.

The pilot project demonstrated that a small, rural hospital can improve screening rates through the ASQ protocols and staff training.

ASQ takes less than one minute.

Administering ASQ is fast and is not disruptive to workflow. It's a quick way to help combat the crisis of suicide among American Indians and Alaska Natives.

IN STUDIES

95%

OF PATIENTS WERE IN FAVOR OF BEING SCREENED AND PARENTS / GUARDIANS CONSENTED TO MINORS BEING SCREENED.*

**From Screening for Suicide Risk in the Indian Health Service Medical Settings: Utilizing the ASQ," by Lisa M. Horowitz, PhD, MPH, et. al.*

ASQ combats under-detection.

A majority of those who die by suicide have contact with a medical professional within three months of killing themselves.

38%

OF ADOLESCENTS HAD CONTACT WITH A HEALTH CARE SYSTEM WITHIN FOUR WEEKS



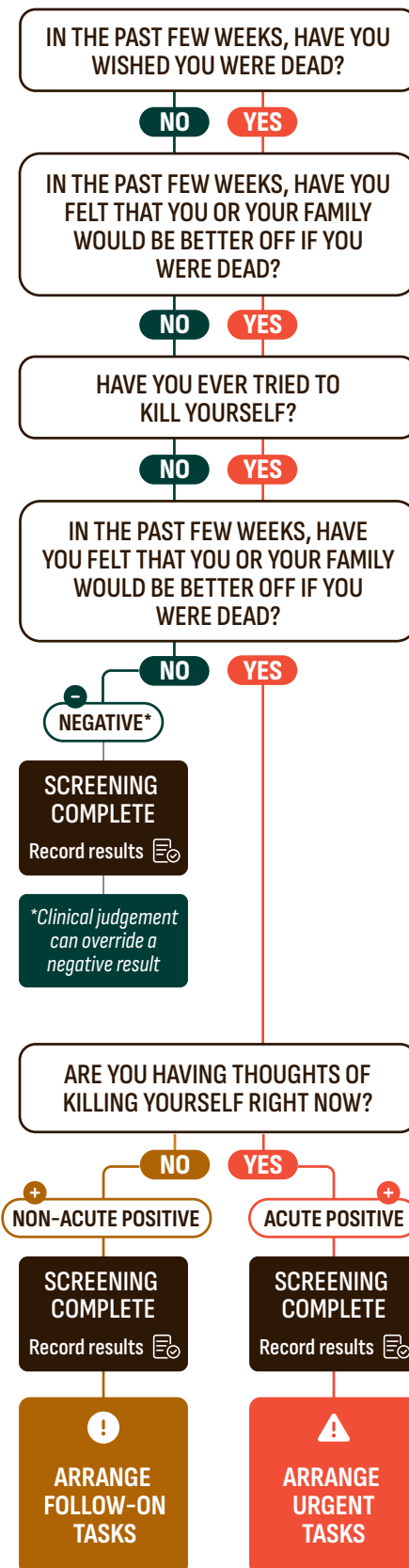
FREQUENTLY PRESENT WITH SOMATIC COMPLAINTS

Masking is common with patients who are in despair, often because it seems embarrassing, or they want to avoid being a burden. Patients want their pain to be seen and understood but often struggle to express it. A doctor trained to dig deeper can guide the conversation until the patient is comfortable revealing the reasons for their distress.

Suicide screening is not often within the typical work protocol of doctors or their staff; however with training, ASQ screening can be performed quickly.

LET'S VISUALIZE THE

ASQ FLOW



Why ASQ?

National adoption of the ASQ will help IHS improve and monitor patients' clinical needs, support treatment referrals, and coordinate wrap-around services.

Four key actions for implementing ASQ Policy:

1. TRAIN TO PERFORM ASQ SCREENINGS
2. CREATE AGREEMENTS FOR REFERRALS
3. ESTABLISH REFERRAL PROTOCOLS
4. REPORT SCREENING FOR THE DASHBOARD

OPEN ISSUES

- > Not all Emergency Departments (EDs) have adopted ASQ
- > Not all EDs use the dashboard
- > Not all hospitals are working through the ZSI process
- > Not all hospitals have critical response teams trained to work with connections in the local community

CALLS TO ACTION

- > Close the open issues noted above
- > Pilot local cross-sector risk mitigation
- > Test CTE apps for persistent patient connections
- > Frame services in whole-person resilience



THIS INFOGRAPHIC IS A SUMMARY OF THE IHS REPORT: SUICIDE RISK STRATEGIES

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