HOSPITAL DATA ABSTRACTION FORM

SUPPORTING STATEMENT

A. STATISTICAL METHODS

B1. RESPONDENT UNIVERSE AND SAMPLING METHODS

There are 159 crisis centers in the National Suicide Prevention Lifeline Network. The proposed data collection will be contained at 30 hospitals collaborating with two cohorts (cohorts IV and V) of Lifeline crisis centers.

B2. INFORMATION COLLECTION PROCEDURES

Trained hospital staff will review patient data to identify appropriate patient data for abstraction. Data from 1,000 patient records at each hospital will be abstracted for a total of 30,000 records across the three-year data collection period. Data will be abstracted once for the pre-collaboration period and once for the collaboration period. The first data extraction from the hospitals will cover the two-year pre-collaboration period. Each hospital will provide approximately 250 records for each year of the pre-collaboration period. The second data extraction from the hospitals will cover the collaboration period. Each hospital will provide approximately 250 records for each year of the collaboration period. Data will be abstracted from relevant electronic medical records by 30 hospital staff through the Hospital Data Abstraction Form. Demographic and historical data (e.g., patient ID, date of admission, gender, age, diagnosis code, prior suicide attempts) will be abstracted along with prior and subsequent emergency department admission data (e.g., date of admission, diagnosis code, discharge status).

SAMHSA is requesting a waiver of consent and a waiver of HIPAA authorization to collect and analyze de-identified data extracted from hospital and crisis center records. SAMHSA is seeking the approval of the waiver of consent, based on Federal Regulations (Title 45; Part 46, Article 46.116(d): (1) this research involves no more than minimal risk (i.e., no information is obtained that would not have otherwise been obtained during the routine course of the clinical crisis intervention); (2) the waiver will not adversely affect the rights and welfare of the subjects (i.e., all data will be de-identified, and as such not be connectable to any individual); and (3) the research could not practicably be carried out without the waiver (i.e., there is no other way to get this information).

Table 3 summarizes the information collection procedures across all components of the evaluation.

TABLE 3

Procedures for the Collection of Information

Measure	Indicators	Data Source(s)	Method	When Collected
Hospital Data Abstraction Form	▪ Patient ID ▪ Demographic information ▪ Historical data ▪ Discharge status ▪ Prior suicide attempts ▪ Prior emergency department admissions for suicidal behavior ▪ Subsequent emergency department admissions for suicidal behavior ▪ Patient acceptance of crisis center referral	Hospital data	Review of existing data	Once for two year pre collaboration period and once for two year collaboration period

B3. Methods to Maximize Response Rates

The directors of crisis centers and collaborating hospitals have agreed to participate and will secure hospital institutional review board (IRB) approval before evaluation activities commence. There are no direct respondents associated with this data collection effort.

B4. Tests of Procedures

The Hospital Data Abstraction Form was developed by Columbia University consultants. All abstraction form measures have been reviewed by experts in the field of mental health and piloted to determine burden levels.

B5. Statistical Consultants

The evaluator has full responsibility for the development of the overall statistical design and assumes oversight responsibility for data collection and analysis for the evaluation. Training and monitoring of data collection will be provided by the evaluator. The following individuals are primarily responsible for overseeing data collection and analysis:

Madelyn S. Gould, Ph.D., M.P.H.

Professor,

Psychiatry and Public Health (Epidemiology)
Columbia University/NYSPI
1051 Riverside Drive, Unit 72
New York, NY 10032
212-543-5329

Alison Lake, M.A.
Psychiatry and Public Health (Epidemiology)
Columbia University/NYSPI
1051 Riverside Drive, Unit 72
New York, NY 10032
212-543-6714

The SAMHSA project officer responsible for receiving and approving deliverables is:

James Wright, MS, LCPC
Suicide Prevention Branch
Center for Mental Health Services
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857
240-276-1854
James.wright@samhsa.hhs.gov

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List of Attachments

Attachment A	Hospital Data Abstraction Form