



# Preventing Youth Suicide

A Cardinal Health Foundation National Collaborative

## Our Why

Suicide is the second leading cause of death among young people 10-24 years old. Suicide attempts, ideation, and self-injury are among the most common mental health conditions seen in children's hospitals' emergency departments, accounting for 31% of encounters in 2023, according to data from Children's Hospital Association's Pediatric Health Information System (PHIS)®.

To address the crisis, CHA has joined forces with the Cardinal Health Foundation and the Zero Suicide Institute at the Education Development Center to create the Preventing Youth Suicide National Collaborative. Recognizing that deaths by suicide are preventable using a systematic approach, this first-of-its-kind collaborative uses a continuous quality improvement framework. Thirty children's hospitals across the country are working together to identify, assess, and care for children at risk for suicide.

## Our Approach

Learning together accelerates progress. Supported by CHA data and analytical expertise, the collaborative is taking a data-driven approach to improvement. Data capture supports benchmarking and provides insights as children's hospitals endeavor to transform care at the system level. Workgroups are developing recommendations for screenings across hospital settings and defining standards for metric reporting. Ultimately, this collective work will drive sustainability into the identification and care of children at risk for suicide.

## Our Early Learnings

**Core metrics.** Collaborative members are creating new clinical pathways, collecting data, standardizing processes, and educating their teams. Members are making progress toward tracking the same five metrics: total screenings, positive screenings, total



30 hospitals and health systems



22 states



\$3.8 million in grants



2 collaborative cohorts

assessments, attempts, and deaths. The early data highlights an area for improvement between the number of positive screens that are then assessed for risk, with teams noting process and workflow optimization as solutions to decrease the

**The suicide screening rate exceeded 70% of eligible patients. More than 70% of the patients who screened positive were assessed to identify appropriate interventions.**

gap. Members have submitted data from various hospital settings, including emergency departments, inpatient medical units, inpatient psychiatric units, ambulatory clinics, and outpatient behavioral health settings. Data collection will continue through 2025.

### **PARTICIPATING HOSPITALS**

- AdventHealth for Children
- Advocate Children's Hospital
- Atrium Health Levine Children's
- Boston Children's Hospital
- Children's Health of Orange County
- Children's Hospital Colorado
- Children's Memorial Hermann Hospital
- Children's Mercy Kansas City
- Children's Minnesota
- Children's Nebraska
- Children's Wisconsin
- Cohen Children's Medical Center, Northwell Health
- Connecticut Children's
- C.S. Mott Children's Hospital
- Doernbecher Children's Hospital
- Intermountain Primary Children's
- Le Bonheur Children's Hospital
- Mary Bridge Children's Hospital
- Medical University of South Carolina
- Shawn Jenkins Children's Hospital
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Nicklaus Children's Hospital
- Penn State Children's Hospital
- Phoenix Children's
- Seattle Children's
- St. Louis Children's Hospital
- Stanford Children's Health
- UCSF Benioff Children's Hospitals
- Valley Children's Healthcare
- Wolfson Children's Hospital
- Yale New Haven Children's Hospital

## **Our Path Forward**

Each cohort's two-year implementation period marks the beginning of work to define the way forward. As trust grows among colleagues, patients, families, and communities, these pioneering hospitals will continue to collectively identify and tackle barriers to improvement. Their continued work will rely on a coordinating body and staff to support ongoing communication, collaboration, and data collection.

The future of the Preventing Youth Suicide Collaborative depends on strong hospital leadership, continued investment, and adequate resource support. These 30 pediatric hospitals have set a laudable example for the entire community of children's hospitals, but there's more to be done. We know children's hospitals can be transformational in the identification, treatment, and prevention of suicide in their hospitals and communities. Working together, we can change the trajectory of children and adolescents at risk of suicide.

### **CORE METRICS\***

**256,086**  
Total screenings

**38,135**  
Positive screenings

**27,598**  
Children assessed

\*Data from 16 sites to date.

