Northern Light Health℠

From the Office of Clinical Informatics

Ambulatory
Depression and CSSRS (Suicide) Screening

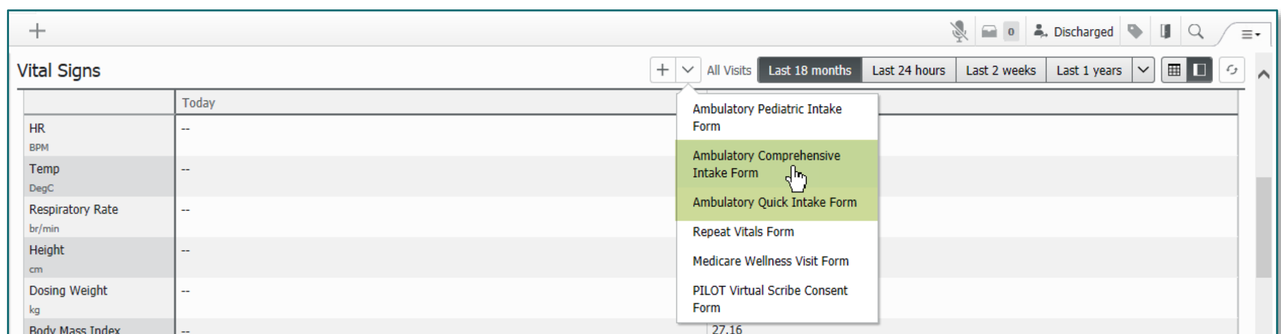
October 12, 2021

Screening for depression is documented in the ambulatory setting using the applicable Intake form. Screening results appear in the Scales and Assessments component, where the provider may access the Columbia Suicide Risk Severity Rating Scale (CSSRS) screening form for completion. The workflow is detailed below.

Depression Screening at Intake

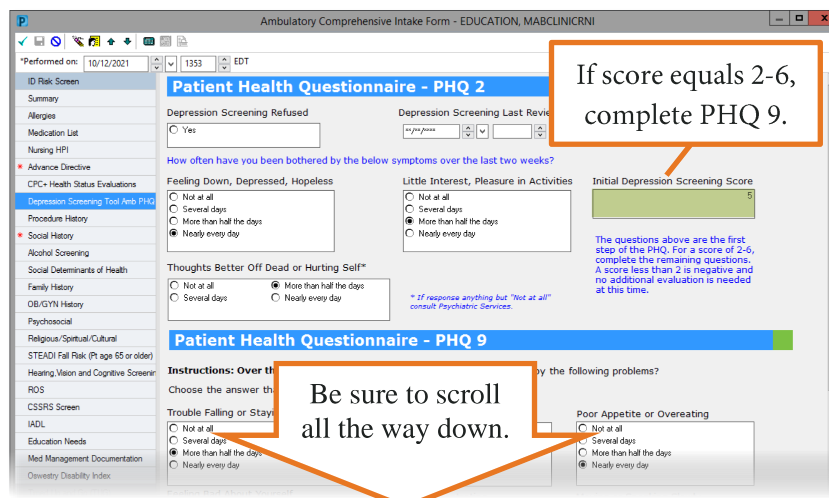
Depression screening is performed and documented by the clinical staff member responsible for the patient intake. Each intake form has the applicable screening tool(s) embedded for this purpose. For the purposes of this flyer, the PHQ 2 and PHQ 9 scales will be demonstrated.

STEP 1: Select the **Intake Form** from the **Vital Signs** component documentation dropdown menu.



STEP 2: During the course of the intake, complete the **Depression Screening Tool** documentation.

- The **Patient Health Questionnaire** requires that all questions in **PHQ 2** be asked first.
- The **Initial Depression Screening Score** will display. If the score is **2-6**, continue to the questions in **PHQ 9**.
- Be sure to use the scrollbar to answer every question.
- Click the **green** checkmark to sign the PowerForm.



CSSRS Screening

Results from the depression screening display in the **Scales and Assessments** component. The component is viewed to clinical personnel and providers. If indicated, a CSSRS screening should be performed. (Please refer to organizational and regulatory requirements, as well as professional standards for guidance.) For this example, the **CSSRS Screening Form** is used.

Scales and Assessments — All Visits | Last 1 years | Last 2 years | Last 5 years

	OCT 12, 2021 13:53
Depression Screen Seve...	20-27 Positive; Severe
Initial Depression Scree...	5
Thoughts Better Off De...	More than half the days
Total Depression Scree...	21

STEP 1: Select the **CSSRS Screening Form** from the **Scales and Assessments** component documentation drop-down menu.

Vital Signs — All Visits | Last 18 mont...

	Today	Previous
HR BPM	--	150 MAY 06, 2020 11:29
Temp DegC	--	39 MAY 06, 2020 11:21
Respiratory Rate br/min	--	40 MAY 06, 2020 11:21
Height cm	--	180 MAY 06, 2020 13:54
Dosing Weight kg	--	88 MAY 06, 2020 13:54
Body Mass Index kg/m2	--	27.16 MAY 06, 2020 13:54

Drop-down menu:
- AUDIT-C, AUDIT Interview Version
- Adult ADHD Self-Report Scale (ASRS)
- Adverse Childhood Experience (ACE)
- BH CRAFFT Form
- C-SSRS Screening Form
- CRAFFT Screening Interview
- Children's Yale-Brown Obsessive Compulsive Scale Form
- Depression Screening Adolescent Form
- Depression Screening Form

Scales and Assessments — All Visits | Last 1 years | Last 2 years | Last 5 years

	OCT 12, 2021 13:53
Depression Screen Seve...	20-27 Positive; Severe
Initial Depression Scree...	5
Thoughts Better Off De...	More than half the days
Total Depression Scree...	21

STEP 2: Complete the **CSSRS Screening Tool** documentation. (See next page for screenshot of form.)

- The questions on this form should be asked in the order presented.
- The patient questions are in **bold, underlined font**.
- Be sure to use the scrollbar to answer every question and to find the **Response Protocol**.
- The **Response Protocol** is located in **blue font** at the bottom of the form, beneath the ED Only questions.
- Responses are linked to the **last question with a "Yes"** answer from the patient.
- Click the **green** checkmark to sign the PowerForm.

CSSRS Screening Form

C-SSRS Screening Form

*Performed on: 10/13/2021 1648 EDT

CSSRS Screen

Ask questions that are BOLD and Underlined

Past Month

Ask questions 1 and 2 — Yes / No

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up? (Ref) — (•) Yes ( ) No

(Right click for reference text.)

2. In the past month, have you actually had any thoughts of killing yourself? (Ref) — (•) Yes ( ) No

If Yes to 2, ask questions 3, 4, 5, and 6. If NO, go directly to question 6a

3. In the past month, have you been thinking about how you might kill yourself? (Ref) — (•) Yes ( ) No

E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it..... and I would never go through with it."

4. In the past month, have you had these thoughts and had some intention of acting on them? (Ref) — ( ) Yes (•) No

As opposed to "I have the thoughts, but I definitely will not do anything about them."

5. In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? (Ref) — ( ) Yes (•) No

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump.

Or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

6a. In the past month, have you done anything, started to do anything, or prepared to do anything to end your life? (Ref) — ( ) Yes (•) No

If Yes to 6a, please answer the last question

6b. Was this is the past month, between 1 and 12 months ago, or over a year ago? — ( ) Within the last month ( ) Between one and twelve months ago ( ) Over a year ago

******** ED Only ********

6. In your lifetime, have you done anything, started to do anything, or prep... do anything to end your life? (Ref)

7. If Yes, was this in the last 3 months?

Response Protocol to C-SSRS Screening (Linked to last item marked "Yes
Item 1 Behavioral Health Referral at Discharge
Item 2 Behavioral Health Referral at Discharge
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Immediate Notification of Physician and/or Behavioral Health and Safety Precautions
Item 5 Immediate Notification of Physician and/or Behavioral Health and Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 7 Immediate Notification of Physician and/or Behavioral Health and Safety Precautions

In Progress

Response Protocol: Responses linked to last question with "**Yes.**"