Suicide Alert Card

Reducing response time to assist Veterans in crisis



Implementation Toolkit

A close up of a sign

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# Introduction

Welcome, and thank you for your interest in implementing Suicide Alert Card at your facility! The goals of this toolkit are to provide:

* Background on the Suicide Alert Card Practice
* Instructions for how to implement Suicide Alert Card at your facility
* Examples for how to plan your implementation of Suicide Alert Card

Please refer to the information in this toolkit to learn how you can implement this Diffusion of Excellence Promising Practice and offer a streamlined process for intervening with suicidal callers and saving Veteran lives. All of the additional resources referenced in this toolkit are located on the [Suicide Alert Card Diffusion Marketplace Page.](https://marketplace.va.gov/practices/suicide-alert-card)

## What is Suicide Alert Card?

Suicide Alert Card is 1 of 12 practices selected from a pool of 591 submissions in the 5th annual Veterans Health Administration (VHA) Shark Tank Competition.

The Suicide Alert Card provides frontline personnel a bold- colored silent signal, that is modifiable, easily reproduced, cost effective, and, most importantly, a proactive tool to be waved alerting coworkers to help with a Veteran in crisis. The Suicide Alert Card is a sizable, laminated card with contact information of the facility’s Mental Health team available to assist with a suicidal caller. The readily available Suicide Alert Card reduces the response time of the Mental Health Team and saves Veteran lives. The card is placed at the desk of any Department of Veterans Affairs (VA) employee that could be in direct phone communication with Veterans.

As a VA employee, receiving a call from a suicidal Veteran can be immobilizing, as most do not expect to be put in such a stressful situation. Employees must engage the Veteran in conversation without alarming them, while simultaneously calling for help. Often, protocol is to alert the Mental Health staff of the suicidal caller so they can come to the location of the call and provide a warm handoff. However, alerting the appropriate Mental Health staff is hard to do while remaining focused on the Veteran in crisis. This puts the employee in an incredibly challenging position that is only heightened given the high-risk nature of the situation.

The Suicide Alert Card provides an easy and effective solution to this issue, as it is within reach of any employee and clearly lists the names and numbers of Mental Health staff members to contact. Therefore, when an employee finds themselves in a situation similar to the one described above, the Suicide Alert Card provides a concrete plan of action to call for help and professionally diffuse the situation.

## How does this Practice work?

In order to best understand the use of the Suicide Alert Card, please read the example scenario below:

When an employee finds themselves on a call with a Veteran threatening suicide, there are three simple steps to diffuse the stressful situation and support the Veteran in crisis:

1. The employee on the phone with a Veteran expressing suicidal ideations waves the Suicide Alert Card for assistance
2. The closest co-worker takes the card and uses the phone numbers listed to call for help from Mental Health
3. The original employee remains on the call and can focus on keeping the Veteran engaged until Mental Health arrives to take over the call

This is only one example of the possible uses of the Suicide Alert Card. There are many other situations in which the card can be useful that will be explained throughout the rest of the toolkit.

## Suicide Alert Card Practice Origin

Suicide Alert Card was created and implemented at the Parma Outpatient Pharmacy within the Northeast Ohio VA Healthcare System. After implementation, there was a significant decrease in response time from Mental Health and a reported three lives saved. Since then, five more facilities have implemented Suicide Alert Red Card: 4 Community Based Outpatient Clinics (CBOCs) within the Northeast Ohio VA Healthcare System, and the Tuscaloosa VA Medical Center (VAMC). Implemation is currently underway acrossthe entire Northeast Ohio VA Healthcare System.

## Why Should My Facility Implement Suicide Alert Card?

Since the inception of Suicide Alert Card, the Practice has saved at least 6 Veteran lives between Northeast Ohio VA Healthcare System and Tuscaloosa VAMC. Additionally, there are many other operational and outcome-focused benefits of implementing Suicide Alert Card:

* Ensures VA staff are prepared to identify, help, and respond to Veterans in crisis
* Reduces Mental Health response time to crisis situations
* Improves Veteran outcomes post-crisis event
* Provides an easy-to-use visual tool for employees in stressful situations
* Allows for the focus to be completely on the Veteran in crisis
* Enhances current suicide prevention protocols

Overall, the Suicide Alert Card Practice is modifiable, easily reproduced, and cost effective for facilities to implement.

# Implementation Steps

From start to finish, you can expect the implementation of Suicide Alert Card to take approximately 3-4 months. This can vary significantly based on each facility and the scope of implementation. Facilities that already have available staff and resources might only need a couple of months, while other facilities may need longer than 4 months. Setting target deadlines can assist in enforcing accountability among stakeholders and improve the likelihood of a successful and timely implementation. Below is a high-level roadmap for pre-implementation prep work.



**Tip:** Remember, this is simply an example timeline structure. Each of these steps are integral to implementation, but you may start on these milestones as early as you see fit. Make sure to develop your own realistic timeline for implementation at your facility.

### Step 1: Identify a Practice Champion and Key Individuals

Once you decide to implement Suicide Alert Card at your facility, one of the first steps is to identify a Practice Champion who will engage with participating in the implementation process. The Practice Champion should be someone closely associated with Suicide Alert Card, who can educate staff, advocate for Suicide Alert Card, and address challenges associated with implementation. A Suicide Prevention Coordinator or Mental Health staff member would make good Practice Champions.The **Key Individuals** should be those who assist in the success of implementation.

The primary duties of the Practice Champion include:

* Serving as a coach to facilitate the implementation, coordination, tracking, and evaluation of Suicide Alert Card
* Promoting the value of Suicide Alert Card among staff and leadership
* Overseeing and facilitating check-ins with **Key Individuals**

The majority Suicide Alert Card implementation can be done solely by the Practice Champion. However, there are a couple **Key Individuals** who should be included and consulted throughout the implementation process:

* A Mental Health representative responsible for providing up-to-date contact information and current protocols
* Medical Media Team representative responsible for printing the cards
* A Manager from the pilot locations you choose to implement at, responsible for scheduling the trainings and coordinating roll out of the Suicide Alert Card
* Facility Leadership responsible for approving resources and personnel, and advocating for the practice at the facility-level

The Practice Champion should check in with these **Key Individuals** frequently during pre-implementation planning and implementation roll out. Determine a cadence for how often these meetings should occur to ensure implementation is on track and to proactively address barriers to progress.



**Tip:** Suicide Alert Card can be rolled out in any department or service line in a VAMC or other VA Facility. We suggest starting small with one or two departments as a pilot. After success in the pilot locations, the Suicide Alert Card can be rolled out further.

### Step 2: Set Project Scope

When setting the **scope of your project**, it is important to define the problem you are trying to solve and the solution to that problem. One you’ve thought through a practical solution, you can best determine the scope of implementation to test your solution. Remember, above we recommended starting small with a pilot location as the initial scope of implementation. Below are examples of problem and solution statements from Northeast Ohio VA Healthcare System:

* **Problem Statement:** *Crisis brings challenging moments for both VA staff and Veterans. Constant communication and Mental Health response time are often difficult to ensure.*
* **Solution Statement:** *The Suicide Alert Card empowers frontline staff to signal for Mental Health support when in conversation with a Veteran in crisis. It allows for continuous engagement with the Veteran until help arrives.*

Once you have come to an understanding about the scope of the project, you can begin **planning your implementation**. The Suicide Alert Card Standard Operating Procedure (SOP) document is located in the [Attachments](#_Attachments) section of this document. This would be a good time to review the SOP and consider how implementation will look at your facility. Suicide Alert Card is adaptable and can be modified to fit the needs of your VAMC or VA Facility. For example, the following bullets highlight some of the flexible components of Suicide Alert Card:

* The card design
* The department or service line chosen for pilot implementation
* The training materials and components

It is important include all relevant stakeholders when thinking through implementation, to ensure collective agreement and buy-in for the final plan. Please refer to the next step for identifying and engaging stakeholders.

### Step 3: Identify and Engage Stakeholders

Implementation of Suicide Alert Card requires actions from several different departments or service lines. Refer to the following table for a list of stakeholders commonly involved in the implementation process. However, it is important to note that your facility might need to engage additional stakeholders. Be sure to tailor this list to fit your facility’s needs.

| Stakeholder  (Who do I need help from?) | Dependencies (What do I need from them?) |
| --- | --- |
| VA Facility Leadership | * Responsible for approving resource and personnel requests |
| Suicide Prevention Coordinator (SPC) | * Act as a Subject Matter Expert (SME) throughout implementation (this person could also be the Practice Champion, but if not, it is still a crucial role) |
| Pilot Location Manager | * Responsible for helping to schedule trainings and preparing their staff for the new process |
| Mental Health Point of Contact (POC) | Buy-in on the new process so they can communicate the changes to their staff and ensure everyone is on board. Regularly update contact names and numbers for the Suicide Alert Card |
| Primary Care POC | * Buy-in on the new process so they can communicate the changes to their staff and ensure everyone is on board |
| Medical Media | * Allocate time to draft iterations of the card and print the final Suicide Alert Cards |
| Clinical Applications Coordinator (CAC) | * Creating a note in Computerized Patient Records System (CPRS) to track uses of the Suicide Alert Card |
| Veteran | * Patient |

See the following table for a list of recommended engagement strategies.

After identifying the stakeholders, introduce them to Suicide Alert Card. For these introductions, it is important to explain the background of Suicide Alert Card, review the implementation roadmap, and outline expectations for each stakeholder. After the onboarding meetings, it is important to make a plan for keeping each of them engaged throughout implementation. Developing a strategy that outlines the nature and frequency of communication efforts can help ensure continuous involvement and support from stakeholders.

| Stakeholder  (Who do I need help from?) | Continuous Engagement Strategy  (How do I keep them involved?) | Frequency  (How often do I engage them?) |
| --- | --- | --- |
| VA Facility Leadership | * Schedule regular Leadership Pitches to provide updates on implementation progress | * Bi-monthly during implementation prep and bi-annually after Go-Live |
| Suicide Prevention Coordinator (SPC) | * Regular communication with SPCs is crucial to the success of implementation | * Bi-weekly during implementation prep and monthly after Go-Live |
| Pilot Location Manager | * Schedule regular check-ins to ensure preparation efforts are underway and to ensure pilot implementation success | Bi-weekly during implementation prep and monthly after Go-Live |
| Mental Health POC | * Provide regular implementation progress updates to Mental Health and solicit buy-in on protocols and procedures. Mental Health should provide regular updates on any changes to Mental Health staff and contact numbers listed on the Alert Call | * Bi-weekly during implementation prep and monthly after Go-Live |
| Primary Care POC | Provide regular implementation progress updates to Primary Care and solicit buy-in on protocols and procedures | * Bi-weekly during implementation prep and as needed after Go-Live |
| Medical Media | Meet with the team as requests come up and prepare for additional printings as the Suicide Alert Card spreads | * As needed during implementation prep and after Go-Live |
| Clinical Applications Coordinator (CAC) | Meet with the CAC and develop a plan to best track usage of the Suicide Alert Card | * As needed during implementation and after Go-Live |
| Veteran | Patient will experience Suicide Alert Card after Go-Live | * Following up with the Veteran after a call that requires use of the Suicide Alert Card is very important |

### Step 4: Secure Resources

Leadership buy-in is crucial to secure the necessary resources required for Suicide Alert Card implementation. Hosting a leadership meeting to confirm buy-in and set expectations prior to implementation is a critical first step. These are some examples of the people and resources you will need to get leadership support for before beginning the implementation process:

* **People** 
  + 1 Practice Champion
    - Leadership must hire or allocate a Practice Champion to lead the implementation. No additional FTE is required for this position
  + Medical Media Support
    - Medical Media team must help design and print the cards
  + Pilot Location Manager
    - The Manager must allocate time to support Suicide Alert Card implementation in their department or facility. No additional FTE is required for this position
* **Resources** 
  + Computer to design the cards
  + Paper for the cards to be printed on
  + Printer to print the cards
  + Laminator to laminate the cards
  + Telephone to place the card next to



**Tip:** It may be beneficial to get input from Mental Health and Primary Care leadership regarding how to best to communicate the new Suicide Alert Card process and protocols to their teams. Inadequate communication can become a risk to program adoption if the Suicide Alert Card process strays too far from current protocols and is confusing to implement because of it.

### Step 5: Determine Suicide Alert Card Steps

The first action in planning your facility-specific Suicide Alert Card is determining the exact steps employees should take. A good starting point is to follow the basic format below, but the steps can, and should, be tailored your specific facility.

|  |  |
| --- | --- |
| Step 1 | Receive call from suicidal Veteran caller within a designated pilot location |
| Step 2 | Person on phone will grab the Suicide Alert Card that would be within easy reach of phone (same standard place near every phone), and follow instructions on the card |
| Step 3 | Person on the phone waves the card if a peer is nearby. That peer takes the card and determines the best way to contact Mental Health. If the person on the phone is alone, they should try to email/IM for Mental Health assistance |
| Step 4 | Person on the phone to keep the caller on the line and obtain necessary info (name, last four digits of SSN, and phone number). Determine if someone is with Veteran, and if so, ask to speak with that person. Record this information as possible to deliver to the Mental Health POC or Practice Champion |
| Step 5 | Meanwhile, Mental Health is being contacted in some way, and is notified of the situation |
| Step 6 | Person on the phone to stay on the line until relieved by Mental Health via a warm handoff. If no contact with Mental Health is made after 5 minutes, person could provide a warm transfer to a national hotline (i.e. Veteran Crisis Line) |
| Step 7 | Whoever received the warm transfer must create a CPRS note to track the use of the Suicide Alert Card |
| Step 8 | Information received in step 4 is communicated to SPC, Mental Health, and Practice Champion (via email, phone, or in person) within 24 hours |
| Step 9 | The supervisor will ensure their staff member is debriefed appropriately, with assistance from SPC as needed |

The Practice Champion should take on this task of outlining the specific steps, collaborating regularly with Mental Health, Primary Care, Leadership, and Suicide Prevention Coordinators. These steps should be agreed upon by all stakeholders, to ensure a smooth implementation and uptake of Suicide Alert Card.

### Step 6: Design the Suicide Alert Card

One of the most important components of implementation planning is drafting the Suicide Alert Card itself! The Suicide Alert Card can be designed however works best for your facility. The **major components** that must be included on the card include:

* The name “Suicide Alert Card”
* The Veterans Crisis Line phone number
* A reminder not to transfer or place the call on hold unless transferring to the Veterans Crisis Line
* A reminder to obtain the last name of the Veteran and the last four digits of their Social Security Number (SSN), as well as ask if the Veteran is with anyone
* A reminder to use the Suicide Alert Card to get the attention of a coworker or take steps to alert Mental Health yourself, if that is your only option
* A reminder to stay calm and engaged and keep the Veteran calm and engaged

There are also some **additional tips** for the design of the card including:

* Design the card with a bright color or flashy design to catch the eye of the employee and ensure they remember to use it
* Keep the instructions simple! Employees that find themselves in this situation do not have time to read a long list of instructions
* Keep the card design minimal. Only the most important things should be on the card so that they are easy to read and comprehend in a stressful situation

It may take a few iterations to get your Suicide Alert Card perfect. Work with your Medical Media team until you are happy with the design, look, and structure of the card. Please see [Suicide Alert Card Examples](#_Suicide_Alert_Card) to view two different versions of the cards currently in use throughout VA.

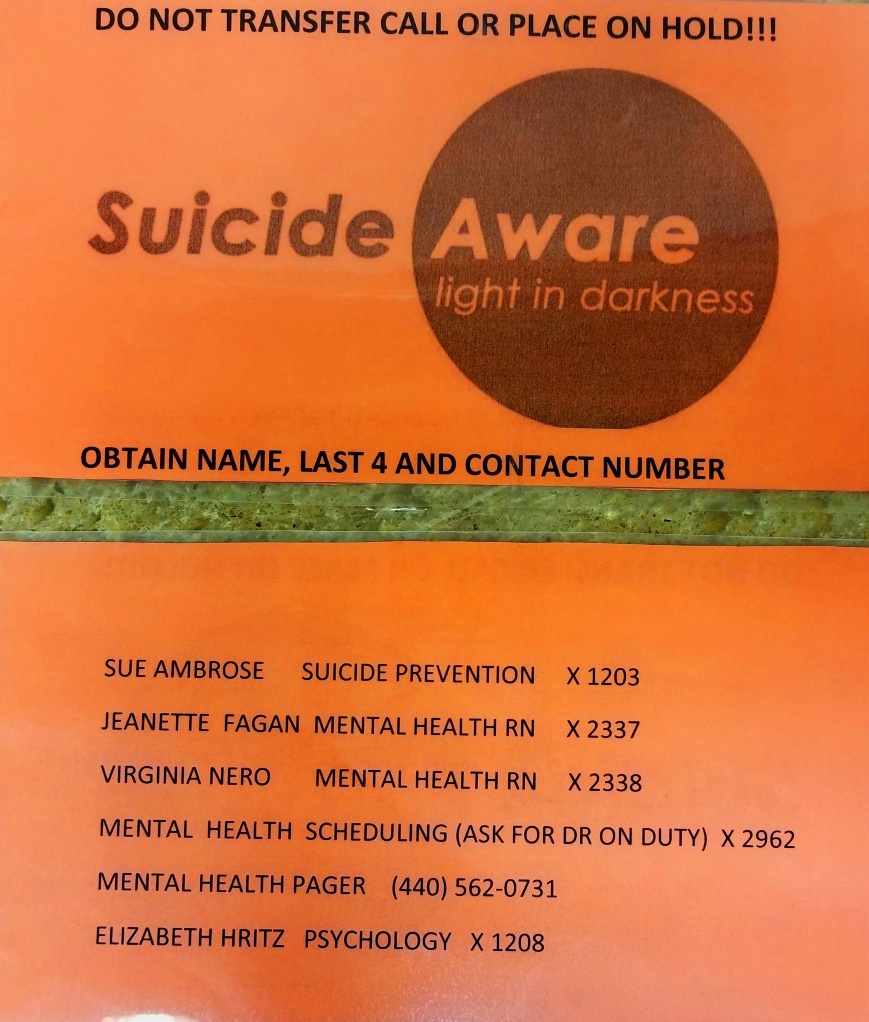
Once the design is decided upon, request your Medical Media team to print and laminate however many copies of the card needed for your pilot implementation. Keep your Medical Media team on stand-by to print additional copies of the card as the practice expands throughout your facility.



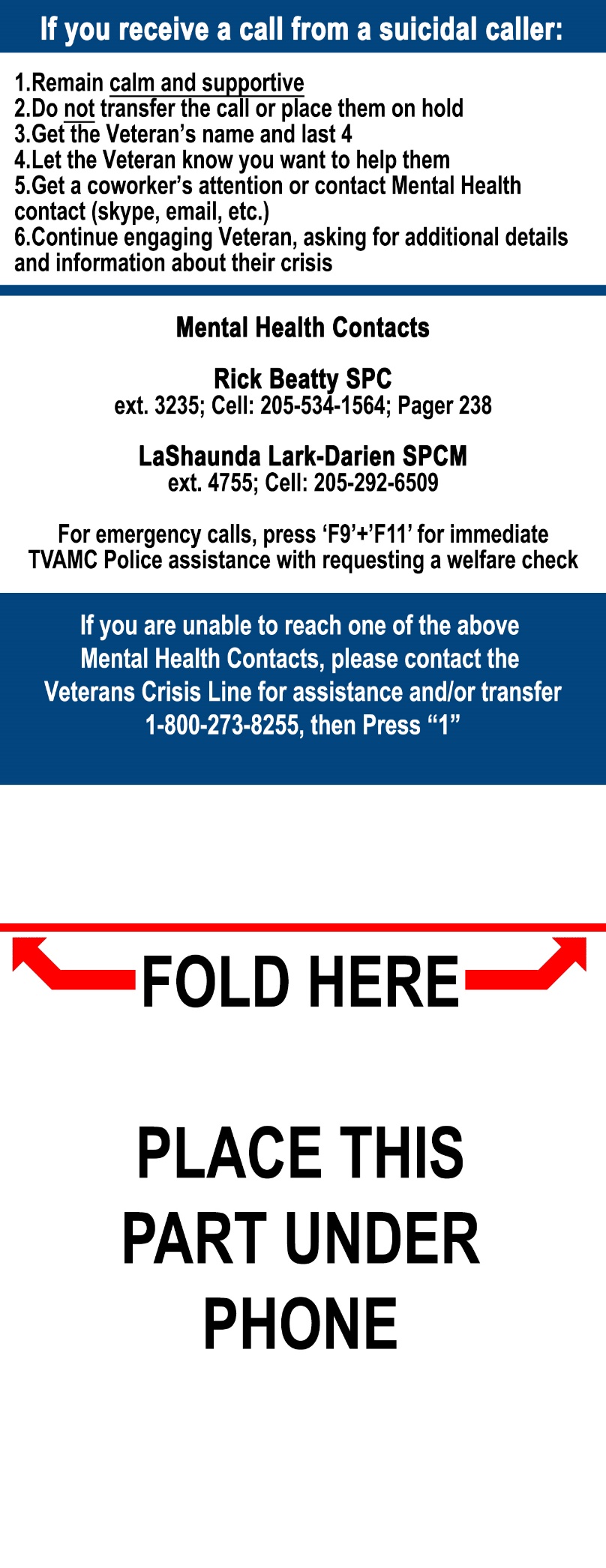
**Tip:** It is of the utmost importance that you and your facility regularly review and update the Suicide Alert Card, to ensure that contact names and numbers are accurate. This is the responsibility of the entire team, but especially the Mental Health POC and Practice Champion. The accuracy of information should be assessed on a monthly basis, or as needed whenever the Suicide Alert Card is active at your facility. If this timeline is not adhered to, it can pose a major risk to the process and the safety of your Veterans.

#### Suicide Alert Card Examples

1. The original Suicide Alert Card from the Parma Outpatient Pharmacy in the Northeast Ohio VA Healthcare System. This is only the front of the card. The back of the card lists all the names and numbers of Mental Health staff members to contact:



1. The Suicide Alert Card from the Tuscaloosa VAMC implementation. This is the entire card, there is no back side:



### Step 7: Create Training Materials and Surveys

Before Suicide Alert Card can be implemented, the pilot locations must be trained in how to use the card. Training materials must be developed and tailored to fit the needs at your facility, and for the pilot location’s use. Additionally, we recommend creating surveys for two purposes throughout the training process. One, to evaluate the staff members comfortability with handling a suicidal caller pre- and post-training. And two, to evaluate the training itself and provide an opportunity for employees to give feedback on their experience.

The current Suicide Alert Card training process requires the development of four materials:

* Draft a survey to gauge participants comfortability and knowledge of current protocols around how to handle a suicidal caller. This survey should be administered at the beginning of the training, and at the end, in order to assess changes in participants’ participant’s knowledge and comfortability resulting from the training.
* Draft a presentation introducing the Suicide Alert Card and detailing the steps and processes that you determined in step 5. This presentation can also include a refresher on suicide prevention efforts and protocols. The presentation should be comprehensive enough that participants can walk out of the training ready to use the Suicide Alert Card at any moment
* Draft Role Play Scenarios of different situations where the Suicide Alert Card would be useful. Act out these scenarios during the trainings, showing how to best use the card in each situation
* Draft a training evaluation for the participants to provide feedback on the pros and cons of the training, and give any suggestions for improvements

Examples for all four of these materials are located in the [Attachments](#_Attachments) section of this toolkit. All of the examples provided are from the Tuscaloosa VAMC implementation of Suicide Alert Card.



**Tip: We highly recommend designating an online space to store these training materials for participants to reference post-training. This can be a SharePoint site, a facility website, or an internal file folder.**

### Step 8: Develop a Data-Collection Plan

Implementing new practices into preexisting workflows can be challenging. Therefore, **monitoring and collecting feedback** is critical to:

* Ensure implementation is working
* Measure goals to track progress
* Identify problems during implementation
* Promote continuous improvement

It is important to develop implementation goals that will guide your planning efforts and tracking strategies. These should be developed to follow the SMART goals format and therefore, be Specific, Measurable, Actionable, Realistic, and Timely. Below are example goals from the Tuscaloosa VAMC implementation.

* Maintain 100% reliance on the Suicide Alert Card during all crisis calls throughout the first year of implementation.
  + Measurement: Number of uses of the Suicide Alert Card relative to the number of crisis calls
* Increase proper documentation of crisis calls to 100% within six months of implementation.
  + Measurement: Number of proper documentations relative to the number of crisis calls
* Decrease negative outcomes for Veterans post-crisis call throughout the first year of implementation.
  + Measurement: Number of negative outcomes for Veterans post-crisis call before and after implementation of Suicide Alert Card
* Decrease Mental Health response rate time to less than one minute within six months of implementation.
  + Measurement: Time of response from Mental Health

In addition to SMART goals, implementation can be assessed through both **process measures** and **outcome measures**. We recommend using process measures to assess how the implementation is going for your team – are you on track to achieve your desired outcomes? We recommend the use of outcome measures to assess the success and impact of the program from the Veteran perspective.

Establishing your baseline data (i.e. where your facility is prior to implementation) for the process and outcome measures you chose will ensure you are able to detect changes as a result of implementing this program.

The original primary metric used to measure the success of the Suicide Alert Card is the saving of Veteran lives. That is still the most valuable metric, however there are additional ways to measure progress and success with implementaiton. When the Suicide Alert Card is used for a patient, that information should be added to their patient profile in CPRS, which should be flagged as High Risk for suicide. In order to ensure accurarcy in the tracking of the card uses, the note updating should be standardized and only completed by a specific person or department. For example, the SPC from Tuscaloosa VAMC is the one that tracks and documents the uses of the Suicide Alert Card. If your facility is unable to track this via a CPRS note, a simple spreadsheet can be used. Again, just make sure the spreadsheet is only updated by one person or department to ensure accuracy.

### Step 9: Host Pilot Location Trainings

Work with your Pilot Location Manager to schedule time to conduct the Suicide Alert Card trainings with their staff. You may need to conduct more than one training to reach all staff. Tailor the training to your implementation and your facility. A basic structure for how to organize your training is below:

* Administer a pre-training survey to gauge participants comfortability and knowledge of current protocols around how to handle a suicidal caller, as they stand right now
* Give a presentation on the Suicide Alert Card steps and processes that you determined in step 5
* Act out Role Play Scenarios to illustrate different situations where the Suicide Alert Card would be useful, and how to best use it in each situation
* Administer a post-training survey to gauge participants comfortability and knowledge of current protocols around how to handle a suicidal caller now that they know how to use the Suicide Alert Card
* Distribute a Suicide Alert Card to each training participant and instruct them where to put it on their desk
* Distribute a training evaluation for the participants to provide feedback

### Step 10: Go-Live

Once the training is complete and all trained staff have the cards, Suicide Alert Card is live in that pilot location!

#### Interpret Data

The most immediate data you will be able to collect is from the pre- and post-training evaluations. Hopefully, you’ll see an increase in comfortability and knowledge with the process of handling a suicidal caller from the trained staff. Within a few months of implementation, hopefully the card will have been used successfully multiple times, and even used to save a Veteran life. These data metrics should be recorded using whatever tracking process you and your facility decided upon in step 9.

#### Group successShare Success with Stakeholders and Celebrate!

Use the data and feedback you collect from your implementation to celebrate, share, and build upon your successes! Think back to all the stakeholders and team members involved in implementation – everyone should be a part of celebrating the success of Suicide Alert Card. The more you share your successes, the greater opportunity you have to grow your program and help more Veterans!

Additional Questions?

Do you have additional questions or need advice about implementing Suicide Alert Card at your facility?

Check out the Suicide Alert Card Diffusion Marketplace Site!

* <https://marketplace.va.gov/practices/suicide-alert-card>

Or contact:

* Jeanette Salvaggio, [Jeanette.Salvaggio@va.gov](mailto:Jeanette.Salvaggio@va.gov)

# Acknowledgements

The following individual developed and replicated the Suicide Alert Card Practice:

* Jeanette Salvaggio, CPhT, Pharmacy Technician, Northeast Ohio VA Healthcare System, Parma Outpatient Pharmacy

# Acronym Key

|  |  |
| --- | --- |
| Acronym | Definition |
| VA | Veterans Administration |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| SPC | Suicide Prevention Coordinator |
| SPCM | Suicide Prevention Case Manager |
| CBOC | Community Based Outpatient Clinic |
| CAC | Clinical Applications Coordinator |
| SME | Subject Matter Expert |
| SOP | Standard Operating Procedure |
| CPRS | Computerized Patient Records System |
| SSN | Social Security Number |
| POC | Point of Contact |

# Attachments

| Document | File |
| --- | --- |
| Suicide Alert Card One Pager |  |
| Suicide Alert Card SOP |  |
| Suicide Alert Card Training Slides |  |
| Suicide Alert Card Training Role Play Scenarios |  |
| Suicide Alert Card Pre-Training Evaluation |  |
| Suicide Alert Card Post-Training Evaluation |  |
| Suicide Alert Card Training Survey |  |
| Suicide Alert Card Call Documentation Template |  |
| Suicide Alert Card Call Tracker |  |