

Using Data and Research to make a Difference for our Elderly who may be at Risk of Suicide

Sharon Adler, Portfolio Manager, Older People, Planning and Funding, Southern DHB. Philippa Greco, Quality Lead interRAI, Southern DHB.

Background

In the Chief Coroner’s 2014 report he highlighted “*a key observation from this year’s statistics is the rise in suicides among older people*”.

The number of suicides recorded in over-60 year olds went up from 75 in 2012-13 to 97 in 2013-14. The rise in older people taking their own lives is something I highlighted last year, and this trend has continued, particularly for the above-80-year-old age cohort.” *Coroner Judge Neil Mclean-August 2014*

Objective

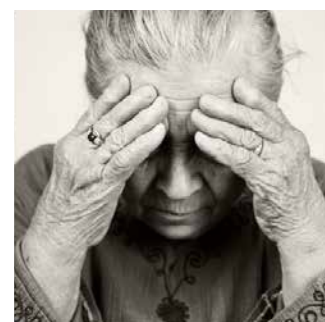
To see if we could use the large interRAI data set, to make a difference to the increasing trend of suicide in the older population.

Method

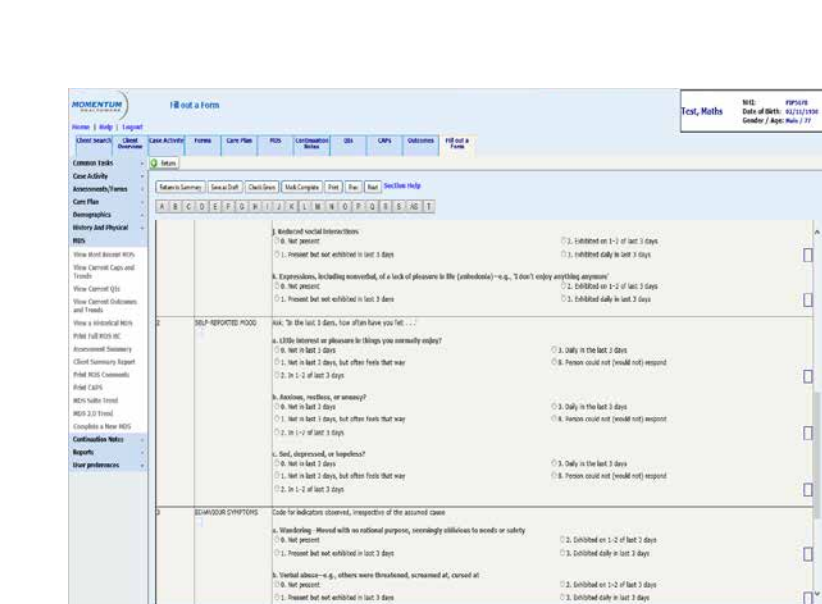
Specialist Advice

2014 - Consultation with Southern DHB’s Suicide Prevention Coordinator Paul Martin to identify risk factors for suicide.

Chosen factors: High need or risk in the following areas: Mood Clinical Assessment Protocol, Social Relationship Clinical Assessment Protocol, and whether the client was left alone for more than 8 hours a day.



Match to interRAI Data



interRAI assessment data was analysed and NHIs extracted which identified clients who displayed all three risk factors at the time of assessment.

All clients needing Health of Older People funded services are assessed using the interRAI assessment. This is a comprehensive clinical assessment of medical, rehabilitation and support needs and abilities such as mobility and self-care. We now have a large data set of information about our population of older people who are receiving long term Home and Community Support Services.

Resulting target group of 118 out of approximately 4,000 clients.

Intervention

A **Clinical Quality Review** of a random selection of client care plans was undertaken. The findings **identified areas of quality improvement** required related to methods used to address the Mood and Social Relationship Clinical Assessment Protocols. **Education sessions** were conducted. Needs Assessors were encouraged to consider protective factors when goal setting.


Southern DHB’s Planning & Funding Unit contracts with three Home and Community Support Services (HCSS) agencies in an Alliance to provide a restorative model of care to our older people. The Alliance is committed to ongoing evidence-based quality improvement. **HCSS and SDHB Needs Assessors were asked to review each client identified on the list to ensure risk factors had and were being addressed.**

Use of Research

2015 - Engaged support from Dr Gary Cheung (Auckland DHB and The University of Auckland), a researcher in this area. Dr Cheung’s research determined three strong variables that are linked to suicidal ideation/death wishes: Loneliness, Diagnosis of depression, Poor self-reported health. (*Cheung et al. (2015) IntJ GeriatrPsychiatry*)

The parameters were refined based on this research to include: Loneliness, diagnosis of depression and/or Mood CAP triggered (both interRAI variables for vulnerability to depression) and self-reporting of poor health.

Results



interRAI assessment data was again analysed and NHIs extracted, resulting in **a much smaller group of 24 clients still residing in the community.**

Intervention

A collaborative approach to the clinical review of these clients was again undertaken by HCSS agencies and Clinical Needs assessors with a focus on mood and social connectedness and how the support plans were addressing the client’s needs in these areas.

The **HCSS Alliance agreed to Southern DHB running this analysis every 6 months**, and committed to this ongoing collaborative review effort, **to make sure that these issues are being addressed and protective factors put in place.**



Impact

The effectiveness of this work has not yet been undertaken. In future, **a logical way to measure if the intervention had been successful will be to analyse the reassessments for these clients**, to see if their interRAI assessments have changed in these areas. The HCSS Alliance reassesses clients when their condition changes significantly or, a minimum of 3 yearly. Additional resource would need to be applied to regularly reassess this client group.

Conclusion

interRAI data can be used to determine a group of clients who may be at risk of suicide and who would benefit from a specific intervention.

Reassessments of these clients may show the effectiveness of this work.