# Suicide Hotline User Manual

## *Version 1*

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Department of Veterans Affairs
Office of Information & Technology

Veterans Health Administration
VA National Suicide Hotline, Canandaigua, NY
VISN 2 Center of Excellence at Canandaigua VA Medical Center, Canandaigua, NY

# Table of Contents

# Introduction to the Suicide Hotline Application

## Purpose

The purpose of this user manual is to describe how to use the VA National Suicide Hotline Application. The Application replaces the current manual call log (paper log documents) and allows for a seamless transition from Hotline responder to Suicide Prevention Coordinator (SPC).

## Overview

1. The Application provides an electronic version of the call log. The Log Website stores information from Hotline calls, which provides the ability to retrieve and view call information as needed.

2. The Application has four components:
   - Log application used at the Suicide Hotline Center to log calls
   - Response Application used at VA facilities by Suicide Prevention Coordinators (SPC's) to document referrals and save them in CPRS and Progress Notes
   - Admin Component, nested within the Response Application, used by suicide hotline administrators to administer the system
   - Health Tech component, nested within the Response Application, used by Suicide Hotline health techs to close referrals

3. The Application stores call information that can later be used for data collection and reporting purposes.

4. The Log Website provides a mechanism for Hotline staff to identify the VA Medical Center closest to the caller's physical location. This may be a VA facility other than the veteran's primary VA Medical Center.

5. The Application provides a means to refer a caller to a VA Medical Center for follow-up care. The referral is directed to the VA Medical Center's SPC.

6. The Application records the Hotline referral in CPRS (using TIU Progress Notes).

7. The Application ensures all progress notes written by Hotline call responders and health technicians and SPC's to have a common Note title.

8. The Application is automatically updated when a SPC completes the referral process and when a progress note is written. .

9. The Application does not include a Master Patient Index (MPI) but does include a site-by-site patient lookup.

## History

The Suicide Hotline Project is an important function to support recent suicide prevention legislation. The Department of Veterans Affairs (VA) has begun operation of the national suicide prevention hotline to ensure that veterans with emotional crises have round-the-clock access to trained professionals. The VA is partnering with the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services (HHS) and the National Suicide Prevention Lifeline to operate the national hotline. Veterans can call 1-800-273-TALK (8255) and press "1" to reach the VA hotline, which is staffed by mental health professionals 24/7/365 in Canandaigua, N.Y. who work closely with the callers' local VA Suicide Prevention Coordinators and mental health providers to help the callers.

Recent Legislation has been passed to Prevent Veteran Suicide. The following summary is by Laura Strickler, with reporting from Sarah Fitzpatrick in Washington. This can be accessed from CBS.com.

"On November 6, 2007, President Bush signed into law the Joshua Omvig Veterans Suicide Prevention Act. It's named after a soldier who committed suicide in Grundy County, Iowa, in December 2005, after serving an 11-month tour in Iraq. The bill requires the Department of Veteran's Affairs to meet deadlines in providing the following services:

- Train VA staff on suicide prevention and mental health care
- Staff each VA medical facility with a suicide prevention counselor
- Screen soldiers who seek care through the VA for mental health needs
- Support outreach and education for veterans and their families
- Research the most effective strategies for suicide prevention
- Create a peer support counseling program so veterans can help other veterans
- However, while the bill requires the VA to provide these services, it provides no funding."

On February 6, 2008, Representative Leonard Boswell (D-IA) and Representative Robin Hayes (R-NC) introduced the Armed Forces Suicide Prevention Act (H.R. 5223). This bill is focused on Department of Defense implementing a comprehensive suicide prevention program within all branches in the military, including National Guard and the Reserves. The Air Force implemented a suicide prevention program in the 1990's. By 2002, the suicide rate had declined by 33% and researchers found a decrease in violent crime and family violence after program implementation. This bill is designed to help the VA and Department of Defense deal with the increase in mental health needs of Iraq and Afghanistan service personnel.

Both VA Central Office and Congress want periodic reports relating to veteran suicide and suicide prevention efforts.
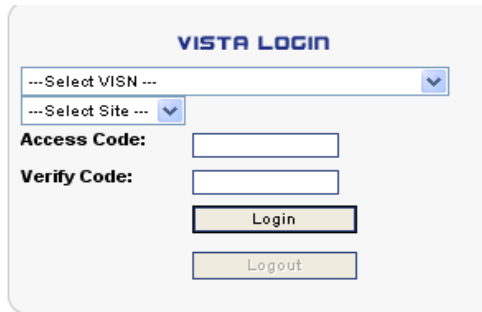
Tracking cases may also allow for best practice identification.

# Accessing Suicide Hotline Call Log

## Call Responder Login

Hotline staff, call responders, and health technicians use the Hotline Call Responder Log to record all calls coming into the hotline.

1. Enter **http://medora.va.gov/CrisisCenter/** in the Internet Explorer (IE) address bar to access the Suicide Hotline Log Website.

2. Select the VISN (VISN 2) and site (Canandaigua).

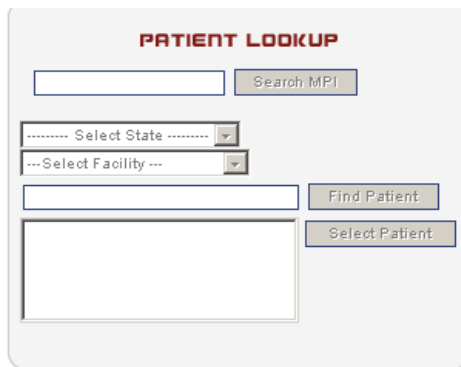3. Log in using your CPRS/VistA access and verify code pair.



*Note: Once you have logged in, you may save the web address in the IE "Favorites" menu for future ease of access.*

## Patient Lookup

Patient selection can be performed in two ways:

1.  If you know the patient's full social security number (SSN), you can choose **Search MPI.** The full SSN must be entered. Then, click **Search MPI**. Results will appear in the large box to the left of the **Select Patient** button.

2.  If the patient's SSN is not known, you may click **Select State** and then click **Select Facility.**

> a.  Enter the patient's name or part of the patient's last name or last 5 digits of the SSN in the box to the left of **Find Patient** button.
> b.  Click **Find Patient**. A list of potential matching patients will in the box. (If there are more names available than shown in the scroll box, click the arrow button to see them.)
> c.  Click on the Patient's Nam**e.** The patient's date of birth and SSN will appear to the right to verify the patient selection.
> d.  If correct, click **Select Patient.** The patient's name, SSN and age will be automatically populated on the **Acute Care Risk Assessment & Log Sheet**.

# Acute Care Risk Assessment & Log Sheet

## Response Info

*Note: Throughout the Log Website, the* *=required field* *denotes a section that must be completed.*

At the beginning of each shift, the Hotline call responder is required to sign on to the Acute Care Risk Assessment & Log Sheet.

1. Enter your five-digit **Phone Station Line** (this is the phone extension that the call responder is using).
2. Enter your full name in the **Responder Name** box on the first line of the log sheet.
3. Click on the **Set Call Time** button to the left of the phone station line. **Set Call Time** needs to be clicked at the beginning of **every** call; the date and time of the call will be automatically populated.

If the caller is an imminent risk, the Hotline call responder can activate the following function prior to entering **RESPONSE INFO**:

**IF SUICIDE ATTEMPT IS IN PROGRESS, ENACT CALL TRACE, CALL 911**

This will link the Hotline call responder to the **National Suicide Prevention Lifeline,** which allows the call responder to complete a call trace to locate the caller and initiate a rescue.

## Caller Info

**Caller Phone** number and **Caller Name** are required fields. Callers may not always give their full name.  The **Caller Name** field is free text. If only a first name or part of a name is available, you can still enter that information in the field.

The **Caller is Patient** field is only checked when the caller is the patient.

The **Relationship to Vet** field has a drop-down box that includes the following selections:

1. Vet (self) (set as default),
2. Non Vet,
3. Family or Friend. This field should always be filled out whenever possible.

## Patient Info

1. If the caller is identified and selected in the **Patient Log Up** section, the **Patient Name, SSN**, **Age, Gender, Is Veteran, Active Duty, and Veteran Status** will be automatically populated.

2. If the caller was not identified in the **Look Up** section, the information will need to be obtained and entered manually. *Note: This will occur when the veteran is not enrolled or registered with the VA.*

3. If the patient refuses to give a name, you must check **Anonymous**.

4. The **Gender** field is a drop-down box with a default of **Unable to Determine,** or a choice of **Male or Female.**

5. The **Is Veteran,** and **Active Duty** fields are drop-downs boxes with selections of **Yes, No, or Refused to Answer.**

6. The **Veteran Status** field has a default of **Unknown,** or a choice of **Not Registered, Register, Not Enrolled, Enrolled No Services received from VA, Enrolled Receives Services,** or **Caller Would Not Say.**

7. **Nearest Facility to Patient**

    a. Click the patient's state in the **Select State** field, the application will populate the cities for that state.

    b. Click on the city where the patient is located. The application will automatically provide the nearest VA Medical Center location for the patient.

At the bottom of this screen, the call responder can again activate the function: **IF SUICIDE ATTEMPT IS IN PROGRESS, ENACT CALL TRACE, CALL 911,** allowing the call responder to enact a call trace to locate the caller and initiate a rescue if needed at this time.

## Acute Care Risk Assessment

**What Prompted the Call?**
Select the box that is most appropriate. More than one box may be selected. Remember, this is a mandatory field.

**Suicide Risk Assessment Screening Questions**
There are three questions, with drop-down boxes, requiring yes or no responses.

**1. Are you thinking of suicide?**

**2. Have you thought of suicide in the last two months?**

**3. Have you ever attempted to end your life?**

A **Comment** field is provided if more information needs to be recorded.
**NOTE:** If any box is answered **YES,** the remainder of the risk assessment **MUST** be completed**. You will proceed to Suicidal Desire.**

If all three answers are **NO**, the call responder can page down to **Follow-up Questions** or the call responder may choose to complete the sections within the Acute Care Risk Assessment.

## Suicidal Desire and Suicidal Intent

Call Providers complete the **Suicidal Desire and Suicidal Intent** sections when a caller answers **YES** to any of the **Suicide Risk Assessment Screening Questions.**

**Suicidal Desire:** Drop-down fields include: **No (default), None, Moderate, High**
**Suicidal Intent:** When answering questions for a caller in the Suicidal Intent area the following fields and responses can be selected from the drop-down boxes:

- Has Caller expressed intent to die? Selections include: **Unclear** (default), **Yes**, **No.**
- Do you have a plan to hurt self or others? Selections include: **No** (default), **Self, Others, No Plan.**
- Who are you planning to hurt (if not self)? **Open text field.**
- What would you use to hurt self or others? **Open text field.**
- How would you hurt self or others? **Open text field**.
- When do you plan to do this? Selections include: **No**(default),**Today**, **Tomorrow**, **Soon**, **Right Now**, **Other**.
- Have you put any plans into action? Selections include: **No** (default), **Yes**, **No**.
- If "Yes**"**, what are those plans? **This is a text field for appropriate response information.**

| SUICIDAL DESIRE | | SUICIDAL INTENT | |
|---|---|---|---|
| Desire to harm self and others | No Answer | Has caller expressed intent to die? | Unclear |
| Psychological Pain | No Answer | Do you have a plan to hurt self or others? | No Answer |
| Perceived Burden On Others | No Answer | Who are you planning to hurt (if not self)? | |
| Helplessness | No Answer | What would you use to hurt self or others? | |
| Hopelessness | No Answer | How would you hurt self or others?? | |
| Feeling Trapped | No Answer | When do you plan to do this? | No Answer |
| Feeling *Intolerably* Alone | No Answer | Have you put any plans into action? | No Answer |
| | | if "Yes," what are those plans? | |

## Suicidal Capability

**Suicidal Capability** is also required when a caller answers **YES** to any of the **Suicide Risk Assessment Screening Questions.** Suicidal Capability includes **Substance Abuse** and **Other Risk Factors** sections.

This section may be used for callers who are not suicidal, but have related issues in substance abuse or other risk factors.

**Suicidal Capability**: When answering questions in the **Suicidal Capabilities** area, you will have response options with drop-down fields of **No Answer** (the default), **Yes**, and **No**.

**Substance Abuse**:
- Currently Intoxicated? Response options include: **Difficult to Determine** (default), **Yes**, and **No**.
- Coming down from drug use? Response options include: **Difficult to Determine** (default), **Yes**, and **No**.
- Are you currently using/overusing prescription drugs? Response options include: **Difficult to Determine** (default), **Yes**, and **No**.
- Drugs involved?  Response options include: **No** (default**), Alcohol, Marijuana, Cocaine or Crack, Meth, Hallucinogens, Drugs and Alcohol or Other**.
- Have you stopped taking your prescribed meds? Responses include **Difficult to Determine** (default), **Yes,** and **No**.
- If **Yes**, about how many days has it been since your last dose?  A number can be entered in the box.

**Other Risk Factors – do you sense from the caller:**
When answering questions for a caller in the Other Risk Factors area, **Difficult to Determine** is the default, with **Yes** and **No** as options.

SUICIDAL CAPABILITY

Have you tried to kill yourself before?          If YES, was it within the last year?
No Answer ▾                                       No Answer ▾

Have you ever been exposed to someone else's death by suicide? No Answer ▾

Do you have access to a gun? No Answer ▾

**Substance Abuse**

Currently Intoxicated? Difficult to determine ▾

Coming down from drug use? Difficult to determine ▾

Drugs involved: No ▾

Are you currently using/overusing prescription drugs? Difficult To Determine ▾

Have you stopped taking your prescribed meds? Difficult To Determine ▾

If yes, about how many days has it been since your last dose? ☐

**Other Risk Factors - do you sense from the caller:**

Difficult to deal with/Delusional?              Heightened anxiety? Difficult to determine ▾
Difficult to determine ▾

Tiredness? Difficult to determine ▾             Anger in tenuous control? Difficult to determine ▾

## Buffers Connectedness

**Buffers Connectedness** is an area where the call responder will confirm that the callers have either or both **Immediate and Social Support Networks** to help them through difficult times.

**Immediate support:** For both questions in this area, **Yes** is the default response, with **No** and **No Answer** as options.

**Social Supports:**
- Who/What do you feel supported by? **Names One Person or Thing** is the default, with **Feels No Support** and **No Answer** as options.
- Does the caller seem to be ambivalent about living? Does the caller seem to have a sense of purpose? Does the caller appear to have plans for the future? Does the caller seem to have core values/beliefs? **Unclear** is the default, with **Yes** and **No** as options.
- How would you rate the caller's engagement with you? **Unclear** is the default, with **Low, Moderate, High** and **None** as options.

| BUFFERS CONNECTEDNESS | |
|---|---|
| **Immediate supports** | |
| Is someone with you? `Yes` | Is there someone you can call? `Yes` |
| **Social Supports** | |
| Who/what do you feel supported by? `Names One Person Or Thing` | Does the caller appear to have plans for the future? `Unclear` |
| Does the caller seem to be ambivalent about living? `Unclear` | Does the caller seem to have core values/beliefs? `Unclear` |
| Does the caller seem to have a sense of purpose? `Unclear` | How would you rate the caller's engagement with you? `Unclear` |

## Follow up Questions

While the follow-up questions are more difficult to obtain, they often provide valuable information in supporting the patient's future behavior.

- When did the caller serve? There is no default. The options are **None, OEF/OIF 8/1990 Gulf War 8/1990, Vietnam 1/1961 – 5/19/1975, Served Between Major Conflicts, Korean War 6/1950 – 1/55, World War II 12/1941 – 12/1946, World War I 4/1917 – 11/1918, Career Military (serve more than one period)**
- In which branch did the caller serve? **None** is the default, with **Army, Navy, Air Force, Marines, Coast Guard, National Guard, Reserves** as options.
- How did you hear about us? **Check as many boxes as apply to the caller.**
- Callers Needs Met? This is a **Mandatory field** with no default, with **Yes, No, ?** as options.

## Call Synopsis

The **Call Synopsis** is a text box for a **Brief** description of the details of the conversation with the caller. This could include, but would not be limited to, addressing where the veteran is currently located, telephone contact information, and details of a request by the veteran regarding the VA facility s/he wishes to be seen at, or other issues related to the call.

**Additional Identifying & Demographic Information**

Test boxes are for **Brief** descriptions of information related to the call responder during the call that might be helpful to the SPC in providing the veteran with the appropriate care.

**Clinical Impressions and Formulation of Suicide Risk:** This is a **Mandatory field**. There is no default; **Moderate to Low Risk, Moderate to High Risk,** and **High Risk** are the options.

## Call Synopsis

## Additional Identifying & Demographic Information

History of the Present Illness (include current mental status and current suicidal ideation, planning, and intent)

Psychiatric History and Treatment

Social and Developmental History

Family History of Suicide

Current Serious Medical Illnesses

History of Current, Recent, and Past Suicidal Ideation, Planning and Attempts

Clinical Impressions and Formulation of Suicide Risk  --Select Level--  ▼  *

## Outcome of Call

The Outcome of Call is the only section where all questions are **Mandatory**. Each question requires a very specific answer.

**What was the outcome of the call?** Response options include**:**
- Caller Hung up
- Prank Call
- Rescue (911 called, police/ambulance called)
- Caller stayed on line until the call ended normally
- Caller attempted suicide during call
- Caller completed suicide during call

**What was the action taken during the call?** Response options include:
- Referral generated sent to SPC

- Caller refused referral, but accepted SPC's #
- Caller refused referral and refused to contact the SPC
- Referred to local VSC
- Warm Transfer to caller's VA health care provider
- Caller was not suicidal and responded to counseling
- Warm Transfer to regular crisis line
- Provided a local number to call
- No action possible

**Refer call to SPC:** The options are **Yes** or **No.**

**Submit Call Info:** When you have completed all **Mandatory fields** and other fields necessary to explain the call, click **Submit Call Info**. A message will appear if a mandatory field was not completed. For example, "Please select one reason for call" will be displayed. When completed, the data will be processed directly into the database. If a referral is made to a VA Medical Center, the **Suicide Hotline Call Log** will be made accessible to that medical center's SPC.



After the call information is submitted to the database, the screen will be cleared except for the **Responder's Name and Phone Station/Line,** and the call responder will be ready to take another call.

Remember when you answer a new call, click "**Set Call Time"** to activate the date and time for the new call.

## The Suicide Prevention Coordinator's Response Application

When a referral is made from the Hotline to a VA Medical Center, the SPC will use the Suicide Hotline Response Application to access the referral and complete additional information on the actions taken as a result of the referral. The Suicide Hotline Response Application can be accessed directly from Internet Explorer (IE) by entering *http://medora.va.gov/CrisisCenterResponse/* in the IE address bar.

Users must select their VISN and local site for login and then enter their access and verify code which is the same as their CPRS/VistA access and verify code pair.

User Type field has three choices:  SPC, HT, Admin.  The SPC will select the SPC designation.

Users will only be able to log into their local site, using their VistA access and verify code pair. Only users that are identified as requiring access to the Response Application will be able to access the system. The list of users requiring access is maintained by the national Suicide Prevention Center and the VISN 2 Center of Excellence at Canandaigua, Canandaigua, NY.This includes the health technician and admin functions. Two administrators will be assigned to update an addition or deactivate a user for both call responders and SPC's.

## Open Hotline Calls

When the Suicide Hotline Call Log is submitted, it is immediately processed into the hotline's database and an open call response is created in the Crisis Center Response location. The screen includes three options:

1. **Open Call Responses in Progress**: Lists all open call responses previously viewed but not returned to the Suicide Hotline health technician for close-out.
2. **Open Calls for This Site (with no response)**: A listing of all open call responses which have never been opened or reviewed previously. An individual SPC will only be able to view calls referred to their medical center.
3. **Open Calls With No Site Specified**: Lists all open call responses that have no VA site identified for follow up by a SPC. There should rarely be a call available for this tab.

When you click on any of the tabs, a listing of all calls available to be completed will appear.
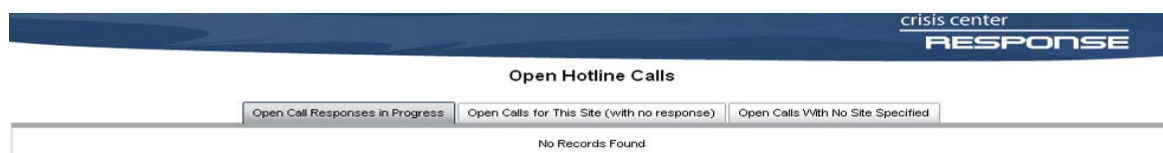


## Open Hotline Call

The Open Hotline Calls includes the calls that have not been addressed by the SPC.

Click on **Select** and the record opens.

crisis center
**RESPONSE**

## Open Hotline Calls

| Open Call Responses in Progress | Open Calls for This Site (with no response) | Open Calls With No Site Specified |

| | Call Date | Caller Phone Number | Caller Name | Patient Name | Referred To |
|---|---|---|---|---|---|
| Select | 11/6/2008 3:37:51 PM | 585 723 6726 | ZZTEST,CPRS FIFTY | ZZTEST,CPRS FIFTY | Upstate NY HCS |
| Select | 11/4/2008 9:09:42 AM | 585-393-7607 | ZZTEST,DDD | ZZTEST,DDD | Upstate NY HCS |
| Select | 11/3/2008 10:36:56 AM | 315-573-8177 | ZZTEST,CPRS TEN | ZZTEST,CPRS TEN | Upstate NY HCS |
| Select | 11/3/2008 9:39:35 AM | 585-393-7607 | ZZTEST,CPRS SEVEN | ZZTEST,CPRS SEVEN | Upstate NY HCS |
| Select | 11/3/2008 8:55:10 AM | 585-393-7937 | ZZTEST,CPRS FIVE | ZZTEST,CPRS FIVE | Upstate NY HCS |
| Select | 11/1/2008 11:55:00 AM | 585-393-7607 | ZZTEST,CPRS FIVE | ZZTEST,CPRS FIVE | Upstate NY HCS |

## Acute Care Rick Assessment & Log Sheet Changes

Once a call is selected, the **Acute Care Risk Assessment & Log Sheet** created by the Hotline call responder appears and the **Hotline Call Detail** tab is highlighted.



The Response Application allows the SPC to change data only in the patient information area of the record. To enable this feature the SPC must go to the bottom of the **Acute Care Risk Assessment & Log Sheet** and click **Enable Editing.**



Some referrals will not have complete or accurate patient information. Once the SPC is able to identify a veteran as a registered patient, they can locate the veteran in their local VistA system, using the **Find Patient Box** in the upper left-hand corner of the screen. Clicking on the **Select Patient** button will auto-fill information from the patient's VistA file into the **Patient Name, SSN, Age, and Gender** fields in the **Patient Info**. *Note: The original data is maintained in the database for historical purposes.*

If any other information in the **Patient Info** area needs to be corrected, it must be done manually. This includes **Is Veteran, Active Duty**, and **Veteran Status**.

Once all changes are made, click on **Save Changes to Call Info** at the bottom of the form; all changes will be made and you will be returned to the updated form.

*Note: If the patient has been sent to an SPC or facility in error, click on the far right-hand drop-down box in Nearest Facility to Patient and select the correct facility.*

When you return to the **Acute Care Risk Assessment & Log Sheet**, you will have three choices:

1. Return to Call List – Button in upper left-hand corner
2. Go to the Response Form – Button next to Return to Call List
3. Or Logout – The second tab on the top of the form

If this is a new call, the SPC should click on **Response Form.**

## Response Form

If you clicked on **Response Form,** the form below will appear. You still have the options of **Return to Call List, Hotline Call Detail**, and **Logout** from the **Response Form**.

**Response Data:  In the upper left-hand corner of the Response Form is the Response Data box, which includes the Patient Name, SSN, and SPC Responder's name.**

**Quick Save/ Indicate Response:**  Located below the **Response Data** box. This is used to confirm receipt of the patient information and add any immediate notes regarding the patient. This will alert the Suicide Hotline health technician that the referral has been received. This should be completed as soon as possible after receipt of the referral. This option is provided to allow communication between the SPC and health technician at the Suicide Hotline.  Clicking this button will not pass information to CPRS. A progress note will only be created when the SPC clicks on the **Save Response Data and Create Progress Note** button at the end of the form.

**Patient Outcomes:**  Directly to the right of the Response Data patient identifier box is the Patient Outcomes area. Included in this area are checkboxes to quickly identify the outcome of your work with the patient. Multiple boxes may be checked, based on your follow-up.

**Progress Note Additions:**  This box is a free-text area that allows the SPC to add additional content to the progress note that is passed to CPRS.

**Is Patient On High Risk List:**  Shown strictly for informational purposes and cannot be updated from this form. The SPC would have to add the flag in CPRS if indicated. The default setting is **No.**  If the record has not been linked to a patient's VistA file using the **Find Patient** option on the **Hotline Call Detail** tab, then this field will be set to **No,** even if the patient has a Patient Record Flag for High Risk for Suicide on their chart. By using the **Find Patient** option, this field will be set to match the patient's VistA file.

## Creating TIU Progress Notes

The Response Application allows SPC's to create a progress note from the application. Information from the **Acute Risk Assessment and Call Log Sheet** will automatically be inserted into the progress note.  Additionally, the information from the **Response Application**, including **Patient Outcomes** and additional text entered by the SPC, will be included in the progress note.

**Set Note Title, Appointment or Location Title**
Directly below the Progress Note addition box is the **Set Note Title, Appointments or Location Title** area.

**Note Titles:**
In the text box provided, enter enough text to help identify the progress note title that will be used within CPRS, click **Get Note Titles**, the system will then refresh. Once the refresh process is complete, click the down-arrow and click **Select Note Title**. Select the appropriate note title. The recommended title is **Mental Health Hotline Report**.

**Get Patient Appointments:**
This feature allows a note to be attached to a specific appointment.  If an appointment(s) has been set up for the patient, click on **Get Patient Appointments**, and the system will refresh. Once the system is refreshed, click on the **Select Appointments.**  If an appointment(s) is

scheduled, the appointment date will appear in the drop-down box; select the appropriate appointment to link the progress note with.

**Locations:**

If there is no appointment or encounter to which to attach the note and you still need to write a progress note, you must choose a location for the note. Every progress note must be linked to a location. The SPC will have to identify the correct clinic location to be used for documenting the response to the Hotline referral. Follow the same process to populate the location as you did for note titles.  Enter enough information in the search fields to narrow the pick-list.

**Historical Note:**

The historical option is used to document efforts to reach a veteran who has been referred from the Hotline. If you do not reach the veteran but want to provide documentation of the fact that s/he was referred from the Hotline and your attempts to reach him/her, check the Historical box.

If you click **Historical Note,** the **Response Application** system will prompt you for your electronic signature when you finalize the Response Form by clicking **Save Response Data and Create Progress Note.**  Once that is done, your note will appear as a completed progress note in CPRS, and no encounter information will be entered.

If you do not click **Historical Note** and finalize the Response Form by clicking **Save Response Data** and **Create Progress Note,** the note will be passed to CPRS as an unsigned note. It will appear on the author's list of view alerts, and the user will have to go into CPRS to sign the note and enter encounter data.

The **Response Application** cannot pass encounter information to CPRS, so in those cases where the SPC interacted directly with the veteran in a face-to-face or telephone contact, the Historical box should be left unchecked, and the note and encounter completed in CPRS.

**Save Response Data Only:** Only used if a veteran is not eligible for VA care. Information is entered only to the Suicide Hotline Database.

**Save Response Data and Create Progress Note:**  When clicked, the referral is processed in CPRS through TIU and also entered in the Suicide Hotline Database.

**Set Note Title and Appointment or Location Title**
Note Titles (to populate drop-down, enter partial name of Note Title and click the "Get Note Titles" button. Choose an appointment to which to attach the note.

If there is no appointment or encounter to which to attach note, but you still need to write a progress note, you must choose a location for the note. Follow the same procedure to populate the "Locations" drop-down as you did "Note Titles."

**Note Titles:**

[          ]

[ Get Note Titles ]

--- Select Note Title --- ▼

**Locations:**

[          ]

[ Get Locations ]

--- Select Location --- ▼

[ Get Patient Appointments ]

--- Select Appointment --- ▼

**Historical? (check if yes)**
☐

e Save Response Data
e Progress Note Button
the referral process.

ran is not enrolled/not
care, click Save
Data Only

[ Save Response Data AND Create Progress Note ]

[ Save Response Data ONLY ]

If **Save Response Data and Create Progress Note** button is clicked, the following box is displayed:
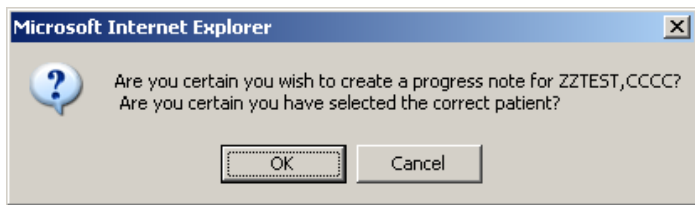


After clicking **OK**, the following box is displayed
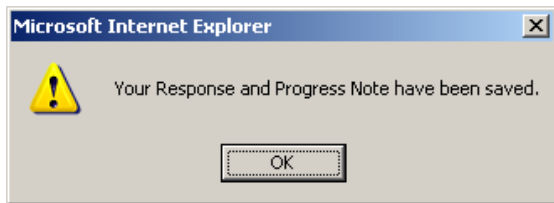


The note is then passed to CPRS as an unsigned note.  A CPRS alert for an unsigned note is also generated.  The user will then go CPRS to complete the encounter and sign the note.

For a **Historical** note, the note can be signed directly from the **Response Application**.  When the Historical box is checked, you will be prompted to enter your CPRS signature code:

After you have entered the signature code and click **Sign Note**, the following is displayed:
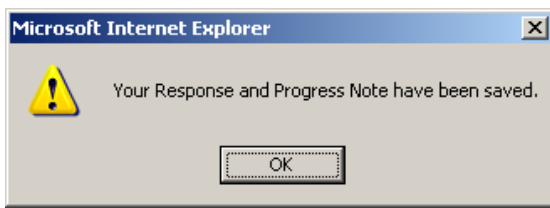


Click **OK**. The completed note is passed to CPRS. No encounter information is required for a note that is marked as Historical.

The final process is for the health technicians at the Suicide Hotline to review the input and notes and either close the referral or contact the SPC for more information.

A separate Administrative Application will be used for the purpose of follow-up activities and provide reporting capabilities.

# Admin Function and access to both Suicide Hotline Applications

Individuals having access to the **Admin Function** will sign on using their VistA Log-in pair and choose **Admin** in the drop-down box.



Once in the Admin application, the user will have the ability to use several options: **Reporting, Add Users**, and **Deactivate Users**.  The reporting function is not currently set up and will be completed in Phase II..
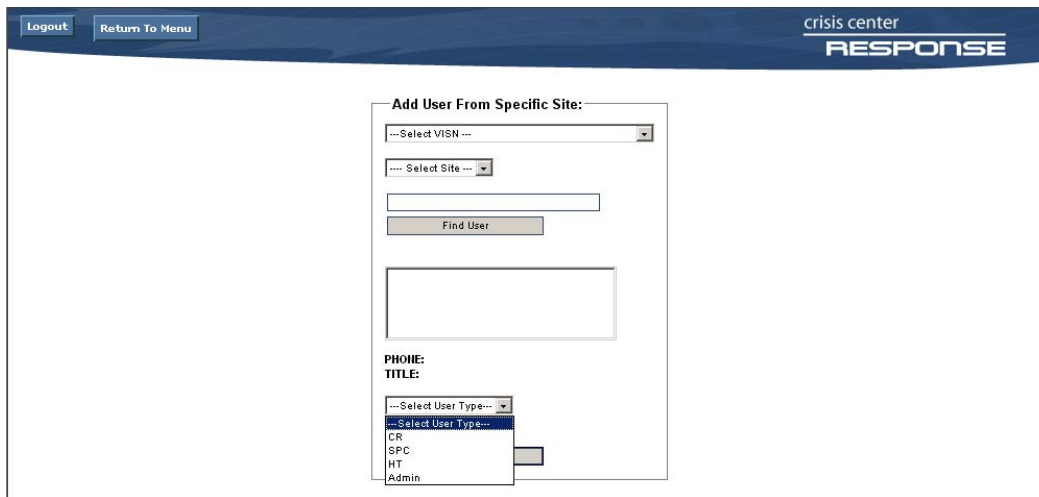
## Adding Users

Click on **Add Users -** screen below appears.

1. Select the user's VISN and Site location
2. Enter the user's last name, and first few initials of their first name (no spaces).
3. Select the correct individual.
4. Select the type of position being set up.
5. Click **Add User**. The application will not create duplicates if entered twice.



## Deactivating Users

To deactivate a user, click Deactivate User

1. Enter the name of the individual's last name
2. Click the user role from the drop-down box
3. Click on the user to be deactivated
4. Click Deactivate User

To add or deactivate more users, click Return to Menu. To exit, click Logout.

# Health Technician Application

1. Enter  https://suicide hotline.med.va.gov/  in the Internet Explorer (IE) address bar to access the Suicide Hotline Log Website.

2. Select your VISN and local site for login and then enter your access and verify code, which is the same as your CPRS/VistA access and verify code pair.

3. Select HT from the User Type drop-down menu's three choices: SPC, HT, Admin.

*Note: Once you have logged in, you may save the web address in the IE "Favorites" menu for future ease of access.*



4. Call list:  Click on Call List.  This displays all referrals sent from the Suicide Hotline to an SPC.

## Hotline Call List

When a referral is submitted, it is processed into the hotline's database allowing the SPC to take action and respond to the referral.  The HT application allows the HT to view all referrals and what action, if any, the SPC has taken on the referrals.

5. Choose Site to View Calls From:  This option allows the HT to view all referrals or referrals for a particular VISN and site.

**View Calls:**  Options include:
   **With No Response:**  SPC has not responded to the referral
   **With Response, But Not Approved:**  SPC has responded, but the HT has not yet closed the referral
   **Responded To, Sent Back To SPC:** Referrals that the HT has reviewed and sent back to the SPC because more information and/or clarification were needed.
   **All Calls:** Allows the HT to view all referrals that were sent



Select:  Click on Select for the particular referral you wish to follow up on. Once a patient is selected, you'll have the option of viewing the Hotline Call Detail or the Response Form.

## Hotline Call Detail

This section allows you to view the **Acute Care Risk Assessment & Log Sheet** created by the call responder.

When you return to the **Acute Care Risk Assessment & Log Sheet**, there are three choices:

1. Return to Call List – Button in upper left-hand corner
2. Go to the Response Form – Button next to Return to Call List
3. Logout – The second tab on the top of the form

## Response Form

If you click on Response Form, the form below appears. You still have the options of **Return to Call List**, **Hotline Call Detail**, and **Logout** from the Response Form.

The **Response Form** allows you to view the actions taken by the SPC.  Additionally, you will be able to add a note for the SPC and/or Close the referral.

1. **Add Note For SPC and/or Close Call & Response:** This is a free-text area that allows you to add additional content specifically for the SPC.

2. **Close Call and Response:** Check the **Close Call and Response** box only if the referral had been responded to by the SPC and all actions for the referral have been addressed. You then need to click on the **Save Note And/Or Close Call** box. The referral will then be closed.

3. If you determine that the referral is not closed, you can use the **Health Tech Note** box to write a brief note to the SPC, detailing the HT findings. Click on the **Save Note And/Or Close Call** box. By clicking the **Save Note And/Or Close Call** box, the application allows for the HT note to return to the SPC for further action.

## Acronyms and Abbreviations

| Term | Definition |
|---|---|
| Admin | Administration Assistant |
| CPRS | Computerized Patient Record System |
| CR's | Call Responders |
| DOB | Date of Birth |
| HT | Health Technician |
| IE | Internet Explorer |
| MPI | Master Patient Index |
| SHL | Suicide Hotline |
| SPC | Suicide Prevention Coordinator |
| SSN | Social Security Number |
| TIU | Text Integration Utility |
| VA | The Department of Veterans Affairs |
| VAMC | The Department of Veterans Affairs Medical Center |
| VistA | Veterans (Health) Information Systems and Technology Architecture |
| VSC | Veterans Service Center |
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