



Suicide Data Documentation and Reporting in RPMS

Suicide and Substance Abuse Prevention Institute
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Learning Objectives

- Identify documentation methods to enter Suicide data in RPMS.
- Understand how to complete the RPMS Suicide Reporting Form to help meet the IHS GPRA requirement.
- Discuss the importance of suicide data documentation and how it affects local and national reporting.



Documenting Suicide Data in RPMS



How Important is Standardized Clinical Documentation?

Extremely important! Having a standardized clinical documentation process and workflow helps:

- Providers understand documentation requirements and standards.
- To assist coders and billers to generate billing and reimbursement revenue.
- Ensure compliance with national standards, such as GPRA/GPRAMA, MU, etc.
- To provide more accurate data in reports.

When asking for assistance in running reports, you will need to understand and know how data is being documented.



Ways to document Suicide Data in RPMS

1. Using a Suicide Diagnosis or Purpose of Visit code (even as a secondary diagnosis)
2. Suicide Risk Assessment exam result
3. Suicide Patient Education Codes
4. Suicide Reporting Form
5. Additional EHR functionality to assist with Clinical Decision Support and Care Coordination



Suicide Codes in RPMS

RPMS Behavioral Health System application:

- Purpose of Visit codes-
39 (ideation), 40 (attempt), 41 (completion)

RPMS Electronic Health Record application:

- Various SNOMED codes and injury codes (89 codes)

RPMS Patient Care Component application:

- ICD-10 suicide codes and injury codes (142 codes)



Suicide Risk Assessment Exam

- Developed from the SAMHSA SAFE-T (Suicide Assessment Five-Step Evaluation and Triage) tool
- Can be documented currently in EHR and PCC; will be available in BHS (AMH) in May 2016.
- Results are low, moderate, high, unable to screen, patient refused screening, or referral needed.
- <http://store.samhsa.gov/shin/content//SMA09-4432/SMA09-4432.pdf>



RPMS Suicide Patient Education Codes

SI SUICIDAL IDEATION AND GESTURES

SI-C Complications

SI-CM Case Management

SI-CUL Cultural/Spiritual Aspects of Health

SI-DP Disease Process

SI-FU Follow-up

SI-HELP Help Line

SI-HPDP Health Promotion, Disease Prevention

SI-L Literature

SI-M Medications

SI-P Prevention

SI-S Safety

SI-SM Stress Management

SI-TX Treatment

For more information and definitions of these codes, see the
IHS Patient Education website.

<https://www.ihs.gov/healthed/patientedprotocols/>



RPMS Suicide Reporting Form

- Improve data collection on suicide events
- Inform suicide prevention activities
- Standardized and systematic method for documenting incidents of suicide
- Accurate suicide data at the point of care
- Timely data
- Capture specificity of location and associated risk factors



What data does the SRF capture?

- Provider who completed the SRF
- Patient demographics
- Type of suicide incident
 - Ideation with intent and plan
 - Attempt
 - Completion
 - Combination Suicide/Homicide
- Standard suicide epidemiological data
 - Method
 - Substances involved
 - Contributing factors



Paper-based Form

Data can be captured on paper form for entry into RPMS later by Data Entry staff.

RPMS Suicide Reporting Form

Local Case Number:		Health Record Number:	
Date Form Completed:		DOB/Age:	
Provider Name:		Sex (M/F):	
Date of Act:		Community Where Act Occurred:	

Employment Status	Relationship Status	Education
Part-time	Single	High School Graduate/GED
Full-time	Married	Less than High School, highest grade complete
Self-employed	Divorced/Separated	Some College/Technical
Unemployed	Widowed	College Graduate
Student	Cohabiting/Common-Law	Post Graduate
Student and employed	Same Sex Partnership	Unknown
Retired	Unknown	
Unknown		

Suicidal Behavior	Location of Act	Previous Attempts
Ideation with Plan and Intent	Home or Vicinity	0
Attempt	Street	1
Completed Suicide	Work	2
Attd Suicide w/ Attd Homicide	Jail/Prison/Detention	3 or more
Attd Suicide w/ Compl Homicide	Treatment Facility	Unknown
Compl Suicide w/ Attd Homicide	Mental Facility	
Compl Suicide w/ Compl Homicide	Unknown	
	Other (specify):	

Method (✓ all that apply)		
Guns/ot	Overdose list:	Non-prescribed codes (e.g. Heroin)
Hanging	Aspirin/Aspirin-like medication	Sedatives/Benzodiazepines/Barbiturates
Motor Vehicle	Acetaminophen (e.g. Tylenol)	Alcohol
Jumping	Tricyclic Antidepressant (TCA)	Other Prescription Medication (specify):
Stabbing/Laceration	Other Antidepressant (specify):	Other Over-the-counter Medication (specify):
Carbon Monoxide	Amphetamine/Stimulant	Other (specify):
Overdosed Using (select from list)	Prescribed Opiates (e.g. Narcotics)	
Unknown		
Other (specify):		

Substances Involved (✓ all that apply)		
None	Alcote	Inhalants
Alcohol & Other Drugs (select from list)	Amphetamine/Stimulant	Non-Prescribed Opiates (e.g. Heroin)
Unknown	Cocaine/Marijuana	Prescribed Opiates (e.g. Narcotics)
	Oxycodone	Sedatives/Benzodiazepines/Barbiturates
	Halogenogens	Other (specify):

Contributing Factors (✓ all that apply)		
Suicide of Friend or Relative	History of Substance Abuse/Dependency	Divorce/Separation/Break-up
Death of Friend or Relative	Financial Stress	Legal
Victim of Abuse (Current)	History of Mental Illness	Unknown
Victim of Abuse (Past)	History of Physical Illness	Other (specify):
Occupational/Educational Problem		

Disposition	Narrative
Mental Health Follow-up	
Alcohol/ Substance Abuse Follow-up	
Inpatient MH Treatment Voluntary	
Inpatient MH Treatment Involuntary	
Medical Treatment (IC or Inpatient)	
Outreach to Family/School/Community	
Unknown	
Other (specify):	



Suicide Reporting Form in BHS v4.0

Suicide Form Data Entry - Add Suicide Form

Local Case Number: Provider: GARCIA,RYAN

Date of Act: Friday, November 12, 2010 Community Where Act Occurred: TAHLEQUAH

Relationship Status: DIVORCED/SEPARATED Education: HIGH SCHOOL GRADUATE/GED

Employment Status: FULL-TIME If less than 12 years, highest grade completed:

Suicidal Behavior: IDEATION W/ PLAN AND INTENT Location of Act: WORK

Previous Attempts: if other:

Disposition: IN-PATIENT MENTAL HEALTH TREATMENT (VOLUNTARY)

Method | Substance Use | Contributing Factors | Narrative

Method

Gunshot Carbon Monoxide

Hanging Overdose

Motor Vehicle Other

Jumping

Stabbing/Laceration Unknown

Overdose

Substance	Substance If Other
OTHER OVER-THE-COUNTER MED...	iron vitamins

+ Add
Edit
X Delete

Help Save Close

DEMO,BOBBIE 176224 F 06/03/1970 40



SRF Component in the EHR

Options: Tab format

The screenshot displays the IHS EHR Tucson Development System interface. The window title is 'IHS EHR TUCSON DEVELOPMENT SYSTEM'. The menu bar includes 'User', 'Patient', 'Tools', and 'Help'. Below the menu bar, there are several tabs: 'Patient Chart', 'Communication', 'RPMS', 'CIHA Intranet', 'Micromedex', and 'E-Mail'. The main content area shows a patient record for 'Demo, Patient Sally' (ID 345098, DOB 02-Jan-1950, 61, F). The provider is 'BJB BH' (SIMGEN, DARLA) and the date/time is '12-Dec-2011 14:28'. The chart review is by 'Moore, Lori'. There are buttons for 'No Postings' and other icons. The main section is titled 'Suicide Entry' and contains a table with the following data:

Date of Act	Provider	Date Entered	Self-Destructive Act
12/10/2011	SIMGEN, DARLA	12/12/2011	ATTEMPT

At the bottom of the main section, there are 'Edit/View' and 'New Form' buttons. The bottom navigation bar includes tabs for 'Consults', 'Privacy', 'WCM', 'ASQ', 'Suicide', 'Referrals', 'Notifications', 'Cover Sheet', 'Triage', 'Wellness', 'Notes', 'Orders', 'Medications', 'Labs', 'Prob/POV', 'Services', 'Reports', and 'D/C Summ'. The status bar at the very bottom shows 'SIMGEN, DARLA', 'DEMO.OKLAHOMA.IHS.GOV', 'DEMO INDIAN HOSPITAL', and '12-Dec-2011 14:29'.



SRF in EHR

Suicide Reporting Form - ADD

Local Case Number Provider

Date of Act Community Where Act Occurred

Relationship Status Education Level

Employment Status

Self Destructive Act Previous Attempts

Location of Act

Disposition

Method | Substance Use | Contributing Factor(s) | Narrative

Gunshot Carbon Monoxide
 Hanging Overdose
 Motor Vehicle Unknown
 Jumping Other
 Stabbing/Laceration

Demo, Patient Sally F DOB 1/2/1950 Age 62 HRN 345098



SRF and the Medical Record

- The form is often completed in the context of a visit but SRF data is not visit-related (i.e., does not populate the RPMS Visit file)
- Data collection tool – not a clinical intervention tool
- Services provided in response to a suicide event must be appropriately documented in the patient's medical record



Documentation Standards

- Policies and procedures for completing a SRF are determined at the local level
 - For example, providers may be instructed to document historical events or only those that occurred within the past 72 hours
 - We encourage sites to do quality assurance checks to make sure there are no incomplete SRFs. Remind providers they can choose the unknown answer rather than leaving it blank.
 - Consistency is essential to data integrity



Suicide Surveillance GPRA Measure

The focus of the measure is the use of the SRF, not the number of suicide events. Performance is measured by the number of forms in the aggregate national RPMS database.

RPMS Suicide Reporting Forms Submitted by Year:

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Target	Baseline	1603	1758	1678	1700	1784	1807	1668	1668	1419	1798
Result	1603	1674	1598 (not met)	1687	1908	1930	1709 (not met)	1438	1766	2346	



Functionality in RPMS EHR to Assist with Clinical Decision Support and Care Coordination

- Integrated Problem List (IPL): one centralized PL for all health Diagnosis/Purpose of Visits.
- Care Planning: goals and care plan for a problem with instructions, education, and interventions/follow up for the problem.
- Reminders: assist with reminding providers of screenings needed.
- Consultations: BH referrals to and from can be managed.
- Health Factors: used to describe a patient's health and wellness, such as tobacco use, activity level, occupation, etc.
- Community Alerts: three types of alerts (Suicidal Behavior, Infectious Diseases, and Public Health Alerts).



Functionality in RPMS EHR to assist with Clinical Decision Support and Care Coordination (cont.)

- Referred Care Information System (RCIS): primarily used for Contract Health Service types of referrals.
- Patient Flags: identifies specific patients to inform clinical staff of patient safety or high-risk clinical situations.
- Quick Notes or Orders: provides a shortcut button to open a note and template based on predefined settings.
- Notifications: system generated and user generated.
- Exam codes: used to document a result of an assessment including Suicide Risk Assessment, Depression, Alcohol, and Intimate Partner Violence/Domestic Violence.
- Capturing clinical scores for screening tools: PHQ scores, CAGE, CRAFFT, AUDIT/AUDIT-C.



Generating Reports and Extracting Data in RPMS



Decide Which RPMS Application to Run a Report in?

- Depending on what kind of data you are looking for may determine which application is best for running a report. Unfortunately, many of us are not given access to all RPMS applications to run reports in each of them.
- Many Behavioral Health programs are limited to Behavioral Health System (AMH) reports and/or PCC (Patient Care Component) Management Reports. Security keys need to be assigned for these and a BHS (AMH) Site parameter needs to be set to allow the user to run reports for the entire facility/program.
- Reports can be generated to monitor work flow, clinical trends, compliance issues, and error reports.



RPMS Behavioral Health System (AMH) Two Reports Menus

- Most reports in RPMS are designed as a canned type of report, where logic is already included and the print format is set. There are also PGEN and GEN in BHS reports that can be more customized (found in the Reports Menu).
- DE – Data Entry Menu:
 - Controlled by the Data Entry Security Key
 - Primarily used by providers to run case management type reports
- RPTS – Reports Menu:
 - Controlled by the Reports Security Key
 - Primarily used by supervisory staff to run workload reports and program specific reports



BH Reports in PCC Management

- In addition to the reports found in BHS (AMH) there are some BH specific related reports found in PCC Management Reports:
 - Suicide Reporting Form Reports
 - Screening Reports:
 - Intimate Partner Violence/Domestic Violence
 - Alcohol
 - Depression
- EHR sites not passing their data to BHS (AMH) will have to run reports in PCC Management Reports.
- Sites that are completing all or some documentation in EHR/PCC must decide where best to run reports...PCC or BHS or both.



Local SRF Reports

- Access
 - Controlled by security keys
 - Not all providers have access to RPMS Reports
 - SRF reports available in both BHS and PCC
- BHS
 - SGR: Listing of Suicide Forms by Selected Variables
 - Can select the variables that you would like to see in the report
 - Can be used to create a de-duplicated list of forms
- BHS and PCC
 - SSR: Aggregate Suicide Form Data – Standard
 - Can parse SRF data for a date range by any SRF variable including age, gender, community, etc.
 - The path in either BHS or PCC Management:
 - In BHS: RPTS → PROB → SUIC → SSR
 - In PCC: PLST → SUIC → SSR



Local SRF Reports (cont.)

BHS SRF Reports Menu:

```
*****  
**      IHS Behavioral Health System      **  
**              Suicide Reports              **  
*****
```

Version 4.0

2010 DEMO HOSPITAL

```
SSR   Aggregate Suicide Form Data - Standard  
SAV   Aggregate Suicide Data Report - Selected Variables  
SDEL  output Suicide Data in Delimited Format  
SGR   Listing of Suicide form by Selected Variables  
SUIC  Suicide Report (Age&Sex)  
SPOV  Suicide Purpose of Visit Report
```

Select Suicide Related Reports Option:



Local SRF Reports (more)

PCC SRF Reports Menu:

```
*****  
**          PCC Management Reports          **  
**  Suicide Form Data Reports Menu  **  
*****  
          IHS PCC Suite Version 2.0  
          DEMO INDIAN HOSPITAL  
  
SDEL  Output Suicide Form Data in Delimited Format  
SSR   Aggregated Data From Suicide Reporting Forms  
  
You have 4 PENDING ALERTS  
      Enter "VA to jump to VIEW ALERTS option  
  
You've Got PRIORITY mail!  
  
Select Suicide Form Data Reports Option:
```



Additional Tips for Running Reports in RPMS

- At this time, the majority of the RPMS reports are in the Roll-n-Scroll environment. Finding a staff member who is familiar and efficient in this environment may be the best person to run your reports.
- Running reports using a Terminal Emulator application will also allow you to capture the report and import it into a word-processing application or Excel. This is helpful to put your data into graphs for presentations or reporting purposes.
- Remember, you may have to run more than one report to get at the data you need.
- Don't get frustrated and keep practicing. You need to run reports consistently or else you forget the steps to run them.



IHS National Suicide Data in RPMS



RPMS Exports

- Export process to send your Suicide Data
 - Sites using RPMS should be sending National Data Warehouse (BDW) and IHPES Behavioral Health (AMH) exports.
 - Exports require manual and/or taskman generations.
 - Monthly or weekly exports are recommended.
- Aggregate national data
 - National Data Warehouse
 - GPRA measure
 - Web-based IHPES BH data mart
 - Provides access to aggregate data to DBH leadership and Area BH Consultants
 - Sites not using RPMS can still submit their data. See the IHS website below for more information.
 - https://www.ihs.gov/NDW/index.cfm?module=dsp_dqw_mq2



RPMS Behavioral Health System Exports (AMH)

- Suicide Reporting Form data is only included in the AMH export. Because this is tied to the Suicide Surveillance GPRA measure, we track these exports.
- See the IHPES website below to see if your site is sending their AMH exports. Data is shown by database, not site locations.
<http://www.ihs.gov/NonMedicalPrograms/ihpes/index.cfm?module=ihpes&option=bhindex>
- Quarterly updates on this data is sent to IHS Area Behavioral Health Consultants. IHS Area BH Consultants are encouraged to request access to the IHPES data mart to be able to run Suicide data for their area.



Final Thoughts

- Continue working with staff to establish clinical documentation standards and workflows. It will make providers' jobs easier and it improves data quality.
- Routinely running reports for your facility or program will help to know your provider's productivity, quality assurance issues, and health trends in your patient population.
- Be sure to utilize the many tools in RPMS to assist with care management for your patients.
- We need all IHS/Tribal/Urban sites to be sending national data exports. This will help your community to be represented in the national data and improve our national data collection efforts.



Contact Information

- RPMS Behavioral Health System website:
<http://www.ihs.gov/rpmsbh>
- RPMS Behavioral Health System LISTSERV:
http://www.ihs.gov/listserv/topics/signup/?list_id=172
- RPMS Electronic Health Record website:
www.ihs.gov/EHR
- RPMS EHR LISTSERV:
http://www.ihs.gov/listserv/topics/signup/?list_id=73
- OIT User Support:
Support@ihs.gov
- Wendy Wisdom, Federal Lead for AMH:
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Questions?