

**Department of
Veterans Affairs**

Memorandum

Date: October 5, 2021

From: Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) (11)

Subj: Update to High Risk for Suicide Patient Record Flag (HRS-PRF) Changes (VIEWS 6016789)

To: Veterans Integrated Services Network (VISN) Directors (10N1-23)
VISN CMOs (10N1-23)
VISN Chief Mental Health Officers (10N1-23)

1. The purpose of this memorandum is to provide updated guidance on the management of patients with a HRS-PRF. Veterans Health Administration (VHA) Memorandum *Update to High Risk for Suicide Patient Record Flag Changes*, dated January 11, 2020, which revised parts of the VHA Directive 2008-036, *Use of Patient Record Flags to Identify Patients at High Risk*, dated July 18, 2008, has been updated to include guidance from the previous VHA Memorandum 2008-04-04, *Patients at High-Risk for Suicide*, dated April 24, 2008, in advance of a new PRF Directive 1166. VHA Memorandum 2008-04-04, *Patients at High-Risk for Suicide*, dated April 24, 2008, is now rescinded with relevant content incorporated into existing policies (VHA Notice 2021-10 and VHA Directive 1160.07).

2. Attachment A outlines the updated guidance for the HRS-PRF management. It maintains the previous guidance regarding procedures all facilities must follow for management of HRS-PRF, in accordance with OIG's report no. 16-03808-215, dated May 18, 2017.

3. Should you have any questions concerning this memorandum, please contact the Suicide Prevention Program, Office of Mental Health and Suicide Prevention at VHAOMHSPSPActions@va.gov.



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Attachment

Attachment A

**Department of Veterans Affairs
Veterans Health Administration (VHA)
Office of Mental Health and Suicide Prevention (OMHSP)
Update to High Risk for Suicide Patient Record Flag Changes**

Purpose: This document provides updated guidance and requirements for the management of High Risk for Suicide Patient Record Flag (HRS-PRF) management. Facilities may use this attachment to inform the development of local facility procedures. Further guidance, education and training materials are available in VHA Guide, [Suicide Prevention Program Guide \(SPPG\)](#), dated November 1, 2020.

HRS-PRF Notification, Training and Management

The Suicide Prevention Coordinator (SPC) is responsible for:

1. Training clinical staff members regarding how and when to notify and refer patients for HRS-PRFs and ensuring that flags are appropriately entered, maintained, and reviewed in the electronic health record (EHR), in accordance with VHA Directive 2008-036.
2. Collaborating with treating clinicians (as necessary) about tools to inform clinical judgement of risk of suicide using available resources, such as:
 - a. VA/Department of Defense Clinical Practice Guidelines for the Assessment and Management of Patients at Risk for Suicide (<https://www.healthquality.va.gov/guidelines/MH/srb/>);
 - b. Rocky Mountain MIRECC - Therapeutic Risk Management-Risk Stratification Table (https://www.mirecc.va.gov/visn19/trm/docs/RM_MIRECC_SuicideRisk_Table.pdf); and
 - c. [Suicide Risk Identification and Management SharePoint](#).
3. Training clinical staff members about what reporting tools to use to report suicidal behaviors. Specifically, the use of the Suicide Behavior and Overdose Report (SBOR) and Comprehensive Suicide Risk Evaluation (CSRE) templates in the EHR to record all suicidal self-directed violence, including preparatory behaviors, that occurred within 12 months of the date of notification.
4. Activating a HRS-PRF for any patient determined to be eligible, in accordance with VHA directive 2008-036, and this memorandum, as soon as possible but no later than one business day after such determination by the SPC. Essential features of high acute risk of suicide and requirement for placement of the HRS-PRF include, but are not limited to:
 - a. A recent suicide attempt or preparatory behaviors such as seeking access to lethal means;
 - b. Suicidal ideation with intent to die by suicide that resulted in mental health inpatient care; and/or
 - c. The inability to maintain safety independent of external supports.
5. In conjunction with VA medical facility health care professionals, ensuring patients with a HRS-PRF:

- a. receive a completed safety plan within seven days before or after placement of the HRS-PRF; or prior to discharge from inpatient/residential care and is reviewed and/or revised regularly.
NOTE: *Safety Plans are typically completed by the treating provider and further details on lethal means education, safety planning and guidance can be found in the [SPPG](#). Health care professionals are encouraged to include the patient's family and other social supports during the process of creating the safety plan. Health care providers must document the patient's decision to decline a safety plan in the EHR.*
 - b. are provided with four mental health appointments within the first 30 days after HRS-PRF placement and at least one mental health appointment monthly thereafter until the HRS-PRF has been inactivated. Content of appointments should include review or update of the Veteran's safety plan, suicide risk mitigation strategies, and enhancement of coping mechanisms. **NOTE:** *Mental health appointments must be face-to-face, which can include Clinical Video Telehealth (CVT), Telehealth VA Video Connect (VVC), unless the Veteran declines and/or requests telephone contact.*
 - i. Patients must receive follow-up on missed mental health appointments to ensure patient safety and initiate problem-solving about any tensions or difficulties in the patient's ongoing care, in accordance with VHA Directive 1230(4), *Outpatient Scheduling Processes and Procedures*, dated July 15, 2016, and VHA Directive 1232(3), *Consult Processes and Procedures*, dated August 24, 2016.
 - ii. Patients must receive support and education about approaches to reduce risks, including services for family and caregivers.
6. Contacting the identified primary care and/or mental health provider to ensure that:
- a. The patient's mental health diagnoses and care plan have been reviewed in light of the risk of suicide, and that the care plan appropriately addresses the patient's conditions and functional limitations;
 - b. Specific treatments with the potential for reducing suicide risk have been considered; and
 - c. The care plan includes ongoing monitoring for suicidality and plans for addressing periods of increased risk. These plans must include specific processes for follow-up for missed appointments.

HRS-PRF Transfer of Ownership

The transferring site SPC is responsible for:

1. Facilitating the transfer of care for patients who are moving to a new VA facility;
2. Coordinating with the receiving SPC to transfer the HRS-PRF to facilitate scheduling of initial appointments with mental health personnel for the patient;
3. Confirming that the patient's new address and contact information has been updated in the EHR; and
4. Notifying the receiving site SPC about:

- a. The patient's projected move date;
- b. The scheduled first appointment at the new site; and
- c. Other information that is relevant to the patient and their care.

NOTE: *Only after the tasks for transferring an HRS-PRF have been completed may the SPC transfer to a new site of care*

The receiving site SPC is responsible for:

1. Accepting transfer of the HRS-PRF once all the transferring site's requirements have been met, and
2. Attempting to contact patients who do not show for their first appointment at the new site.

NOTE: *The transferring site is no longer responsible for transferred patients, even if patients fail to attend the first appointment and/or have not been seen at the new site.*