

Suicide Risk Identification QUERI Evaluation

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative

Improving implementation of the VA Suicide Risk Identification Strategy using an adaptive implementation strategy

The Examining the Effectiveness of an Adaptive Implementation Intervention to Improve Uptake of the VA Suicide Risk Identification Strategy QUERI Partnered Evaluation seeks to examine the effectiveness of an adaptive implementation strategy to improve the uptake of suicide risk screening and evaluation in VHA ambulatory care settings.

Increasing early detection of suicide risk

Emerging evidence indicates that many individuals who die by suicide are not identified as having psychiatric disorders and often present for nonbehavioral health care prior to their death.

In October 2018, VHA leadership responded by creating a population-based national **suicide risk identification strategy (Risk ID)** designed to improve the detection and management of suicide risk across all healthcare settings. Risk ID uses evidence-informed tools and processes to standardize suicide risk screening and evaluation enterprise-wide.

To date, **over 5 million Veterans** presenting to VHA ambulatory care settings have been screened for suicide risk through the Risk ID program.

Continuous quality improvement methods are critical to ensuring that evidence-based programs, such as Risk ID, can be delivered in routine clinical settings and lead to improved patient outcomes.

Adaptive Implementation Strategy

VHA facilities will vary with respect to Risk ID uptake and some facilities will face unique barriers to implementation. Thus, the dose and type of implementation support needed may vary across VHA facilities.

This project is designed to use an **adaptive implementation strategy** to adjust the level of implementation support to the needs of different facilities. This project will occur over three phases:



By utilizing a **sequential multiple assignment randomized trial (SMART) design**, two evidence-based implementation strategies will be evaluated:



Audit and Feedback (A/F)



A/F plus External Facilitation (EF)

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Quality Improvement Strategies

During the run-in phase, all facilities will **begin with implementation as usual** and have access to resources provided through the Risk ID program.

In intervention phases 1 and 2, facilities facing challenges in meeting implementation adherence goals will receive a series of **implementation boosters in a certain sequence**.

We will evaluate whether these boosters can increase performance and whether these improvements are sustained over time.



Anticipated Impacts

Consistent screening and evaluation for suicide risk (Risk ID) is the basis of effective, Veteran-centered suicide risk management, which is integral to VA's goal of reducing Veteran suicide.

This evaluation will ensure that facilities not meeting suicide risk screening and evaluation performance goals receive tailored support to improve implementation in order to focus resources where and when they are needed the most.

For more information, check out:
<https://www.queri.research.va.gov>

If you would like to learn more or partner with us, please contact our Program Coordinator, Shannon Archuleta at Shannon.Archuleta@va.gov

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