

# Program Evaluation for Improved Suicide Care and Prevention

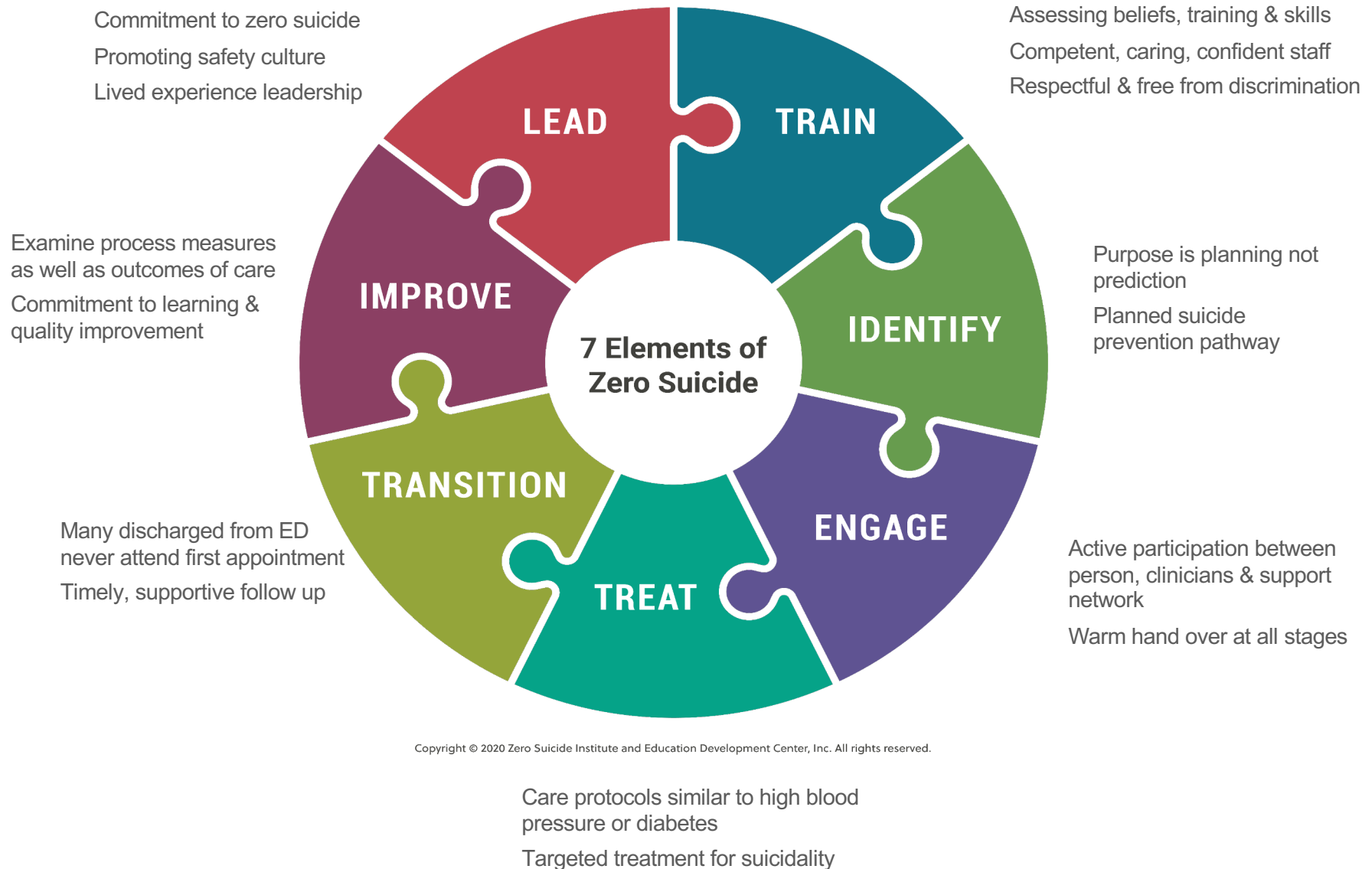


**Zero Suicide**  
**Institute**  
of Australasia

# Suicide Prevention is About Change



# The Seven Elements of Zero Suicide Healthcare



Copyright © 2020 Zero Suicide Institute and Education Development Center, Inc. All rights reserved.

“Program theory is an explicit theory or model of how an intervention such as a program ... contributes to a chain of intermediate results and finally to the intended or observed outcomes.”

SOURCE: Sue Funnell and Patricia Rogers. 2011. Purposeful Program Theory.

## Program Theory

# Program Theory - Components

<b>Theory of Change</b>	<b>Situational Analysis:</b> identification of problem, causes, opportunities consequences	<b>Focusing and scoping, setting the boundaries of the program, linking to partners</b>	<b>Outcomes chain: the centrepiece of the program theory, linking the theory of change and the theory of action</b>
<b>Theory of Action</b>	<b>Desired attributes of intended outcomes, attention to unintended outcomes</b>	<b>Program features and external factors that will affect outcomes</b>	<b>What the program does to address key program and external factors</b>

Funnell, S.C. & Rogers, P.J. 2011. Purposeful Program Theory. Jossey Bass, USA. Page 150.




Zero Suicide Healthcare

# EVALUATION FRAMEWORK

Outcomes, Actions & Measures




Zero Suicide  
Institute  
of Australasia



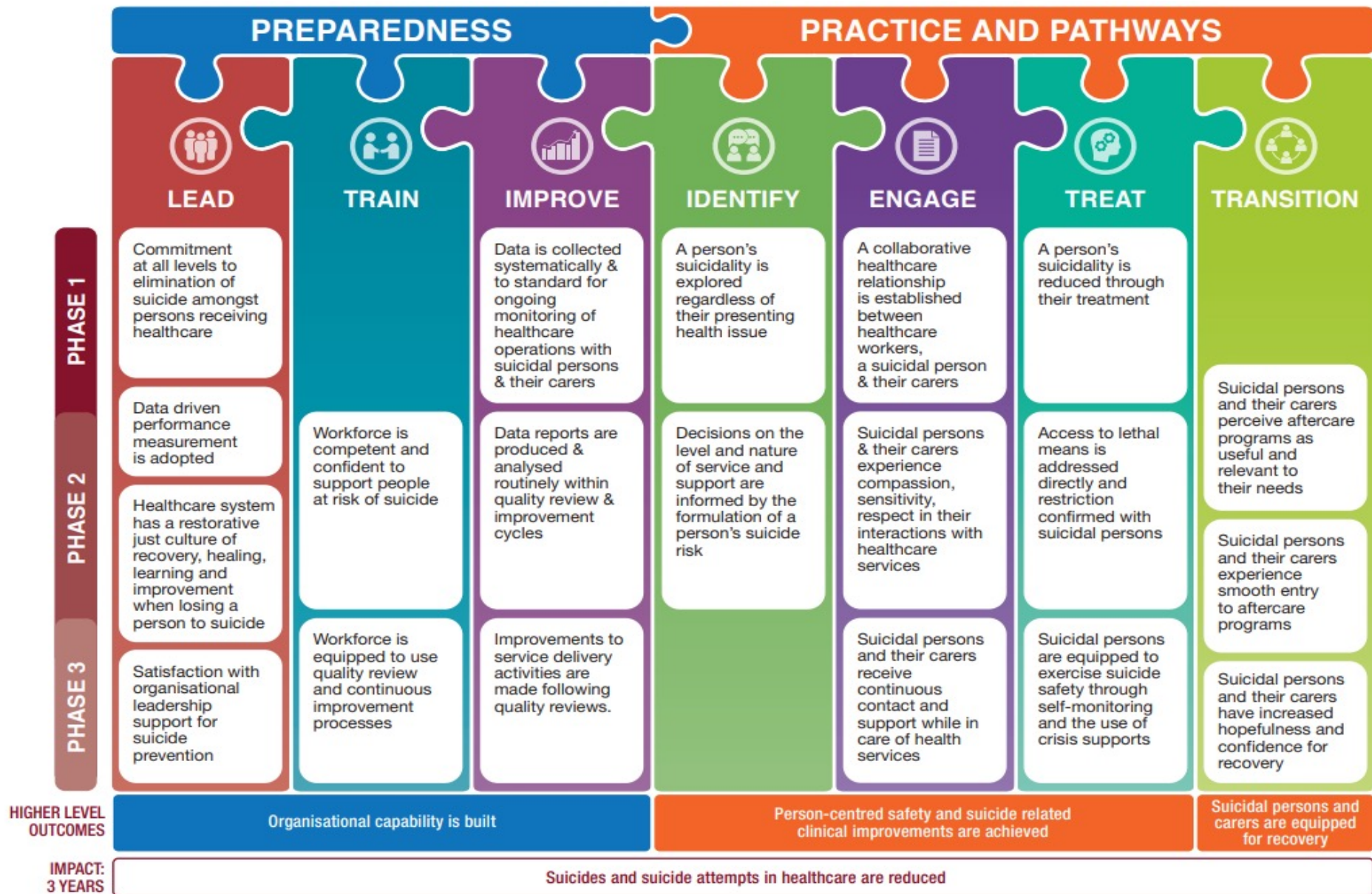
# Theory of Change

As a program, Zero Suicide in Healthcare is a multifaceted combination of practice, service delivery, consumer engagement and organisational change activities that together create greater effectiveness in healthcare settings to prevent suicides by those in care of these facilities/services.

Zero Suicide in Healthcare draws on the techniques of quality management and continuous improvement in its design and implementation. It implicitly assumes that suicide prevention can be addressed in health care settings in the same way, and with the same absolute improvements, as has been done in wound management, infection control and medication management.



# Outcomes Chain





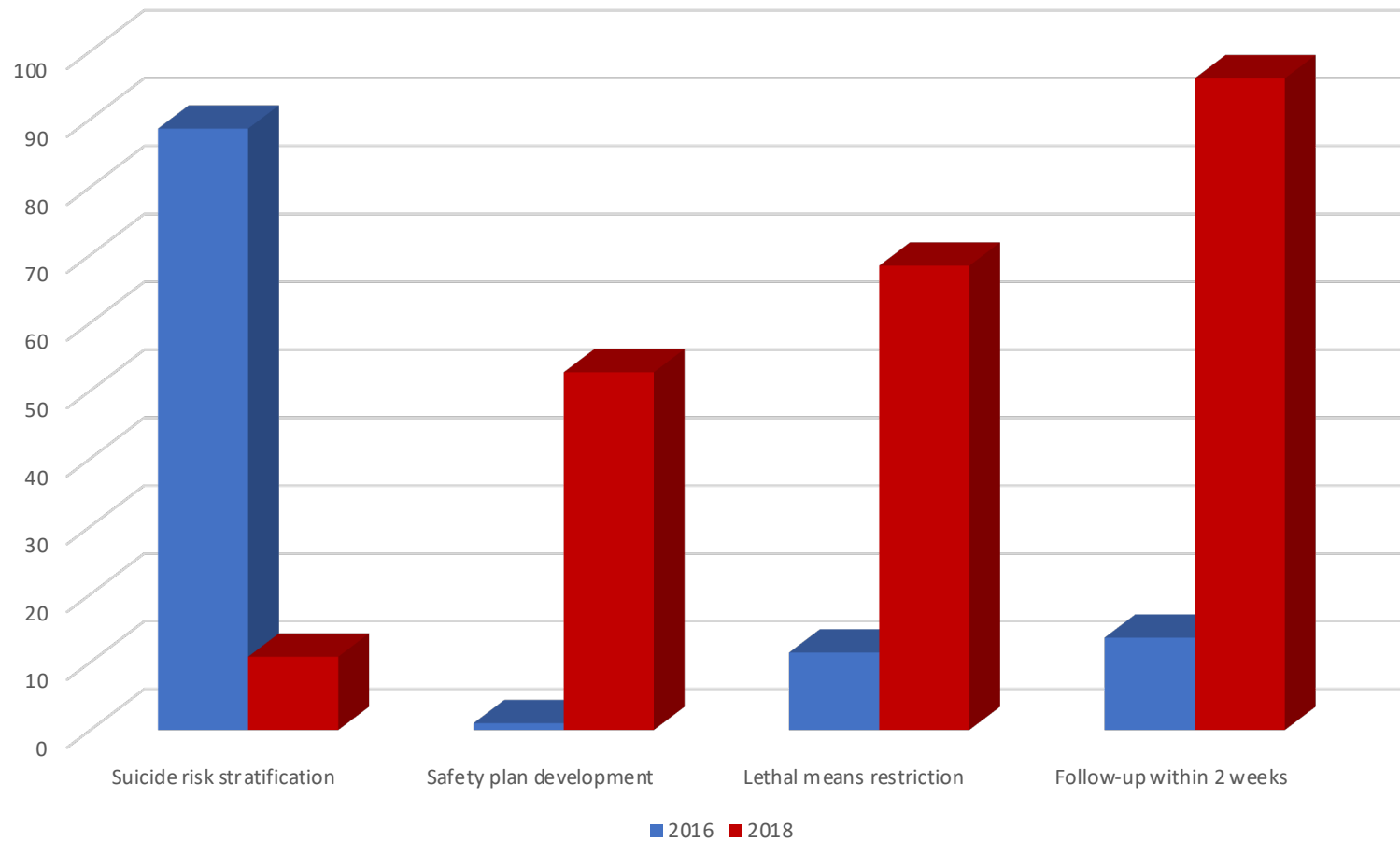
# Outcome Chain Statement – Lead

Outcome – Organisational Capability is Built				People Involved	People Involved	People Involved	People Involved
Framework - Lead				Frontline healthcare workers Unit Managers of healthcare workers, e.g. DONs	Chief Executive Officers or equivalent Senior executive team	Chief Executive Officers or equivalent (critical) Senior executive team	Chief Executive Officers or equivalent Senior executive team.
<b>Intermediate Outcome:</b> <i>Commitment at all levels to elimination of suicide amongst persons receiving healthcare</i>	<b>Intermediate Outcome:</b> <i>Data Driven Performance Measurement is Adopted</i>	<b>Intermediate Outcome:</b> <i>Healthcare system has a just culture of recovery, healing, learning and improvement when losing a person to suicide</i>	<b>Intermediate Outcome:</b> <i>Satisfaction with organisational leadership</i>	Support function managers, e.g. human resources, legal, finance, IT, communications, facilities Representatives of workers, e.g. unions, professional associations.	Risk managers and quality assurance specialists. IT and Data Personnel (including data analysts) Unit Managers of healthcare workers, e.g. DONs	Unit Managers of healthcare workers, e.g. DONs Lead human resources professional on organisational development (or equivalent) Sydney Dekker (or equivalent inspirational coach)	Lived experience leadership Clinical and workforce leadership
<b>Change/Practice Adopted</b> Healthcare workers are responsive to changes in their workplace systems and practices to eliminate suicide in healthcare.	<b>Change/Practice Adopted</b> Performance measures aligned to the Zero Suicide Healthcare Framework are in place.	<b>Change/Practice Adopted</b> Just culture and learning processes are adopted when losing a person to suicide in healthcare	<b>Change/Practice Adopted</b> Health system leaders actively strive towards Zero Suicide Healthcare and make decisions to enable its implementation.	<b>Knowledge Attitude &amp; Skills</b> Healthcare workers believe that they can achieve elimination of suicide through continual improvement. Knowledge of relevant system and practices in their role that will make a difference towards elimination of suicide in health care. Skills in safer suicide care	<b>Knowledge Attitude &amp; Skills</b> Knowledge of the basis for performance measures for ZSHC. Knowledge of related external requirements on performance measurement, e.g. Health Safety and Quality Standards. Skills in specifying data requirements and definitions against performance measures. Knowledge of technology required to fulfil data requirements and reporting capabilities.	<b>Knowledge Attitude &amp; Skills</b> Knowledge about just culture principles and their translation into healthcare operations and practices. Skills in leading organisational development and culture change. Skills to apply just culture, e.g. analytical skills, technical translation of improvements, interpersonal skills for shared learning, communication skills. Cultural attributes are based on learning and opportunity instead of blame and retribution.	<b>Knowledge Attitude &amp; Skills</b> Leadership reinforces that evidence based treatments, clear clinical pathways and collaborative care management for suicide care is consistent with standards of care for other health conditions. Knowledge of what works for suicide prevention in healthcare settings. Skills in communicating the benefits, the sustainability and the results of ZSH.
<b>Key Activities</b> Case for Change – benefits for healthcare workers are presented and accepted. Professionalism Appeal – linking healthcare ethics and values to the improved outcomes for suicidal people and their carers.	<b>Key Activities</b> ZSH Performance Measures are identified – and targets for local context are set. Data specifications are determined for monitoring performance of healthcare services within ZSH Framework. Report formats are prepared for monitoring and trend analysis. Data reports are routinely generated.	<b>Key Activities</b> Overhaul of Root Cause Analysis procedures, including provisions for immediate reviews of critical incidents at a team level so recommendations for immediate improvement can be made. Training throughout the workforce on Just Culture – principles, practices and processes. Provision of 'postvention' supports for healthcare workers impacted by the loss of a person to suicide.	<b>Key Activities</b> Case for Change – business case supporting this – are presented and adopted. Accountability for performance of the healthcare system across various structures and leadership positions is defined regarding suicide prevention. Leader work with various service and functional units to set a pace for implementation and adoption of ZSH. Implementation stages are planned. Communication related to ZSH implementation is delivered by CEO or equivalent.	<b>Resources</b> Data on the case for change; examples of achievements with the changes (peer or like organisations); feedback from lived experience. Key positions are given work-time and 'licence' to participate in the changes being introduced.	<b>Resources</b> ZSHC suite of standardised performance measures. IT Systems (operations support). Budget for data system refinements, e.g. integration, linkages.	<b>Resources</b> Just Culture Principles and Theory. Funding for training – skills development. Budgets for time-related activities to implement Just Culture.	<b>Resources</b> Local data for the Case for Change. Financial modelling for local situation - applied to local budget. Evidence surrounding suicide prevention in a hospital and health care setting. Lived experience insights on service provision. Pathways and protocols are embedded in clinical care as routine practice.

# Data Measures - Treat

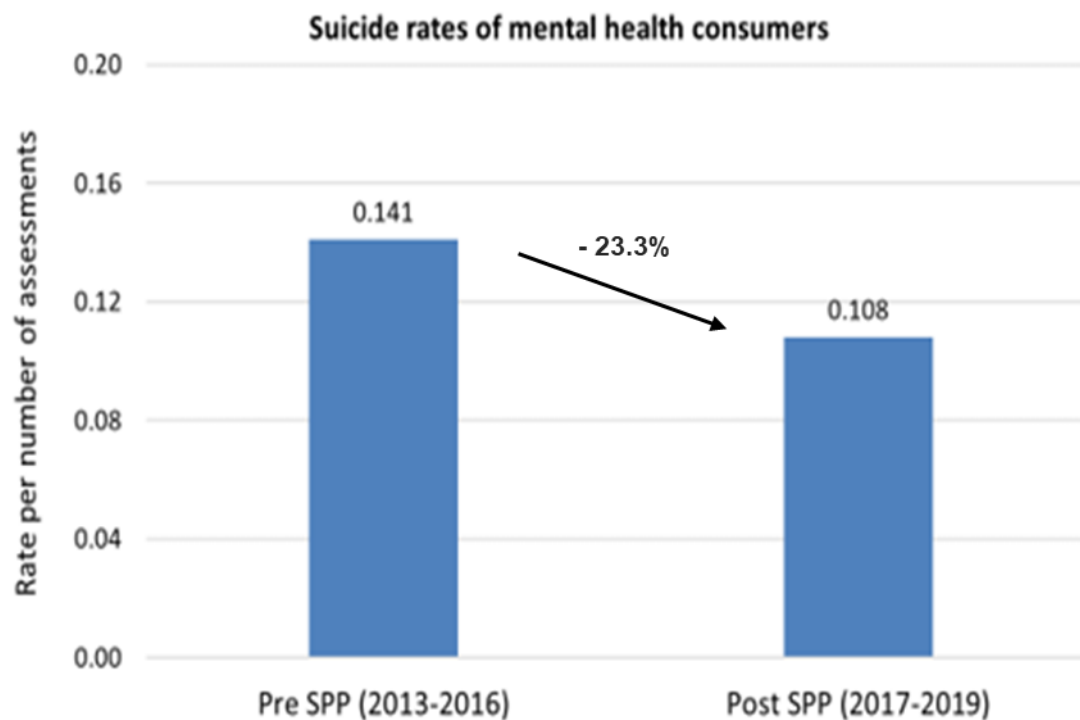
Outcomes	Practice and Change	Processes
Measured reductions in suicidality for people undergoing treatment and healthcare	Evidence based treatments are selected following risk formulation and identification of a person's needs regarding their suicidality	Treatments for suicidality are governed by clinical oversight and operate within professional standards
Recorded adoption and adherence to lethal means management by people undergoing treatment and healthcare	Proportion of clients with a safety plan developed the same day as screening, during the reporting period	Treatment selection is undertaken with the involvement of related health care providers, e.g. primary health care, community mental health
Quality and adoption of suicide safety management plans by people undergoing treatment and healthcare	Proportion of clients who were assessed positive for suicide risk that were counselled for lethal means management the same day as assessment, during the reporting period.	<p>Workforce training in lethal means counselling is completed</p> <p>Workforce training in suicide safety management planning is complete</p> <p>Privacy and consent protocols are formalised and utilised in all healthcare service provision.</p> <p>Routine offering of lethal means counselling</p> <p>Routine formulation of suicide safety management plans</p>

# Results - Practice Changes



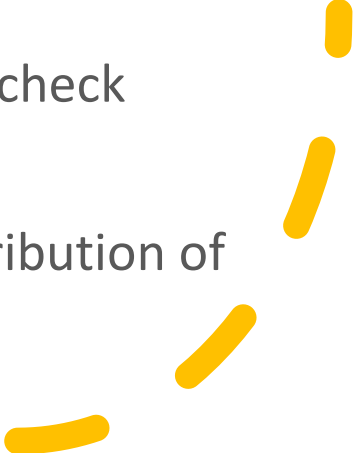
Source: Gold Coast Health

# Impact



Turner K, Svetcic J, Almeida-Crasto A, Gae-Atefi T, Green V, Grice D, Kelly P, Krishnaiah R, Lindsay L, Mayahle B, Patist C, Van Engelen H, Walker S, Welch M, Woerwag-Mehta S, Stapelberg NJC (accepted). **Implementing a Systems Approach to Suicide Prevention in a Mental Health Service using the Zero Suicide Framework.** *Australian New Zealand Journal of Psychiatry.*

# Conclusions

- Clarity of purpose critical for multi-faceted programs
  - Outcomes chain links strategic and operational layers
  - Practice changes generate different outcomes for clients
  - Theory of action shows activity contributions to outcomes
  - Evaluation framework supports program implementation
  - Implementation reviews can check progress and resources
  - Program theory supports attribution of evaluation results
- 

[alanrwoodward@bigpond.com](mailto:alanrwoodward@bigpond.com)

[suem@zerosuicide.com.au](mailto:suem@zerosuicide.com.au)

[www.zerosuicide.com.au](http://www.zerosuicide.com.au)



**Zero Suicide  
Institute**  
of Australasia