



GP access

SUPPORTING GPs in the
care of their **PATIENTS**
and their **COMMUNITY**



GP access

An orange swoosh graphic that starts above the 'P' in 'GP', loops around the top and right, and ends below the 's' in 'access'.

Developing a Suicide and Self-Harm Program

Issues, Processes and Pitfalls

Gillian Maddock

A faint, light blue background graphic showing several stylized human figures holding hands in a circle. One figure on the right has the letters 'GP' on its chest.

ATAPS (SSH): Additional Support for Patients at Risk of Suicide and Self Harm

- Identifying the 'must do's'?
- Principles of program development and ongoing administration to apply to your unique division
- A checklist of initial issues to consider



Development
Phase

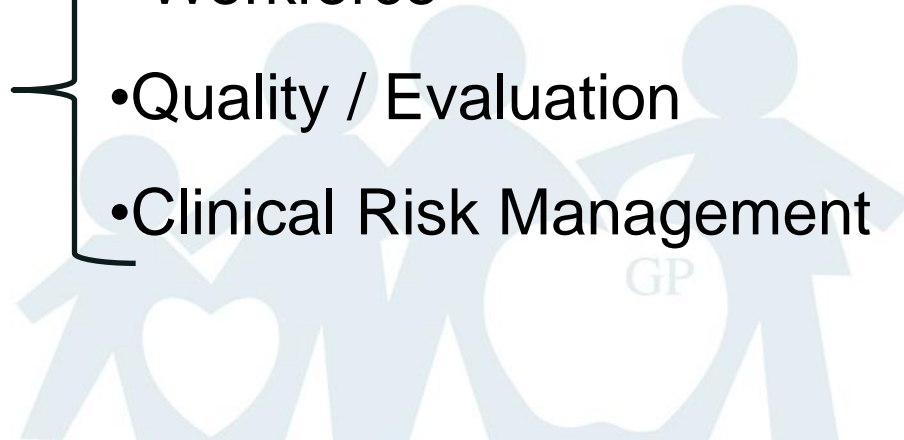
Program
Development

- Planning / Guidelines
- Delivery of care

Service
Delivery

Clinical
Governance

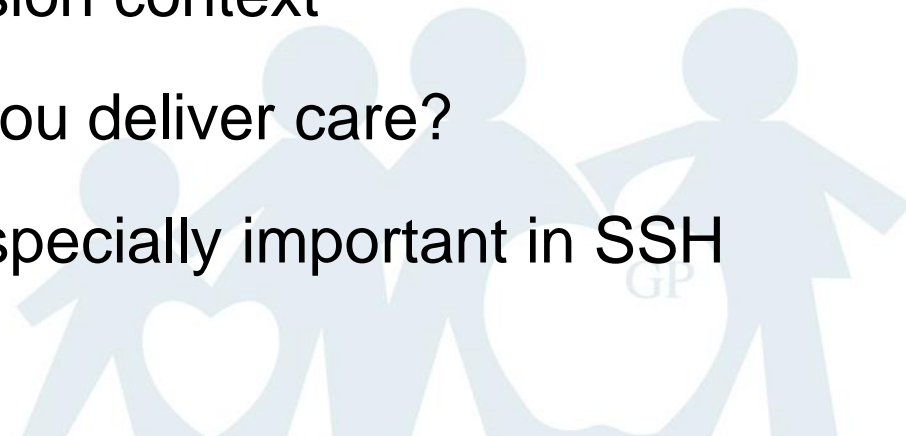
- Workforce
- Quality / Evaluation
- Clinical Risk Management



Development Phase...

“..project success...allow...sufficient time for project development and implementation, operationalising project objectives into clear strategies and planning the project in phases” (Heady, et al. 2006).

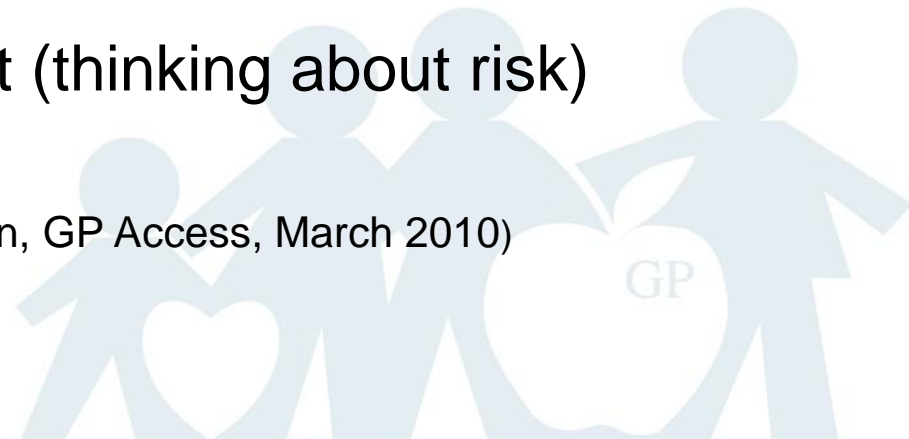
- Identify stakeholders and avoid duplicating services
- Understand your unique division context
- Service Structure...how will you deliver care?
- Co-ordination of services...especially important in SSH



Managing Service Delivery

- Involves Clinical Governance:
 - Workforce development (looking after your staff)
 - Quality / Evaluation
 - Clinical Risk Management (thinking about risk)

(Adapted from Clinical Governance Presentation, GP Access, March 2010)



Recruitment and Credentialing

- Appropriately qualified staff
- DoHA ATAPS + SSH guidelines + APS (consider specialised training and experience)
- Recruit and retain = program runs smoothly
- Retention increases when staff are supported (esp. in suicide work)



Staff Support

PD and supervision

- Consider adding specialised training budget
- Minimise isolation and ensure clinical supervision
- Collaborative interface with clinicians for feedback (may need to be formalised)



Quality and Evaluation are Interlinked

Have we done what we set out to do and how well are we doing it?

Whose role is it to manage program quality?

How do we know if we have provided a quality service?

- Service Performance Monitoring
- Clinical Outcome Monitoring

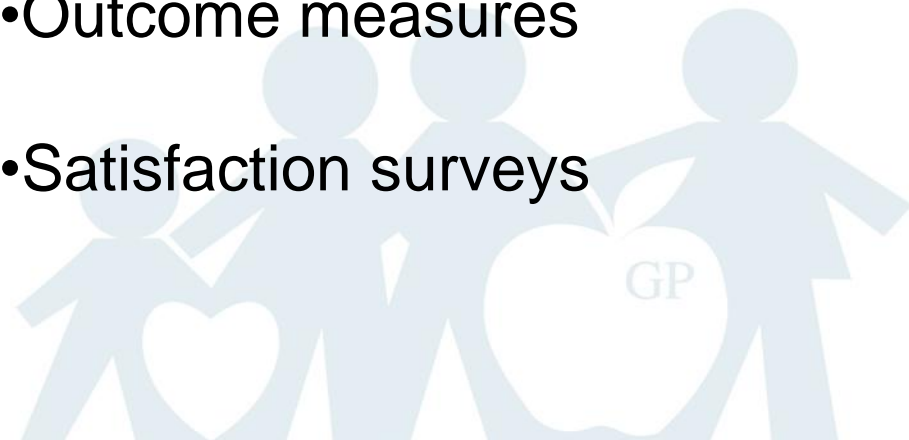


Service Performance Monitoring

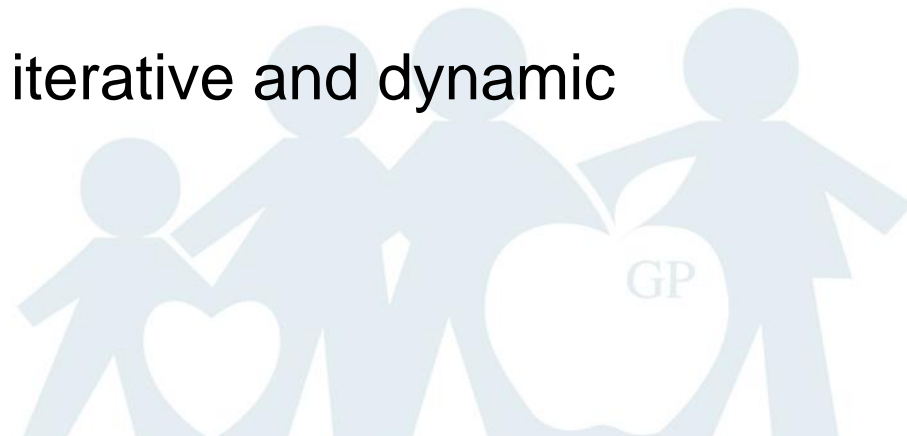
- MDS
- KPI's (what are eg's of these)
- How many people seen?
- Demographics?
- Referral pathways?

Clinical Outcome Monitoring

- Did it make a difference to stakeholders?
- Clients, GPs, ED staff?
- Outcome measures
- Satisfaction surveys



- **Evaluation** brings together qualitative and quantitative feedback from consumers, i.e.: Patients, GP's ED & Clinical Staff
- **Quality improvements** develop in response to issues / questions that arise through evaluation, practice or feedback
- QI and Evaluation are proactive, iterative and dynamic



There is Risk Inherent in All Clinical Work

- Identifying and mitigating risks:
 - Organisational – reputation, vicarious liability
 - Staff – engagement, training, management
 - Clinical – establishing patient risk, inclusion, escalating clinical care
- Policies and procedures to minimise risk to consumers, staff and organisation



- **Clinical risk management** is an organisation wide process and responsibility
- **Incident management system** (organisation)
 - Incident management
 - Mitigation of consequences



- Evidence base (Heady et al., 2006)
- Managing a SSH program is an active role
- Planning effectively and thoroughly will mitigate against most issues
- Be clear about what the program can reasonably achieve and what it cannot...for now.



- Be aware of not trying to be all things to all stakeholders
- Recruiting referrers may need extra effort, attention and repetition
- Poor follow-up resulting in not maintaining the program effectively



- Heady, A., et al. (2006). A review of 156 local projects funded under the Australia's National Suicide Prevention Strategy: Overview and lessons learned. *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 5, 1-13.
- LiFE: Living is For Everyone: <http://www.livingisforeveryone.com.au>
- National Suicide Prevention Strategy (NSPS) (see LiFE website)
- List of current programs (LiFE)
- Comprehensive literature review concerning suicide and programs (LiFE)
- Links to clinical resources for suicide (LiFE)

