SALUTE™
Serve Our Veterans. Improve Their Health.

Program Implementation Guide

Introduction and Purpose of This Guide

Thank you for your commitment to improving the care of veterans by implementing the SALUTE Program. Promoting equitable healthcare for veterans aligns with ECRI's mission to advance effective, evidence-based healthcare globally. We are honored to support you and your organization's efforts in this important initiative. By strengthening the provider-patient partnership, clearly defining roles, and integrating tools to enhance communication and awareness of service-related health risks, providers and patients can achieve a proactive approach to shared decision-making and diagnostic safety.

The SALUTE Program is guided by the following principles:

— Connecting with veterans to learn about their military service, experiences, perspectives, and service-related health risks

— Establishing trust within the veteran-provider relationship and building a mutual understanding of the need for an accurate diagnostic testing process

— Engaging veterans as partners in care to foster active participation in the management of their own health and treatment plans

The purpose of this guide is to facilitate healthcare teams' successful implementation of the SALUTE Program's components using ECRI's Total Systems Safety approach to improvement. Total Systems Safety is a programmatic approach that aligns components of clinical and safety operations to improve patient care.

The tools, drivers, and change ideas included in this guide are informed by published literature, evidence-based resources, and the lived experiences of veterans, including the outstanding veterans that are part of the ECRI team and those in the community that have provided insight and feedback on the SALUTE Program. The diagnostic safety tools used in this project are derived from an Agency for Healthcare Research and Quality (AHRQ)-supported project, the Toolkit for Engaging Patients to Improve Diagnostic Safety. ECRI values AHRQ's contributions to the original toolkit.

Through constancy of purpose, ECRI commits to supporting all healthcare providers in their efforts to eliminate preventable harm for those who have bravely served and sacrificed for their country.

ECRI's SALUTE Program

Screen veterans for service-related conditions

Ask veterans about their health goals

Learn how to manage service-related health risks

Understand how to listen and improve the veteran-provider encounter

Talk about how a safe diagnostic process can support early diagnosis and treatment

Engage veterans in using available veteran resources and referral sources

Contents

Implementation Steps

Step 1: Form a Change Team

The first step to implementing the SALUTE Program is to form a change team. It is important to convene an interprofessional team that brings diverse thoughts, opinions, and skill sets to the table. A strong change team can help carry SALUTE's vision throughout the organization and garner support from stakeholders, frontline staff, veterans, and their families. The following are suggested team members and their roles in implementing the SALUTE Program. Team make-up may vary depending on the size and type of organization.

— **Executive sponsor**
  - Champion SALUTE at the executive and board levels of the organization and ensure that SALUTE team members have dedicated time and resources to successfully implement the program.

— **Team lead**
  - Lead the coordination of all SALUTE implementation activities, including team meetings, completion of the Veteran Engagement Systems Assessment (see below), review of webinars and driver diagrams, and improvement planning.

— **Physician champion**
  - Lead engagement of physician team members with program implementation.

— **Nursing champion**
  - Lead engagement of nursing and other clinical team members with program implementation.

— **Patient engagement champion**
  - Provide insightful review of veteran engagement materials, represent veteran health issues at the Patient and Family Advisory Council or other venues in which patients and families are engaged in providing feedback.

— **Veteran champion**
  - Share the perspective of lived experience and provide feedback on program design.

— **Safety or quality improvement champion**
  - Lead collection and analysis of staff feedback, culture of safety survey results, and diagnostic safety data.

— **Community liaison**
  - Support partnerships between the healthcare organization and veteran support community organizations and agencies.

— **Program management**
  - Support programmatic aspects of SALUTE implementation and ongoing program maintenance.

— **IT representative**
  - Support changes related to the electronic health record (EHR) or other technology.

Step 2: Complete the Veteran Engagement Systems Assessment

The next step is to complete the Veteran Engagement Systems Assessment. Using ECRI's Total Systems Safety approach, teams should assess all aspects of the healthcare socio-technical system to identify system strengths and weaknesses and to decide prioritization of improvement efforts. The areas of the assessment include components of the health system as shown in the image to the right..

The change team should review the assessment as a group, discuss each area, and agree on one response. The assessment findings will serve as a baseline with which future assessments can be compared.

Please see Appendix A for the Veteran Engagement Systems Assessment. Once complete, the team lead should submit their results to ECRI using this survey link.

STEP 3: Build an Improvement Plan with Driver Diagrams

When building an improvement plan, teams will find that driver diagrams are a useful tool to organize planning. Driver diagrams are a visual tool that show the relationship between a project **aim statement** (goal), the **primary drivers** (major system factors that directly achieve the aim), **secondary drivers** (factors within the system that help support the primary driver), and **change ideas** (specific interventions to be tested as part of the improvement process).

Example of a Driver Diagram Template

Project aim statement		
Primary driver	Secondary driver	Change idea

This implementation guide is organized into six driver diagrams (see Appendix B) designed to help teams implement each component of the SALUTE Program. Each driver diagram includes a suggested aim statement, primary drivers, secondary drivers, and multiple change ideas. Also included are several resources and tools that teams may utilize in their implementation efforts.

Teams are encouraged to use the SALUTE driver diagram template to assist in implementation planning.

STEP 4: Review and Integrate the SALUTE Tools into Practice

Based on AHRQ's Toolkit for Engaging Patients to Improve Diagnostic Safety, these easy-to-use tools create an opportunity for veterans and healthcare providers to have important conversations about the veteran's military service and potential service-related health risks.

By adopting ECRI's SALUTE Program, healthcare organizations can redesign the provider-veteran interaction and integrate evidence-based tools to:

— Empower military veterans to become stronger advocates for their own health needs by using the *Be the Expert on You: For Those Who Have Served in the Military* checklist, and

— Support healthcare providers in making more accurate assessments, diagnoses, and treatment plans for individuals who are at higher risk of service-related injuries with the *60 Seconds of Listening to Improve Diagnostic Safety for Military Veterans* training slides.

These tools can be found on the SALUTE Program web page.

STEP 5: View the ECRI SALUTE Webinars

Teams should review the SALUTE webinar series to learn from experts in veteran health as they discuss different strategies that can be used to address complex military service-related health risks. Teams should consider how they can integrate the key takeaways from each webinar into their improvement planning. Webinar topics include military cultural competency, mental health, toxic exposures, and examples of high-performing veteran health programs. The webinars can be found on the SALUTE Program web page.

STEP 6: Determine Measures of Effectiveness

As the saying goes, you can't improve what you don't measure. Teams should determine measures of effectiveness to understand the impact of their efforts. While teams will want to measure success, they should also be aware of possible unintended consequences, including extended appointment times and increases in inappropriate diagnostic testing. A well-rounded measurement plan will help teams monitor both desirable and undesirable outcomes.

Possible areas to consider measuring for effectiveness:

— Provider-veteran relationships

— Healthcare providers' military cultural competence

— Reduction in diagnostic errors

— Reduction in healthcare disparities for the veteran population

— Changes in the culture of safety among the office staff

STEP 7: Collaborate with Others as Part of the SALUTE Honor Roll

SALUTE Honor Roll organizations are invited to participate in engagement activities to network and learn from the ECRI safety team and other SALUTE Honor Roll organizations. Join live learning events featuring best practice organizations, voice of the veteran, and subject matter experts.

The ECRI SALUTE Program team is here to guide you. We are excited to be your partner in this important initiative! Please contact us at SALUTE@ECRI.org.

Appendix A: Veteran Engagement Systems Assessment

Item	Yes	No	Notes
Organization			
Does our board include any veterans?			
Do we have an employee resource group that supports staff members that are veterans or allies to veterans?			
Does our organization have any existing relationships with veteran service organizations, the US Department of Veterans Affairs (VA), or other national veteran agencies?			
Does our organization have any existing relationships with medical or nursing schools that include military cultural competence in their curriculum?			
Does our organization provide extra support or alternative accommodations for veterans who typically would have service/support animals accompany them in public?			
Does our organization allow appointment schedules to be adjusted so the provider has extra time to listen to the veteran's health needs?			
Do any veterans sit on our Patient and Family Advisory Council?			
Physical Environment			
Are the exam rooms quiet, private, and conducive to a conversation?			
Does the furniture in the exam room allow providers and veterans to have an eye-level, face-to-face conversation?			
Tasks and Processes			
Do we ask for and document patient's veteran or service status?			
Do we have a process to screen veterans for any service-related health conditions?			
Do we have a process to ask veterans about their health goals?			
Do we provide education for healthcare providers on veteran or military service-related health needs?			
Do we provide education for healthcare providers on unconscious bias and the impact of treating veterans?			
Do we provide patient education targeted to veterans in the community?			
Do we have a process to measure and act on diagnostic safety failures?			
Do we have diagnostic testing protocols in place for certain conditions?			
Tools and Technology			
Does our EHR have a place to document veteran status?			
If so, is veteran status easily visible (e.g., flagged) for healthcare providers, clinical staff, and care coordinators?			
Do we utilize technology to communicate with veterans before and after appointments (e.g., patient portal, text messages)?			
Does our EHR allow for the addition of veteran health clinical decision support materials?			
Does our EHR allow for additional documentation of veteran health goals and care planning?			
Do we have a repository that any team member involved in a veteran's care or care coordination can access to provide veteran health resources, benefits information, or referral sources?			
People			
Do we have any physicians, nurses, or other care team members that are veterans and could serve as a SALUTE clinical champion?			
Do we have patient advocates that have served in the military or have an interest in supporting veteran health?			

Appendix B: SALUTE Driver Diagrams

Driver Diagram 1. SALUTE: Screen veterans for service-related conditions.

Why is this important? Identifying veterans in the patient population is the first step to building a stronger veteran-provider culture of partnership that will lead to implementation of proactive service-related screening.

Aim statement: We will have a system in place that identifies our veteran population and includes the integration of tools that facilitate a screening process for service-related conditions.

Primary driver	Secondary driver	Change ideas
Redesign tools and technology to create awareness of veteran status and opportunities for both veterans and providers to review, discuss, and document the checklist questions and responses.	Identify veterans during the scheduling or intake process.	Include a query in the scheduling or intake system to ask if the patient is a veteran. Create visual tools to prompt patients to share their veteran status.
	Secondary driver Share veteran status of patients with the healthcare staff.	**Change ideas** Create an alert in the EHR to notify healthcare providers of veteran status. Build a report that can be run to identify all veterans in the EHR/scheduling system.
	Secondary driver Provide veterans with the *Be the Expert on You* checklist prior to their appointment.	**Change ideas** Provide the checklist through the patient portal. Provide the checklist during the intake process. Utilize vendor technology solutions to provide the checklist as part of an automatic appointment reminder. Provide the checklist to veterans as they are discharged from the hospital and are preparing for their follow-up appointments. Partner with insurance payers to disseminate the checklist through their communication networks.
	Secondary driver Ask the *Be the Expert on You* checklist questions during the appointment.	**Change ideas** Train healthcare teams on the *Be the Expert on You* checklist and how to use it. For outpatient care, build a section in the EHR to prompt the provider to ask the questions and document the responses during the appointment. For emergency departments, build the checklist questions into the triage process. For home health services, the visiting nurse should ask the checklist questions during the initial visit. For aging services care settings, build the checklist questions into the admission process.

Resources:

ONC Patient Engagement Playbook
https://www.healthit.gov/playbook/pe/

Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families
https://www.ahrq.gov/patient-safety/reports/engage.html

VA Veteran Interoperability Pledge
https://www.va.gov/health/veteran-interoperability-pledge.asp

Driver Diagram 2. SALUTE: Ask veterans about their health goals.

Why is this important? Veterans deserve personalized, proactive, and patient-driven healthcare to address their unique health needs. Creating person-centered care means asking veterans "What matters to you?" to learn about their healthcare wishes and ensure goal-consistent care.

Aim statement: Our healthcare providers will partner with veterans to clearly identify their health goals, then create plans to ensure their care is consistent with those goals.

Primary driver	Secondary driver	Change ideas
Redesign the environment to support a partnership between healthcare providers and veterans that focuses on mutual goal setting and health planning.	Train providers how to use the results of the *Be the Expert on You Tool* screening and assessment to have goal-oriented discussions about unique veteran health needs.	Implement the SALUTE onboarding training as part of orientation and annual competency training for all healthcare providers. Ensure healthcare providers have access to goal setting and discussion scripting tools. Use simulation to practice conversations about goal setting; include veterans and veteran allies from the community as participants in simulation activities.
	Secondary driver Begin the goal discussion during the appointment.	**Change ideas** Reserve time during the initial appointment to reflect on what was discussed and begin creating the discussion about setting health goals. Provide examples that illustrate how goals can be related to improving aspects of physical or mental health. Outline a mutually agreed upon time frame to implement and measure progress toward goals. Include a discussion about progress toward goals in all subsequent appointments. Work with your patient advisors or wellness team and/or community education and outreach teams to create an educational offering that veterans can attend to learn more about personalizing their health goals and plans.
	Secondary driver Ensure providers document health goals in the EHR.	**Change ideas** Build a section in the EHR to document the discussion and update the veteran's health goals.
	Secondary driver Encourage veterans to maintain their own goal documentation.	**Change ideas** Provide the veteran with a form or an app that allows them to document their current and future health goals.

Resources:

VA Whole Health
https://www.va.gov/wholehealth/

Provider Education Tool: Well-Being Signs: A Whole Health Measurement for Well-Being
https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/well-being_signs_fact_sheet.pdf

Personal Health Inventory
https://www.va.gov/WHOLEHEALTH/docs/PHI_Jan2022_Final_508.pdf

Personal Health Plan Wallet Card
https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf

VA Live Whole Health Mobile App
https://www.va.gov/WHOLEHEALTH/Live_Whole_Health_Mobile_App.asp

Patient Engagement Tool: Zeroing In: Surroundings – Physical and Emotional
https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Surroundings-Skill-Building-Course-Veterans-Handout-508C.pdf

VA Whole Health for Skill Building Courses
https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp

Driver Diagram 3. SALUTE: Learn how to manage military service-related health risks.

Why is this important? Healthcare providers managing veterans' care should have the knowledge, attitude, and skills necessary to recognize, treat, and/or refer care associated with military service-related health risks.

Aim statement: Our healthcare providers will be military culturally competent and understand how to manage the unique service-related health risks of veterans.		
Primary driver	**Secondary driver**	**Change ideas**
Provide healthcare teams the opportunity to build their military cultural competency, including knowledge of the unique service-related health risks that veterans experience.	Educate providers on service-related health risks.	Conduct a baseline assessment of military cultural competency among the healthcare provider team.
		Provide education on important veteran topics, including military customs, ethos, toxic exposure risks, and mental health risks. Formats can include on-demand sessions, grand rounds, or hands-on simulation training.
		Ensure providers have direct access to online resources (e.g., the VA Exposure Ed App).
		Build a learning network for providers to learn from and share lessons with peers, including peers that are veterans and/or veteran allies.
		Partner with medical and nursing schools to develop military competency training curriculums.
	Secondary driver	**Change idea**
	Create opportunities to seek feedback from veterans on unique health risks and solutions for managing them.	Ensure a veteran is included on the Patient and Family Advisory Council and, if possible, develop a subgroup devoted to veteran-related issues.
		Create a veterans employee resource group for your organization and include employees that are both veterans and veteran allies.
		Aggregate and analyze veteran responses to the *Be the Expert on You Tool* screening questions to identify common themes in risk categories.

Resources:

ECRI SALUTE Provider Training Webinars
https://home.ecri.org/pages/ecri-salute-program-educational-webinars

VA TRAIN Program: Military Culture: Core Competencies for Health Care Professionals Self-Assessment and Introduction to Military Ethos
https://www.train.org/vha/course/1056248/details

VA TRAIN Program: Whole Health TRAIN Courses
https://www.va.gov/WHOLEHEALTHLIBRARY/courses/Whole_Health_TMS_Train_Courses.asp

VA TRAIN Program: Military Culture in Primary Care
https://www.train.org/vha/course/1068888/details

VA TRAIN Program: Caring for Our Veterans Who Experienced Military Sexual Trauma
https://www.train.org/vha/course/1091099/details

Culturally Competent Behaviors Checklist
https://deploymentpsych.org/system/files/member_resource/MCT_M04_Culturally_Competent_Behaviors_final-8oct13.pdf

Cultural Vital Signs
https://deploymentpsych.org/system/files/member_resource/MCT_M04_cultural_vital_signs_final-8oct13.pdf

VA Exposure Ed App for Providers
https://mobile.va.gov/app/exposure-ed

VA Military Exposures Resources for Providers
https://www.publichealth.va.gov/exposures/

Military Toxic Exposure Guide
https://burnpits360.org/pages/military-toxic-exposure-guide

VA Support for Health Care Providers - Mental Health
https://www.mentalhealth.va.gov/healthcare-providers/index.asp

American Medical Association: Veterans' Health Resources for Medical Professionals
https://www.ama-assn.org/delivering-care/population-care/veterans-health-resources-medical-professionals

National Healthcare Quality and Disparities Report: Chartbook on Healthcare for Veterans
https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/veterans/index.html

ATLAS Institute for Veterans and Families: A Guide to Moral Injury for Veterans and Families
https://atlasveterans.ca/documents/moral-injury/moral-injury-families-en.pdf

ATLAS Institute for Veterans and Families Resources for Healthcare Providers Caring for Veterans Impacted by Military Sexual Trauma
https://atlasveterans.ca/knowledge-hub/military-sexual-trauma-mst/military-sexual-trauma-resources/

Driver Diagram 4. SALUTE: Understand how to listen and improve the veteran-provider encounter.

Why is this important? Diagnostic errors can occur when there is miscommunication during the patient-provider encounter. Inviting veterans to share their health story while the provider listens without interrupting can provide information needed to identify service-related health risks and reduce diagnostic errors.

Aim statement: Our healthcare providers will begin veteran-provider encounters with a 60-second pause to actively listen to the veteran describe their reason for the visit and share any important information about their military service.

Primary driver	Secondary driver	Change ideas
Redesign the environment so that providers can effectively listen to the veteran's needs during the encounter.	Implement the *60 Seconds of Listening* method during all veteran-provider encounters.	Train providers how to perform the *60 Seconds of Listening* method during the patient encounter. Assess the physical environment where the veteran-provider encounter will occur to ensure the space is comfortable, quiet, private, and conducive to a conversation. Provide a simulated opportunity for providers to practice the listening method and respond in a military culturally competent way, with coaching and feedback for improvement.
	Secondary driver Seek feedback from veterans on the impact of the SALUTE Program and share results with providers and the healthcare team.	**Change idea** Develop a patient questionnaire to be shared with veterans following the appointment that asks for their perspective on the encounter. Aggregate and analyze veteran feedback and share with providers to improve their performance and strengthen the SALUTE Program.

Resources:

ECRI SALUTE Program Veteran Feedback Form

SALUTE Program Implementation Slides, including 60 Seconds of Listening to Improve Diagnostic Safety

These tools may be downloaded from the SALUTE Program Honor Roll website.

Driver Diagram 5. SALUTE: Talk about how a safe diagnostic process can support early diagnosis and treatment.

Why is this important? Engaging veterans in discussions about diagnostic testing is an important component of person-centered care because it helps educate them about the diagnostic testing process and empower them with tools to speak up and ask questions when they have concerns.

Aim statement: Our healthcare providers will be able to accurately describe the need for any diagnostic testing, the steps to complete the testing, the veteran's role in the testing process, and how results will be communicated to the veteran and any relevant healthcare providers.		
Primary driver	**Secondary driver**	**Change ideas**
Redesign the tasks and processes that are involved in the diagnostic testing process to ensure the provider and patient have a shared mental model of the testing and results process.	Understand where current failures exist in the diagnostic process and implement performance improvement activities.	Use systematic, ongoing data collection to help identify unmet needs related to diagnostic testing and gauge the progress of veteran health improvement efforts. Implement EHR test-tracking functionalities, including but not limited to: — Review of incomplete orders — Missing acknowledgments on critical results — Results not reviewed — Results not transmitted to patient or provider — Portal results not reviewed by patient Use the diagnostic safety supplement item set of the culture of safety survey to assess how your organization's culture supports the diagnostic process, accurate diagnoses, and communication of diagnoses.
	Secondary driver Improve diagnostic processes for test ordering and results.	**Change ideas** Review and revise existing organizational diagnostic results management by conducting a gap analysis and workflow analysis. Update and share policies and contingency plans. Implement automatic triage to route results to the appropriate member of the team. Adopt and enforce the use of standards for reporting diagnostic results and findings. Give providers the option to customize their communication channel preference. Explore the integration of interfaces with third-party systems, including the VA Health System. Implement audits of EHR data using redefined triggers to identify failure to close the loop.
	Secondary driver Make diagnostic testing results available to veterans with a clear explanation of what the results mean and next steps in the care plan.	**Change ideas** During the appointment, the provider will discuss the indications for testing and the expected time frame for results. Before the end of the appointment, verify that veterans have access to the patient portal to view testing results. Create a forcing function in the EHR for providers to promptly follow up with the veteran about any abnormal or critical test results and additional testing or referrals that may be required. This follow-up should be documented in the EHR.
	Secondary driver Create organizational standards for diagnostic stewardship and appropriate use of testing for veterans.	**Change ideas** Establish appropriate diagnostic testing protocols. Create metrics to measure compliance with appropriate testing protocols. Provide education and feedback to providers regarding the utilization and appropriateness of diagnostic testing.

Resources:

Implementation Approaches for Closing the Loop: Implementing health IT safe practices to reduce diagnostic errors
https://www.ecri.org/hit/implementation-approaches-closing-the-loop

Measure Dx: A Resource to Identify, Analyze, and Learn from Diagnostic Safety Events
https://www.ahrq.gov/patient-safety/settings/multiple/measure-dx.html

Calibrate Dx: A Resource to Improve Diagnostic Decisions
https://www.ahrq.gov/patient-safety/settings/multiple/calibrate-dx.html

Diagnostic Safety Supplemental Item Set for Medical Office SOPS
https://www.ahrq.gov/sops/surveys/medical-office/supplemental-items/diagnostic-safety.html

Patient and Family Advisory Council (PFAC) Toolkit for Exploring Diagnostic Quality
https://www.improvediagnosis.org/pfac-toolkit-for-exploring-diagnostic-quality/

Clinical Reasoning Toolkit
https://www.improvediagnosis.org/clinicalreasoning/

Driver Diagram 6. SALUTE: Engage veterans in using available veteran resources and referral sources.

Why is this important? There are numerous resources available to veterans, and healthcare providers can provide comprehensive care by pointing veterans to those resources.

Aim statement: Any team member involved in a veteran's care or coordination of care will have access to information about federal, regional, or local resources and referral support that should be provided to the veteran.

Primary driver	Secondary driver	Change ideas
Prioritize access to veteran resources and referral support for healthcare providers and care coordinators.	Ensure healthcare providers and care managers have access to veteran resources and referral tools.	Create a repository of veteran resources that providers can access as a paper copy and via the organizational intranet. Add links to veteran resources in the EHR as part of clinical decision support tools. Designate a day to host an information fair where healthcare providers and team members can interact with representatives from agencies and veteran service organizations.
	Secondary driver Partner with agencies and veteran service organizations to address unmet needs and reduce barriers to accessing healthcare and other services.	**Change ideas** Designate a veteran outreach coordinator who is responsible for developing new partnerships and identifying referral pathways. Join a local Veteran Community Partnership Program to build relationships, exchange information, and learn from partners about resources available to veterans and collaborate to reduce barriers that impede veterans' access to care or services. Consider signing the VA Veteran Interoperability Pledge that connects the VA and community providers to securely exchange information to assist in the care of veterans receiving treatment inside and outside VA.

Resources:

For specific questions, contact the Enrollment Coordinator at the local VA health care facility or call (877) 222-VETS (8387), M-F 8 am–8 pm EST

VA Health Care
https://www.va.gov/health-care/

VA Mental Health and Behavioral Therapy Apps
https://mobile.va.gov/mental-health-and-behavioral-therapy-apps

VA Military Sexual Trauma Resources
https://www.mentalhealth.va.gov/msthome/treatment.asp

VA Health Programs for Veterans
https://www.va.gov/health/programs/index.asp

The National Center for Healthcare Advancement and Partnerships Serves Veterans Through Partnership
https://www.va.gov/healthpartnerships/

VA Veteran Interoperability Pledge
https://www.va.gov/health/veteran-interoperability-pledge.asp

Appendix C: Examples of Clinical Care Guidelines and Pathways

(Note: these resources are intended for use only as a tool to assist a clinician/healthcare professional and should not be used to replace clinical judgment.)

Mental Health

Suicide Screening and Prevention

In 2023, the Maine Medical Association, Center for Quality Improvement (MMA-CQI) was awarded a grant by the Maine Bureau of Veterans' Services to collaborate on the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. Their work supports health care providers across the state of Maine by providing education and support around the implementation of a veteran screening process to identify veterans at risk for depression and suicidal ideation. This toolkit provides users with a step-by-step process for identifying veterans, screening for depression and suicide ideation, and connecting with Health Affiliates Maine for veteran social drivers of health and behavioral health needs and/or with Maine Crisis Services for crisis intervention support.

Source: Maine Medical Association, Center for Quality Improvement (2024)
https://qclearninglab.org/wp-content/uploads/2024/03/SSG-Fox-Veteran-Suicide-Prevention-Toolkit-MMA-CQI-March-2024.pdf

The guideline describes the critical decision points in the management of suicidal risk behavior (SRB) for suicidal self-directed violent behavior and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the U.S. Department of Defense (DoD) and Veterans Affairs (VA) Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with SRB.

Source: VA/DoD Clinical Practice Guidelines (2024)
https://www.healthquality.va.gov/guidelines/MH/srb/index.asp

Substance Use Disorder

The guideline describes the critical decision points in the management of substance use disorder and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with substance use disorder.

Source: VA/DoD Clinical Practice Guidelines (2021)
https://www.healthquality.va.gov/guidelines/MH/sud/index.asp

Major Depressive Disorder

The guideline describes the critical decision points in the management of major depressive disorder (MDD) and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with MDD.

Source: VA/DoD Clinical Practice Guidelines (2022)
https://www.healthquality.va.gov/guidelines/MH/mdd/index.asp

Post-Traumatic Stress Disorder (PTSD)

The guideline describes the critical decision points in the management of posttraumatic stress disorder and acute stress disorder and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with one of these diagnoses.

Source: VA/DoD Clinical Practice Guidelines (2023)
https://www.healthquality.va.gov/guidelines/MH/ptsd/index.asp

The following PTSD resources are featured on the VA's National Center for PTSD website.

— Adult Interviews
For each measure, a brief description, sample items, versions, references, and information on how to obtain the measure are provided.

— Adult Self-Report
Information on adult self-report measures for PTSD. For each measure, a brief description, sample items, versions, references, and information on how to obtain the measure are provided.

— Assessment Overview
Information about assessment of trauma exposure and PTSD as well as about the most common measures used.

— Child Measures
Child and adolescent trauma and PTSD measures are listed here. For each measure, a brief description, sample items, versions, and references are provided.

— Deployment Measures
The Deployment Risk and Resiliency Inventory-2 (DRRI-2) is a suite of scales assessing 17 key deployment-related risk and resilience factors with demonstrated implications for veterans' long-term health.

— Functioning and Other Outcomes
Information on measures of functioning and other outcomes related to trauma and PTSD are listed here. For each measure, a brief description, sample items, versions, references and information on how to obtain the measure are provided.

— PTSD Screens

Questionnaires that identify people more likely to have PTSD. For each measure, a brief description, sample items, versions, references, and information on how to obtain the measure are provided.

— Trauma and Stressor Exposure Measures

These tools measure the type and severity of a traumatic experience. For each measure, a brief description, sample items, versions, references, and information on obtaining the measure are provided.

— List of All Measures

A full list of all trauma and PTSD measures authored by the National Center for PTSD and other organizations.

Trauma, PTSD and Treatment

— PTSD Essentials

Posttraumatic Stress Disorder (PTSD) can occur after someone goes through a traumatic event like combat, assault, or disaster. Articles provide the foundation for an understanding of the disorder.

— Treatment Essentials

Articles discuss trauma-focused psychotherapy treatment for PTSD, as well as medication and emerging and alternative treatments.

— Types of Trauma

People experience stress responses following many types of traumatic events. This section provides information on various trauma types, including war, disaster, terrorism, motor vehicle accidents, and violence, such as sexual abuse.

— Specific Populations

Articles on understanding the experiences and needs of specific populations to help improve care.

— Co-occurring Conditions

More often than not, PTSD co-occurs with other issues such as depression, substance abuse, anger and grief. This section provides information to help with treating these more complex presentations of PTSD.

— Trauma Informed Care

Providers, other than mental health professionals, interact with people who have a history of trauma and PTSD. The resources, which include toolkits, focus on trauma and PTSD in fields including criminal justice, education, and the clergy.

About ECRI

ECRI is an independent, nonprofit organization improving the safety, quality, and cost-effectiveness of care across all healthcare settings. With a focus on healthcare technology and safety, ECRI is the trusted expert for healthcare leaders and agencies worldwide. The Institute for Safe Medication Practices (ISMP) is an ECRI affiliate. Visit ecri.org.

ECRI