

<b>Title:</b>	<b>Authored By:</b>	<b>Eff. Date:</b>	<b>Approved By:</b>
<i>What are we auditing</i>			

**Methodology:** *How are we gathering this information?*

		Yes	No	N/A	Protocol Interpretive Guideline	Comments
1.	Was a screening and assessment completed to identify the individual as high risk for suicide?				<p><i>What documents would support compliance?</i></p> <p><i>What documentation (in the progress note or other assessments) support compliance?</i></p>	<i>What additional considerations might be important to take into account while auditing this area?</i>
2.	There is a documented discussion on lethal means safety.					
3.	The safety plan/crisis plan is reviewed/created and updated (as needed) specific to suicide prevention needs.					
4.	Obtain or verify that there has been a consent to release information for a					

	support person.					
5.	The individual is seen at the frequency determined by risk level.					
6.	<p>Therapy appointments are attended at the frequency aligned with the individual's risk level.</p> <p>If the individual does not attend a scheduled appointment, follow up is documented.</p>					
7.	An appointment with a medical provider is scheduled within the appropriate timeframe.					
8a.	Addition to the suicide care pathway is reviewed and consented to.					

8b.	A suicide screening is completed at every contact for an individual on the suicide care pathway.					
9.	The safety plan of the individual on the care pathway is reviewed at every contact.					
10.	The decision and rationale to remove an individual from the suicide care pathway is completed appropriately (i.e., after supervision, treatment team).					