Measure your Impact: SafeSide Prevention's Approach to Evaluation

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Overview

Measurement to understand outcomes and impact is a core value at SafeSide Prevention. In this document, we review:

- SafeSide's standard evaluation, which measures outcomes and impact of participating in a SafeSide Program;
- SafeSide's Impact Model, including linkages to suicide prevention in systems and reliance on the EPIS (Explore, Prepare, Implement, Sustain) Model for Implementation (Aarons et al., 2011); and
- What an enhanced evaluation entails and how enhanced evaluation increases certainty and develops a deeper understanding of practice, culture change, and client experience.

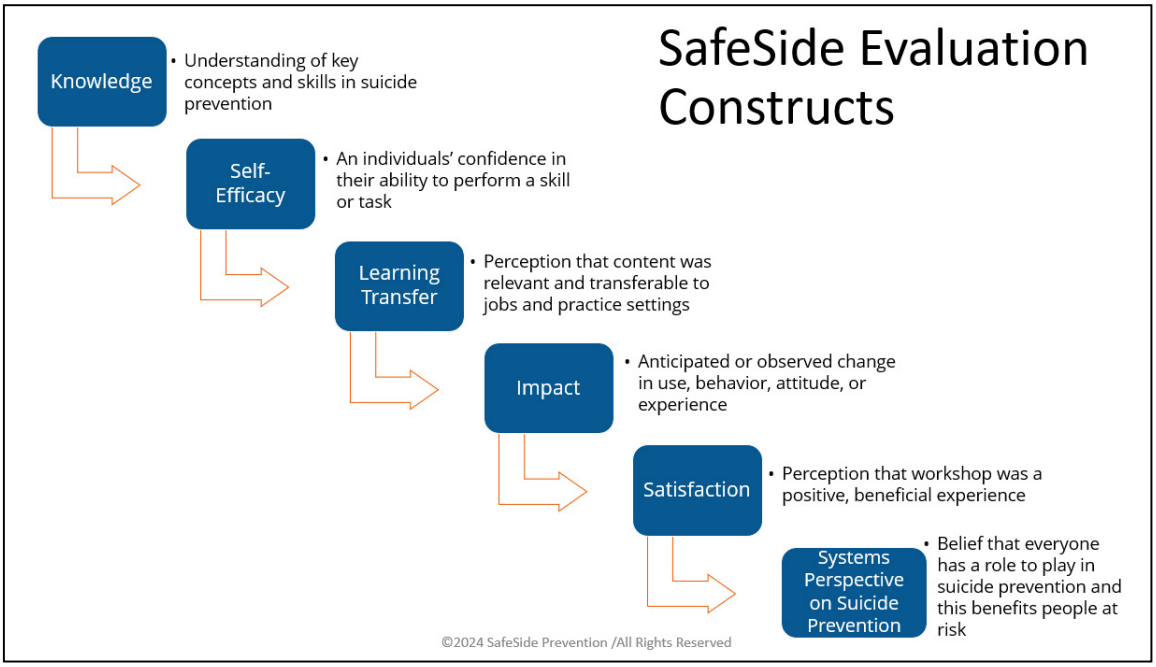
The Appendix includes our standard evaluation items and an example data summary that is available in real-time to all organizations in their SafeSide Accounts.

Standard Evaluation

SafeSide collects evaluation data from participants at three points:

- Before the workshop (pre-evaluation) 3
- After the workshop (post-evaluation)
- Triannual (brief follow-up survey sent three times per year)

These data collection points ensure all partners have visibility into the initial and ongoing outcomes and impact from participating in a SafeSide Program. We measure six constructs that can increase the certainty that participants will apply suicide prevention skills and concepts in their day-to-day work.



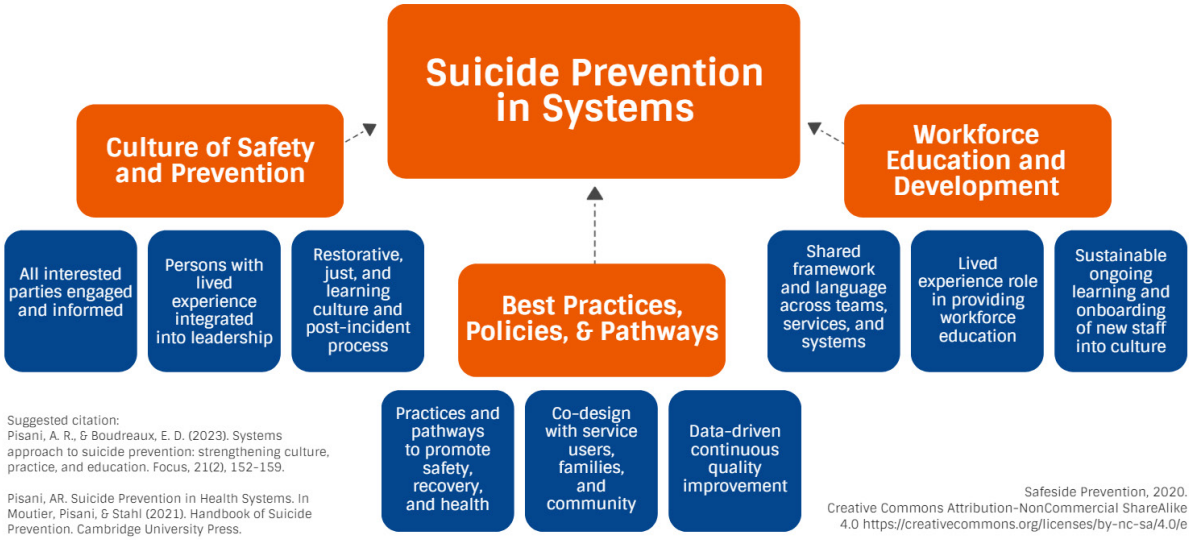
Standard Evaluation Construct Measurement

Pre-Workshop	Post-Workshop	Tri-Annual
Existing Knowledge	Knowledge Check	
Self-Efficacy	Self-Efficacy	
Systems Perspective on Suicide Prevention	Systems Perspective on Suicide Prevention	
	Satisfaction	
	Learning Transfer	
	Impact (Intent to use, takeaways)	Impact (Use, improved care, time)

Impact Model

SafeSide's Impact Model is structured around three key areas for suicide prevention in systems:

- Culture of safety and prevention
- Best practices, policies and pathways, and
- Workforce education and development



Activities across each area are organized around the implementation phases from the EPIS Model (Aarons et al., 2011): Explore, Prepare, Implement, Sustain (Scale/Improve).

- **Explore** involves exploring and vetting strategies, education and approaches that can help organisations work toward their goals for suicide prevention and enhancing wellbeing.
- **Prepare** encompasses activities including communications that help an organisation prepare to roll out education and support policy and practice changes.
- **Implement** includes steps to enact the education and desired changes.
- **Sustain or Scale/Improve** is where activities are refined and solidified to embed changes in ways of working and drive continued improvement based on ongoing measurement and evaluation.

This leads to short- and long-term outcomes for improving care and longer-term impact towards hopeful, recovery-oriented experiences for people at risk and staff, all towards reducing suicide actions and death and promoting strength, health, and wellbeing. SafeSide's evaluation constructs and items contribute to measuring the outputs, outcomes, and impact of these activities.

SafeSide Framework & InPlace® Learning Impact Model for Suicide Prevention (v2.6)

SafeSide PREVENTION

Vision: Comprehensive, coordinated suicide prevention, in which teams within and across systems consistently connect, assess, respond, and extend care to those at risk and their families.

Goal: Reduce suicide actions and deaths and promote strength, recovery, and well-being.

	Prepare	Implement	Scale/Improve
Workforce Education and Development	Establish project team and create project plan Soft launch InPlace®Learning	Full roll-out of InPlace® Learning Project team tracks progress with real-time evaluation data	Full roll-out of InPlace® Learning Incorporate InPlace® Learning in staff onboarding Encourage engagement in Community of Practice, Office Hours
Best Practices, Policies, and Pathways	Develop workflow to align practice with framework Review policies, documentation; revise as needed Establish any needed data systems for evaluation	Launch policy, practice changes Begin tracking fidelity where able	Use data to drive continued improvement of practices, policies, pathways When needed, update practices/policies to reflect best practices in suicide prevention
Culture of Safety and Prevention	Leadership commits to suicide prevention and project Co-design project with Lived Experience Develop plan to communicate launch with staff, interested parties, and community	Integrate SafeSide in efforts towards a just, restorative culture and trauma-informed approach Communicate project progress to interested parties	SafeSide Framework applied in after-action reviews, administrative decision making Share successes with staff, stakeholders, and community

OUTCOMES

Shared and consistent approach evident in care delivery and team communications

Short-Term

- Increase confidence in responding to suicide concerns
- Increase consistency and quality in asking about suicide concerns
- Use of prevention-oriented risk formulation
- Contingency plans and lethal means safety addressed for any risk
- Framework used in supervision and consultation
- Belief all staff play a role in suicide prevention

Long-Term

- Strong, efficient multidisciplinary collaboration
- Staff continuously learning and contributing to learning of others
- Consistent follow up in re-assessing and updating plans

IMPACT

Hopeful, recovery-oriented experiences for those you serve and your teams

People You Serve

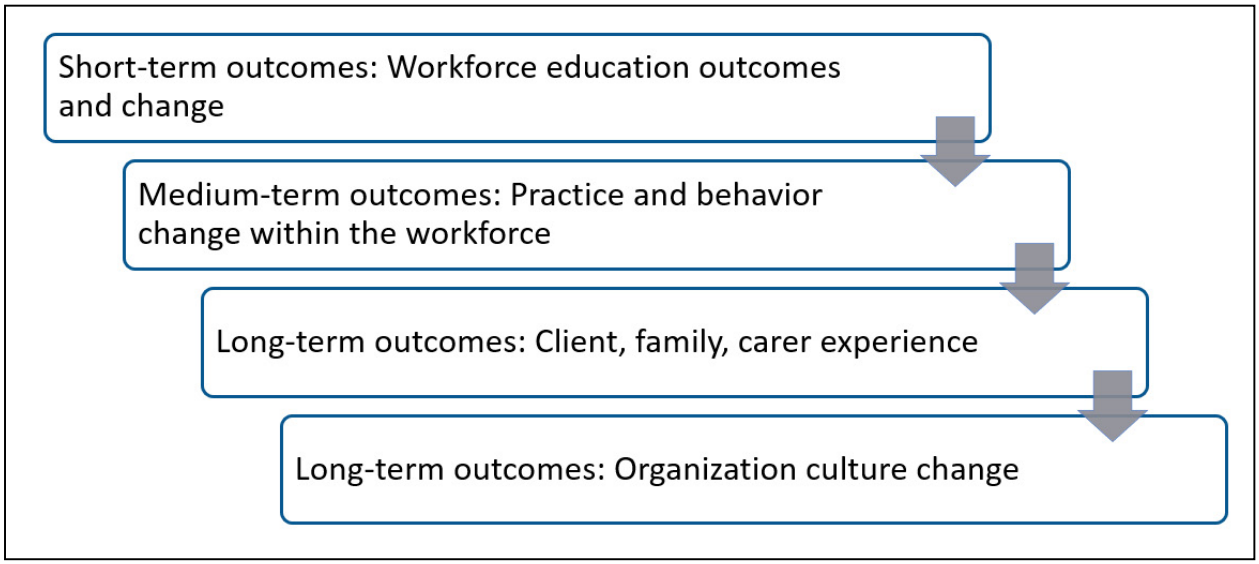
- Experience consistent care related to risk across services and staff
- Increased well-being and resilience
- Care related to suicide risk experienced as hopeful and recovery-oriented
- Increased capacity to navigate crises and recover
- Stronger connections with family, supports, and other care providers

Your Workforce

- Engaged learners connected to a network of like-minded professionals with a common mission
- Adopt a more hopeful, restorative, and recovery-oriented lens
- Improved morale, resilience, and retention

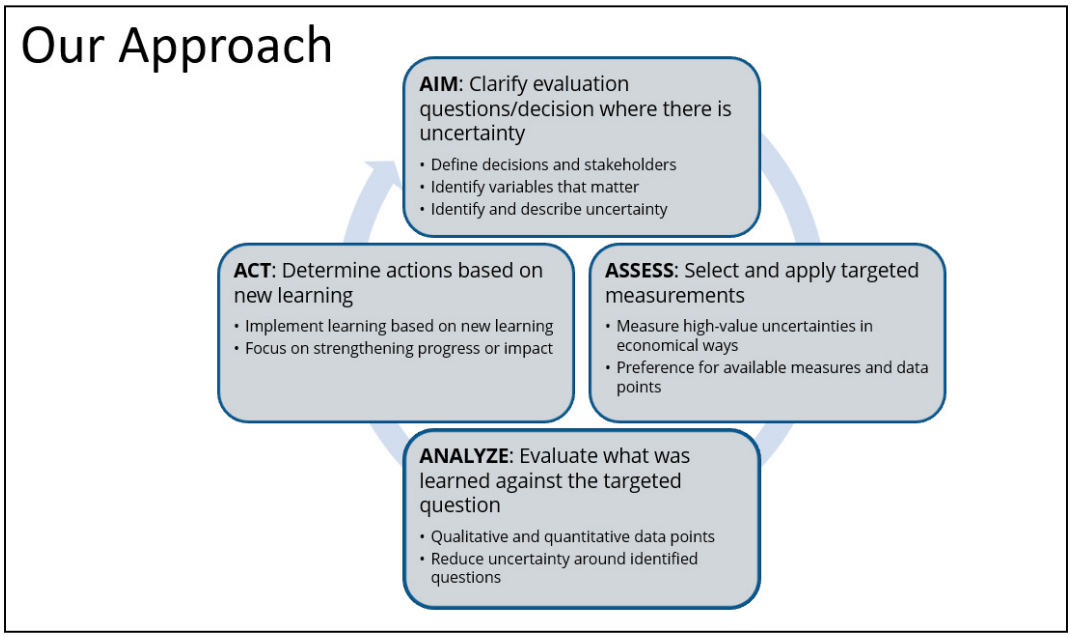
Enhanced Evaluation Partnerships

For organisations interested in evaluating additional outcomes such as practice change over time, impact on care provided, and organizational culture change, SafeSide Prevention offers enhanced evaluation partnerships. While SafeSide's standard evaluation ensures all partners can understand the educational outcomes of SafeSide Programs, within enhanced evaluation partnerships we can collaborate to learn more about medium-term outcomes, including practice and behavior change in care provision through health record data, and long-term outcomes such as client care experience and shifts in organizational culture overtime.



This includes collaborating with you to understand available data sources and generate a custom evaluation plan consistent with your project's and constituents' needs. Evaluation is designed to reduce uncertainty around key organisational decisions and drive continuous improvement.

Custom evaluation plans are co-developed with partners anchored four key actions that cycle and drive the continued evaluation, learning, and improvement toward achieving the project goals: Aim, Assess, Analyze, and Act.



Custom evaluation plans are developed to ensure metrics are organisationally meaningful and support key communications to drive desired culture changes and outcomes. We prioritize using existing data sources wherever possible and, depending on key goals and outcomes, will supplement with custom items or new measures where needed.

Summary

SafeSide Prevention's **standard evaluation approach** ensures all partners have real-time data to understand the outcomes and impact of participating in a SafeSide Program within their organization. Through pre- and post-evaluation we evaluate changes in knowledge and self-efficacy, as well as gathering data on learning transferability, satisfaction, and impact.

SafeSide's standard pre- and post-evaluation constructs and items are guided by **SafeSide's Impact Model**. Organized around three key areas for suicide prevention in systems and guided by the EPIS Model for implementation, SafeSide's Impact Model steps out the actions and short- and long-term outcomes anticipated from this work.

Enhanced evaluation partnerships involve the development of a custom evaluation plan designed to understand changes in practice, client care and culture and to use that learning in addition to standard workforce education outcomes to drive continuous improvement.

Appendices

Appendix 1. Standard Evaluation Constructs and Items

1. Knowledge (4 items at Pre- and Post-Evaluation)

Four knowledge items, one for each core task of the SafeSide Framework, are asked on the pre- and post-evaluation. The goal is to understand what knowledge the participant has in a key aspect of each of the four core tasks before and after the workshop. These items are often not highly sensitive to change as participants usually enter the workshop with base knowledge of suicide prevention.

Core Task and Goal	Item	Scoring
Connect Ask directly about suicide; collaborate around the common goal of feeling better, and commit to working with them towards that goal.	When connecting with individuals at risk for suicide it is most important to:	Ask all screening questions exactly as written. Document the suicide risk. ✓ Understand the person's suicide concerns and the struggles that underlie them. Get them to the hospital right away.
Assess What plans need to be in place and what could happen that we would need that specific plan for.	The purpose of risk formulation is to predict a suicide attempt.	True ✓ False
Respond Actions you can take that make a difference.	In order to help a person with suicide risk, you must be trained to deliver a suicide-specific therapy.	True ✓ False
Extend Strategies that extend support and care into the lives of people at risk.	Which of the following IS NOT a way teams can extend support into the lives of people with suicide concerns:	Sharing plans with clear roles with family and support persons. Provide crisis hotline phone numbers. ✓ Waiting for the person to call to make a follow up appointment. Following up with a person if a referral is made to be sure they connected with the new service.

2. Self-Efficacy (7 items at Pre- and Post-Evaluation)

These seven items, adapted from other studies (Conner et al, 2013; Pisani et al., 2012), are asked in the pre- and post-evaluation to measure self-efficacy in suicide prevention skills. Self-efficacy is the person's belief or confidence in their ability to engage in a behavior (Bandura, 1977). People reporting higher self-efficacy are more likely to use a skill in their day-to-day work (Cross et al., 2010; Osteen et al., 2017; Osteen et al., 2014).

STEM: I feel confident in:

Core Task	Item	Scoring
Connect	1. My ability to ask about suicide in a way that encourages people to respond in an open and honest manner. **Impact Model Short-Term Outcome:** Increase consistency and quality in asking about suicide concerns	5-point Likert: 1 = Strongly disagree; 5 = Strongly agree
Assess	2. My ability to contribute to assessments of suicide risk within my role. **Impact Model Short-Term Outcome:** Use of prevention-oriented risk formulation.	
Respond	3. My ability to link risk assessments to person-specific plans. 4. My ability to develop a person-specific safety plan that includes means safety and plans for specific life events that would increase risk. **Impact Model Short-Term Outcome:** Increase confidence in responding to suicide concerns. Contingency plans and restricting lethal means addressed for any risk.	
Extend	5. How I can extend support to people at risk beyond the time when I am in contact with them. **Impact Model Long-Term Outcome:** Consistent follow-up in reassessing and updating plans	
General	6. What to do when I encounter a person with suicide concerns. 7. My ability to convey and maintain a hopeful stance when someone feels hopeless. **Impact Model:** Adopt a more hopeful, restorative, recovery-oriented lens.	

3. Learning Transfer (10 items at Post-Evaluation)

Learning transfer is a construct that helps us better understand the likelihood that a person will use key suicide prevention skills in their day-to-day work with people at risk. These post-evaluation items, adapted from learning transfer items used in other studies (Cross et al., 2019; Pisani et al., 2012, 2021) measure perception of how well the training content will transfer into practice (Holton et al., 2000). The stronger the endorsement of learning transfer, the more likely it is the person will use the skills in their day-to-day work.

Construct	Item	Scoring
Personal Capacity for Transfer (1 item) The extent to which participants feel they have the time and energy to transfer their learning into practice in their job.	Trying to use this framework will take too much energy away from my other work.	5-point Likert: 1 = Strongly Disagree; 5 = strongly agree
Transfer Design (3 items) The extent participants feel the training was designed and delivered to facilitate learning transfer on the job.	It is clear to me that the developers of the workshop understand how I will use what I learn. The trainer(s) used a lot of examples that showed me how I could use my learning on the job. The way the trainer(s) taught the material made me feel more confident I could apply it in my job.	
Opportunities to Use Learning (3 items) The extent to which participants state they were given resources to enable them to use newly learned skills on the job.	I will be able to use the skills from this workshop in my job. What is taught in the workshop is directly applicable to my job. The situations used in this workshop are very similar to those I encounter at my job.	
Motivation to Transfer (3 items) the participant's report of their motivation or persistence of effort toward using new skills on the job.	This workshop will increase my personal productivity. When I leave this workshop, I plan to integrate what I learned into my work. I believe this workshop will help me do my current job better.	

4. Impact (8 items at Post-Evaluation)

These items, asked after completing the workshop, help us understand how the participant feels participating in the InPlace Workshop will impact their work. This includes asking about immediate impact, like if the workshop has impacted their perception of their role in preventing suicide and what is one thing they will take into their everyday work. We also ask about longer-range impacts, such as how they think using the SafeSide Framework will impact the care provided and if they anticipate participating in opportunities for continued learning and engagement with SafeSide, like Office Hours.

Stem: Using the SafeSide Framework will...

Item	Scoring
Save me time.	5-point Likert: 1 = Strongly Disagree; 5 = strongly agree
Help my team communicate about risk and responses.	
Improve the care or services we provide.	
Help me maintain a hopeful perspective working with at-risk individuals.	

Impact Model: Strong, efficient multidisciplinary collaboration; hopeful lens

Item	Scoring
Has this workshop impacted your perception of your role in suicide prevention? (if yes) Tell us how it impacted your perception	Yes/No Open-ended response
What's one thing you will take into your everyday work?	Open-ended response

Stem: In the next three months I plan to:

Item	Scoring
Attend SafeSide Office Hours	5-point Likert: 1 = Strongly Disagree; 5 = strongly agree
Use the Community of Practice, SafeSide's online membership forum	

Impact Model: Staff continuously learning and contributing to learning of others.

5. Satisfaction (4 items at Post-Evaluation)

We ask about satisfaction regarding the video-guided instruction and demonstrations and live group discussions. We then aggregate the responses to those items to understand overall satisfaction. Overall satisfaction is shared on a 5-point scale (1 being extremely dissatisfied, 5 being extremely satisfied).

We also provide a Net Promoter Score (NPS), a standard customer experience metric across many industries. NPS is a rigorous rating of what proportion of participants are enthusiastic fans (Promoters, 9 and 10) with a heavy discounting for the proportion who are neutral to negative (Detractors, 6 or less out of 10). People who are positive but not hugely enthusiastic (Passives, rating a 7 or 8 out of 10) are not included in the equation. This helps focus an organization on exceeding expectations and reducing anything resembling a negative experience. NPS range from -100 to +100, with a higher NPS being more desirable. An NPS greater than 0 is considered good and above 20 is considered favorable.

NPS Question: How likely are you to recommend this workshop to a colleague or peer?

How is NPS calculated?
Respondents answer this question on a scale from 0 = Not at all likely; 10 = Extremely likely. Responses are then categorized as Promoters (9 or 10), Passives (7 or 8), or Detractors (6 or less).

NET PROMOTER SCORE (NPS) = % PROMOTERS - % DETRACTORS

Open-ended feedback about how the workshop experience could be improved is also invited.

	Items	Scoring
Satisfaction	How satisfied were you with… o the quality of the teaching and demonstrations? o the discussions your group had?	5-point Likert scale 1 = extremely dissatisfied; 5 = extremely satisfied
NPS	How likely are you to recommend this workshop to a colleague in your role?	0-10 Likert scale 0 = Not at all Likely 10 = Extremely likely
	What would you improve about your workshop experience?	Open ended response

6. Systems perspective on Suicide Prevention (3 items at Pre- and Post-Evaluation)

These items, asked pre- and post, are designed to measure a person's perspective on the bigger picture of how systems address suicide prevention in concert. This is in line with a vision of diverse systems, services, and roles working collaboratively with a common approach and language to prevent suicide. These items are expected to continue to change over time with greater adoption and penetration and as participants continue engagement and connection with SafeSide and others working in suicide prevention.

Stem: Thinking about how **different systems across your community or region** interact around suicide risk, indicate your agreement:

Item	Scoring
Different systems and teams in our community or region share a common language and approach to suicide prevention care.	5-point Likert: 1 = Strongly Disagree; 5 = strongly agree
People in our community suffer when systems and teams do not share a common language and approach to preventing suicide.	

Stem: Indicate your agreement.

Item	Scoring
Everyone in our organization has a role to play in preventing suicide and addressing risk.	5-point Likert: 1 = Strongly Disagree; 5 = strongly agree

Impact Model: Belief all staff play a role in suicide prevention.

7. Workforce Perception of Organizational Practices (8 items at Pre-Evaluation)

Often partner organizations work with SafeSide to achieve cultural change around ways of working when risk is present. The following item are asked at pre-evaluation to understand the staff perceptions of the organizational practices around suicide prevention. These serve as baseline data. We do not ask about them at post evaluation as they are not sensitive to short-term change or likely to be impacted by workforce education alone. These questions can be asked during the Sustain/Scale/Improve phase to understand progress towards impacting organizational practices around suicide prevention.

STEM: Indicate your agreement with the following statements based on your experiences within your role in your organization:

Full Framework	Staff share a common language and approach to suicide prevention.	1 = Strongly Disagree – 5 = Strongly Agree
Connect	Staff ask directly and sensitively about suicide concerns.	
	When focusing on suicide risk, staff consistently convey their commitment to recovery and well-being, beyond immediate safety.	
Assess	Meaningful risk formulations are documented for every person at risk.	
	Staff dialog transparently with individuals and families about their suicide risk.	
Respond	Staff across roles use evidence-informed techniques to offer hope and address what's contributing to suicide risk.	
	Each person with an identified risk of suicide has a safety plan that includes lethal means safety and plans for specific life events that would increase risk.	
Extend	We have routines and structures for proactive outreach during and after the time someone with suicide risk works with us.	

Appendix 2. Example Standard Data Summary

This is an example of the standard Data Summary that we provide organizations. It presents real-time data from pre- and post-evaluations.

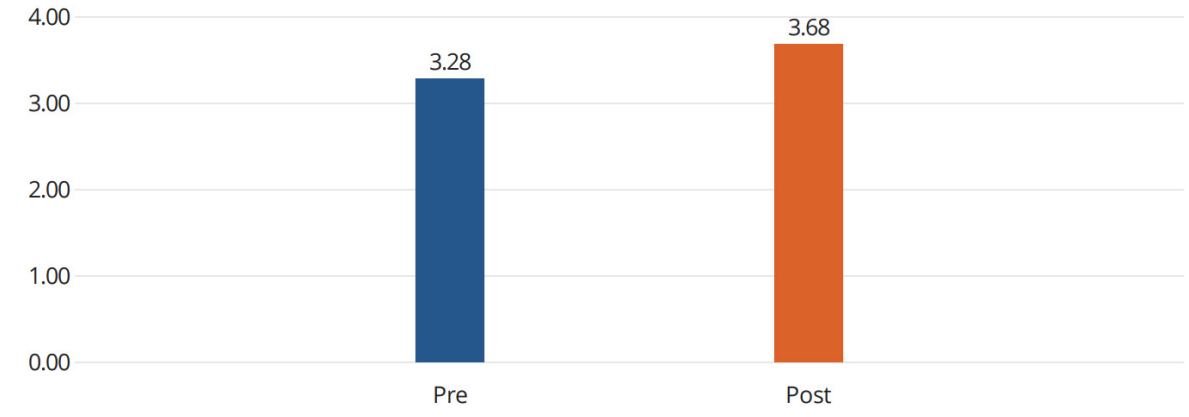
Pre- and post-evaluation comparison graphics for Knowledge, Self-Efficacy, and Systems Perspectives on Suicide Prevention only present data for participants who completed both the pre- and post-evaluation (i.e., matched responses).

1. Evaluation Completions Overview

Evaluation	Completions
How many people have completed pre-workshop evaluations?	243
How many people have completed post-workshop evaluations?	192
How many people have completed a pre- AND post-evaluation?	173

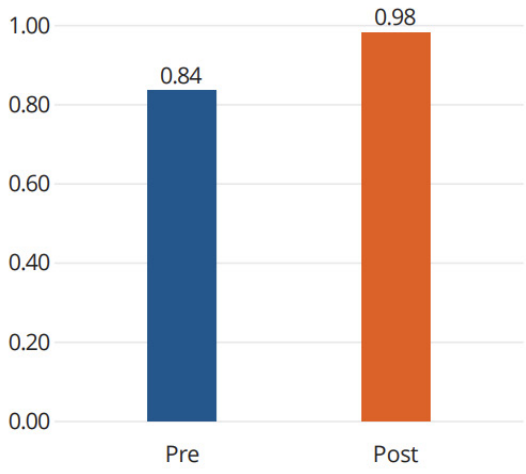
2. Knowledge

Change in total Knowledge Check score from before to after the workshop (Min 0; Max 4)

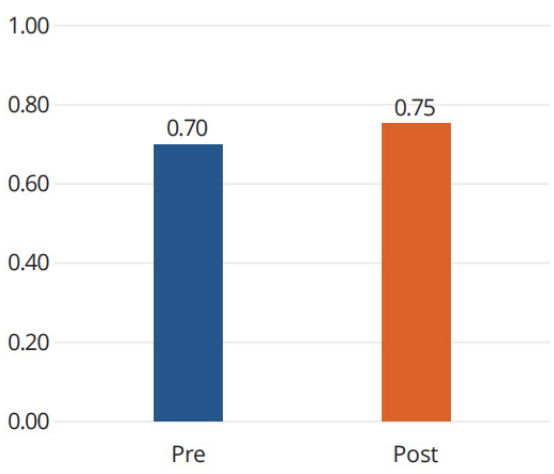


How did average response on each Knowledge Check item change from before to after the workshop? (Min 0; Max 1)

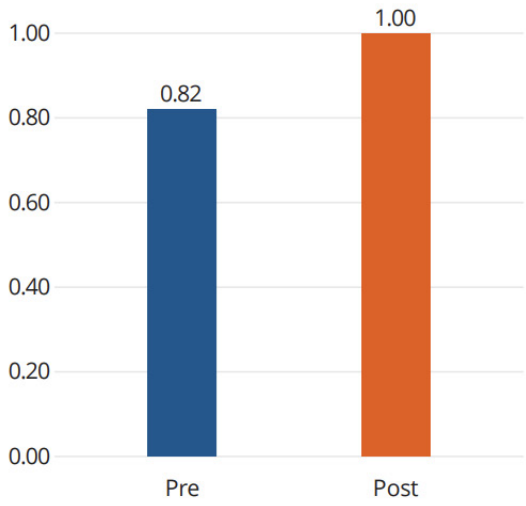
Connect



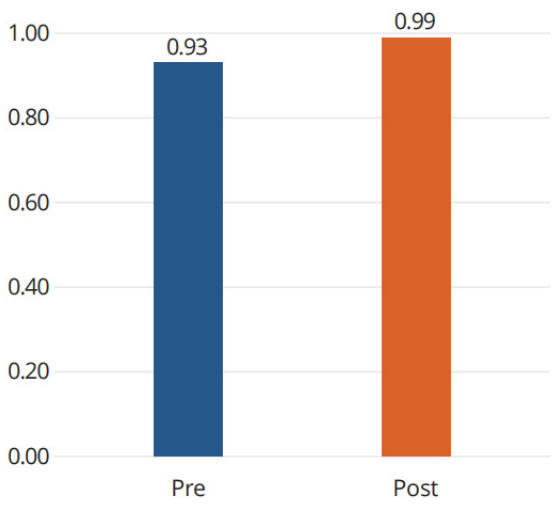
Assess



Respond



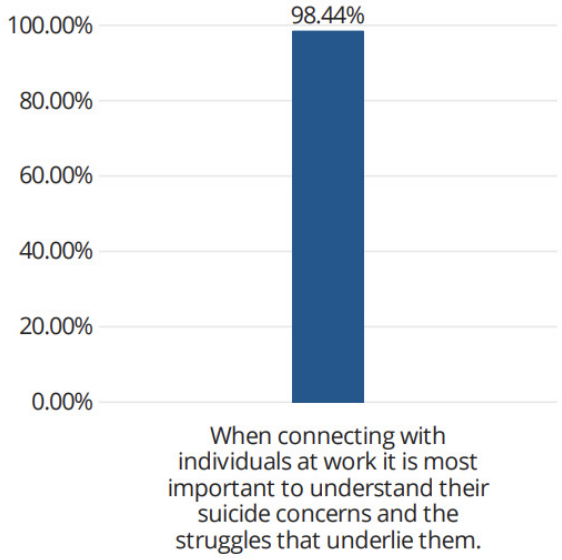
Extend



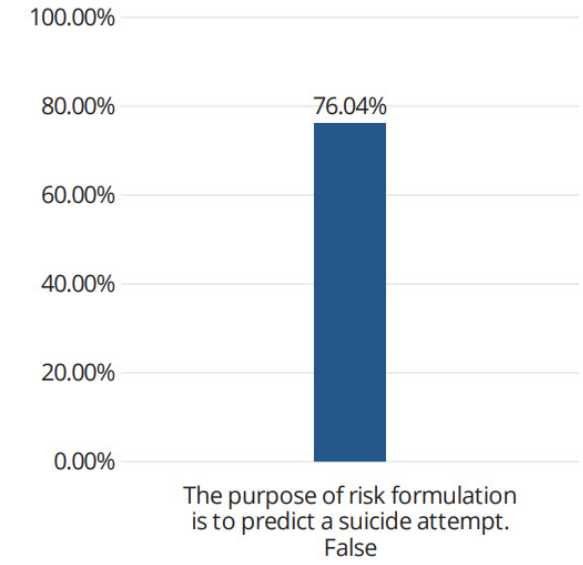
How did participants perform on the Knowledge Check on the post-evaluation?

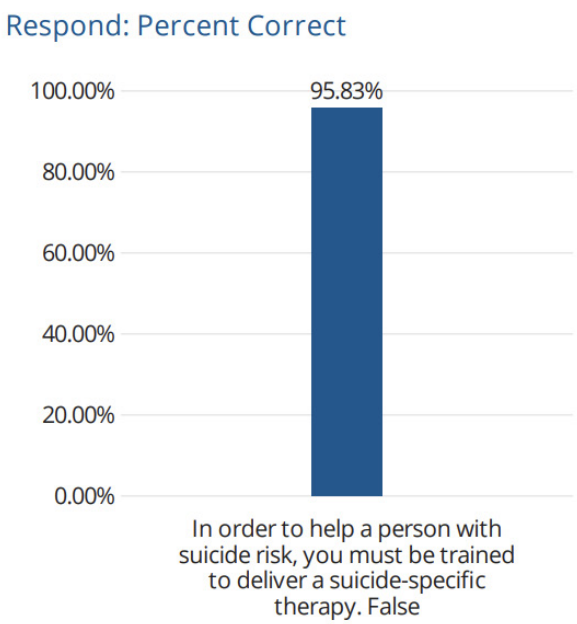
What was the average total Knowledge Check score of all participants on the post-evaluation? (Min 0; Max 4)

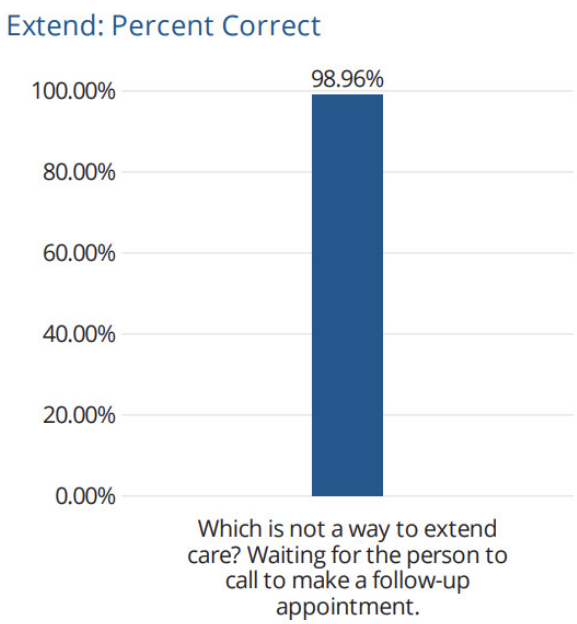
Connect: Percentage Correct



Assess: Percentage Correct

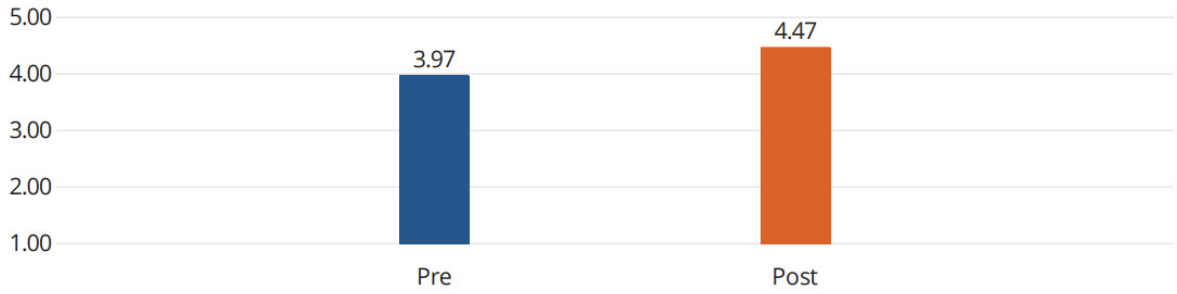






3. Self Efficacy

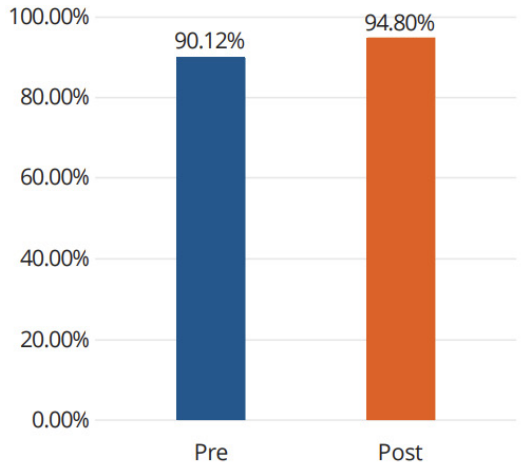
How did the average score on all self-efficacy items change from before to after the workshop? (Min 1; Max 5)



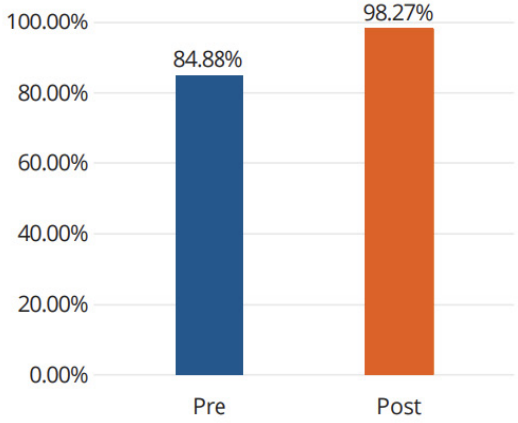
How did the percentage of participants endorsing "Agree" or "Strongly Agree" on each self-efficacy item change from before to after the workshop?

I feel confident in:

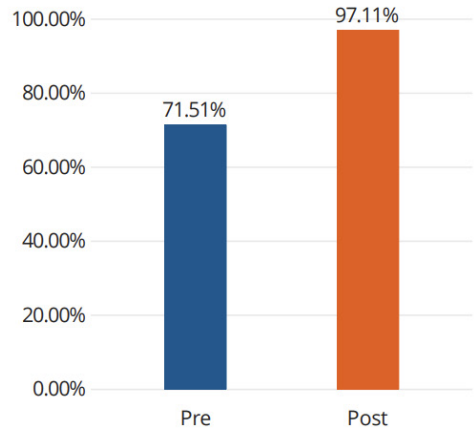
My ability to ask about suicide.



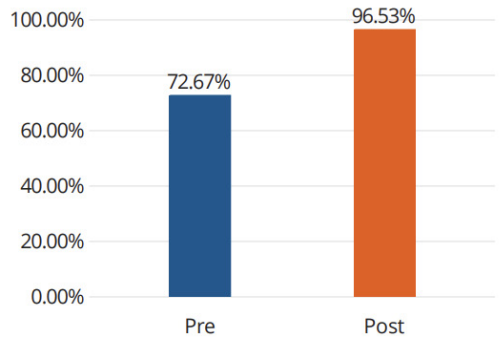
My ability to contribute to assessments of suicide risk within my role.



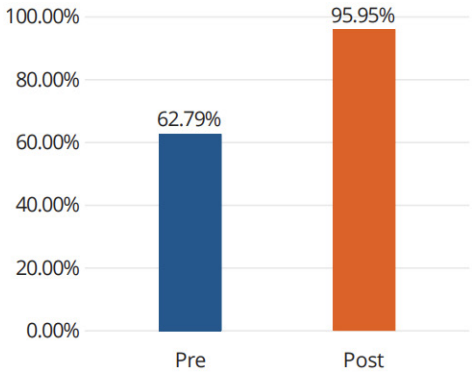
My ability to link risk assessments to person-specific plans.



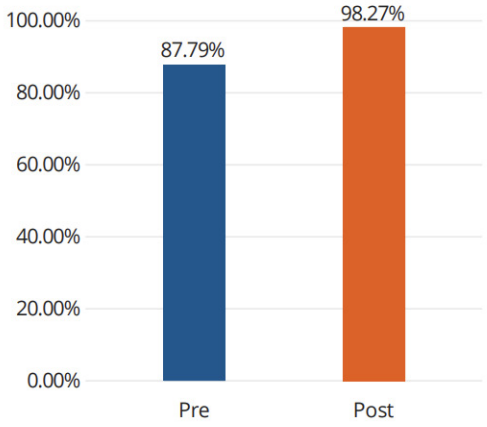
My ability to develop person-specific safety plans that include means safety and plans for specific life events that would increase risk.



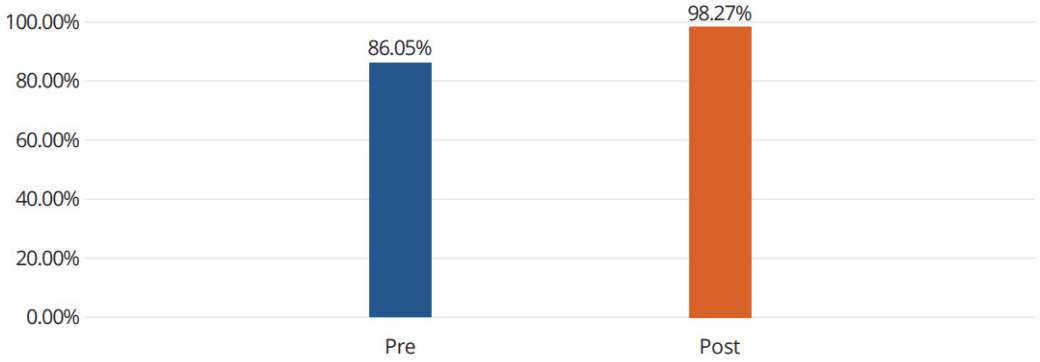
How I can extend support to people at risk beyond the time when I am in contact with them.



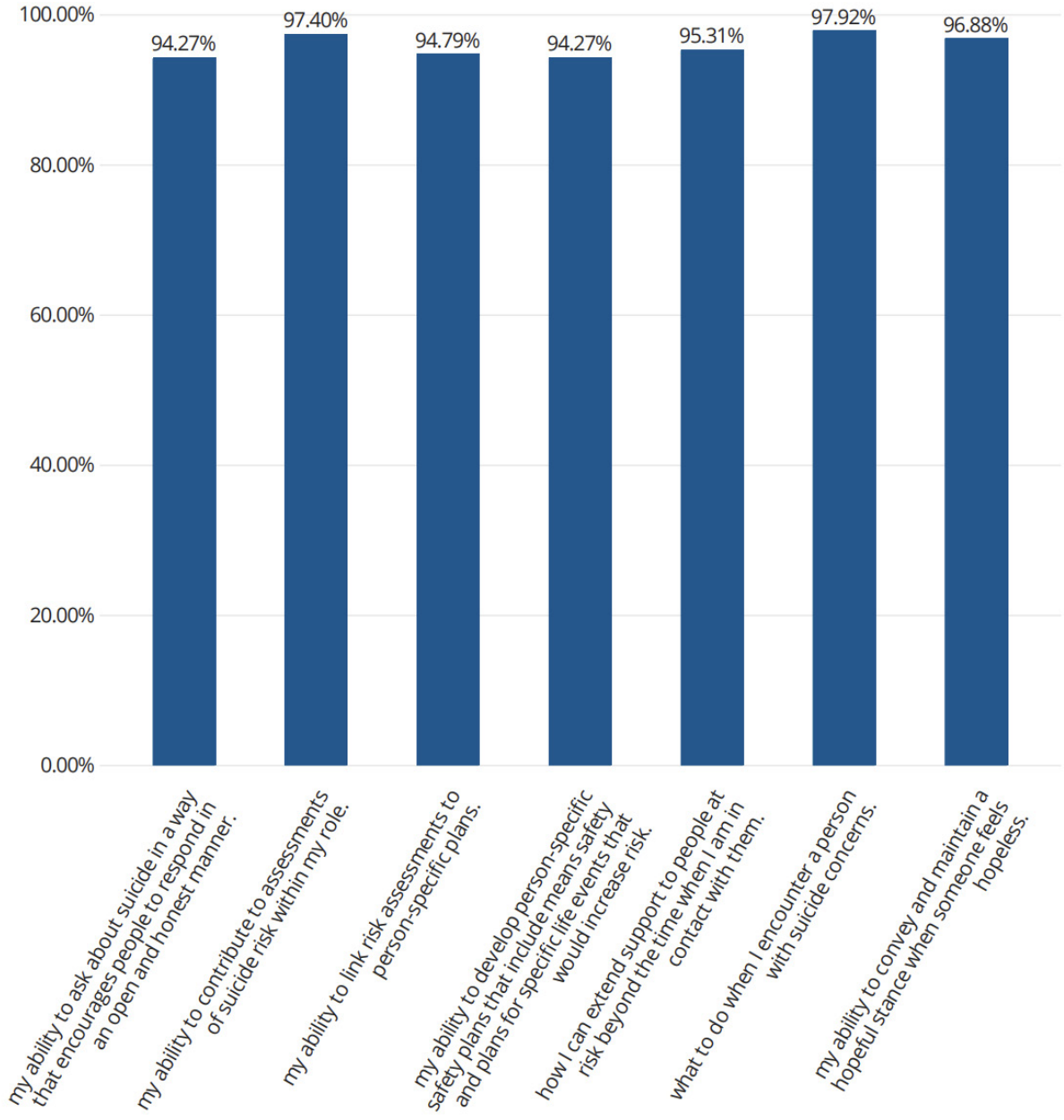
What to do when I encounter a person with suicide concerns.



My ability to convey and maintain a hopeful stance when someone feels hopeless.



What percentage of participants endorsed agree or strongly agree on each self-efficacy item following the workshop?

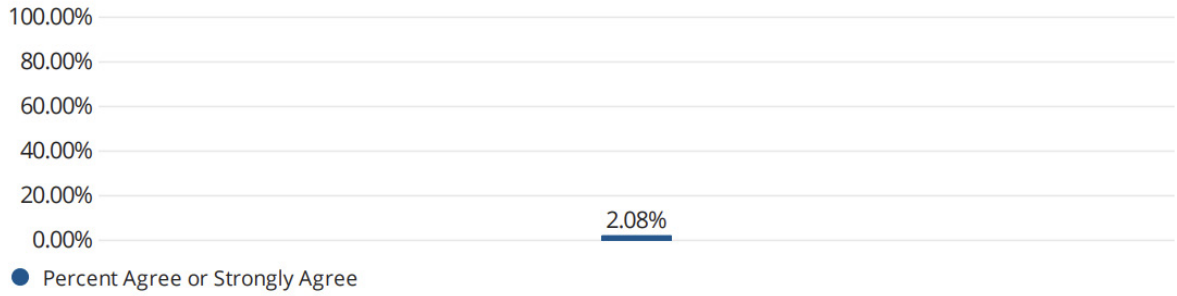


4. Learning Transfer

Personal Capacity for Transfer: the extent to which participants feel they have the time and energy to transfer their learning into practice in their job.

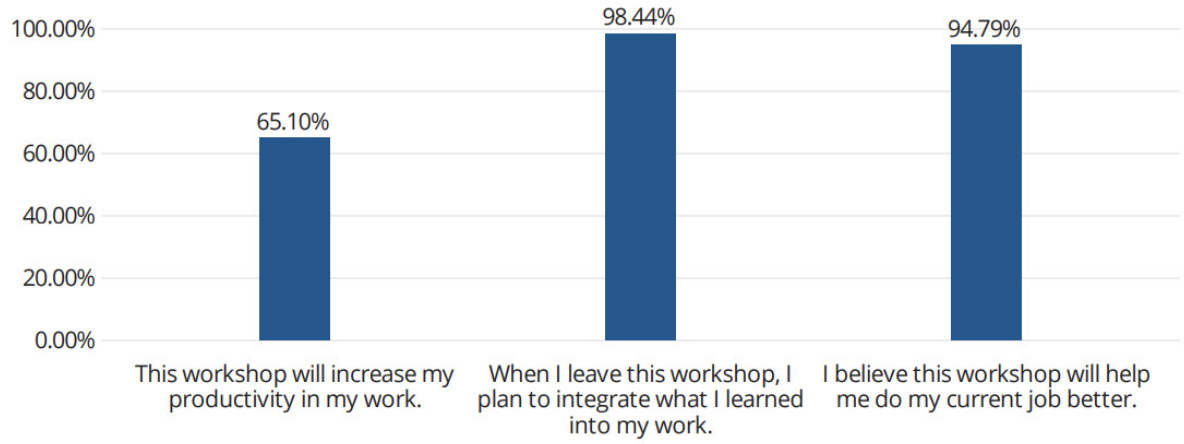
What percentage of participants endorsed "Agree" or "Strongly Agree"?

Trying to use this framework will take too much energy away from my other work.



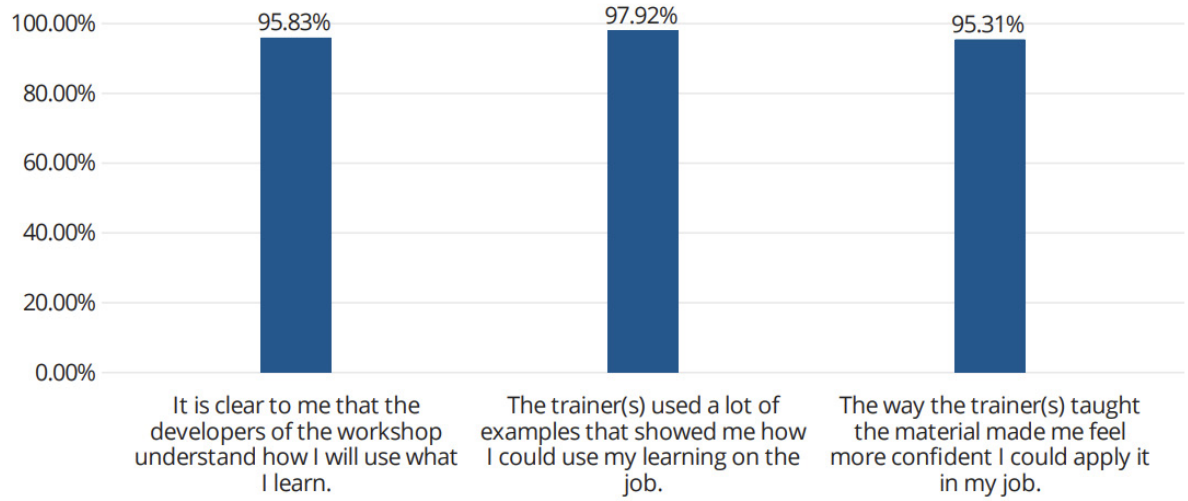
Motivation to Transfer: the participant's report of their motivation or persistence of effort toward using new skills on the job.

What percentage of participants endorsed "Agree" or "Strongly Agree"?



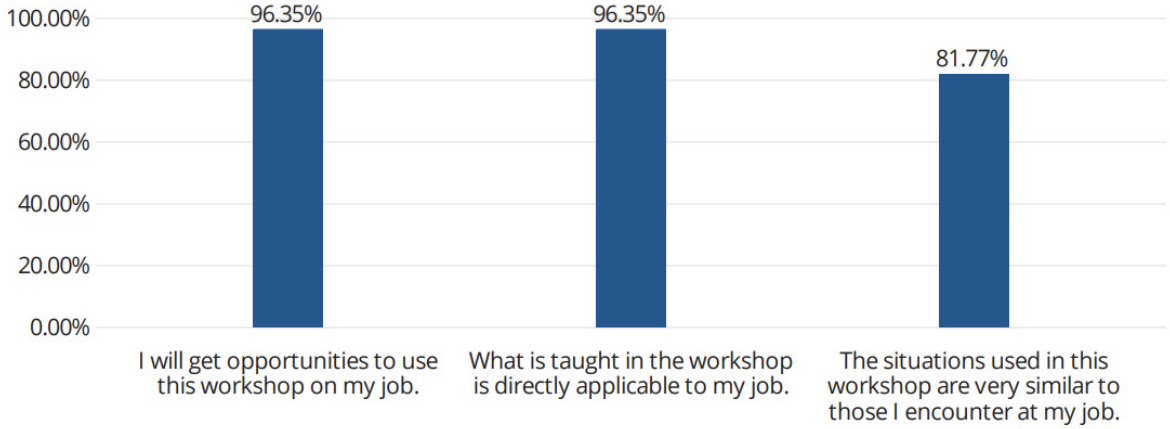
Transfer Design: the extent participants feel the training was designed and delivered to facilitate learning transfer on the job.

What percentage of participants endorsed "Agree" or "Strongly Agree"?



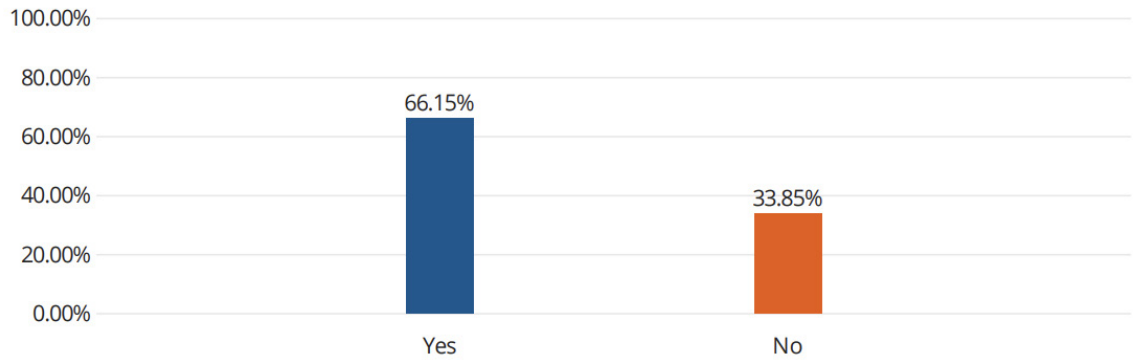
Opportunities to Use Learning: the extent to which participants state they were given resources to enable them to use newly learned skills on the job.

What percentage of participants endorsed "Agree" or "Strongly Agree"?



5. Impact

Has this workshop impacted your perception of your role in suicide prevention?



Sample open-ended responses:

Tell us how it impacted your perception.

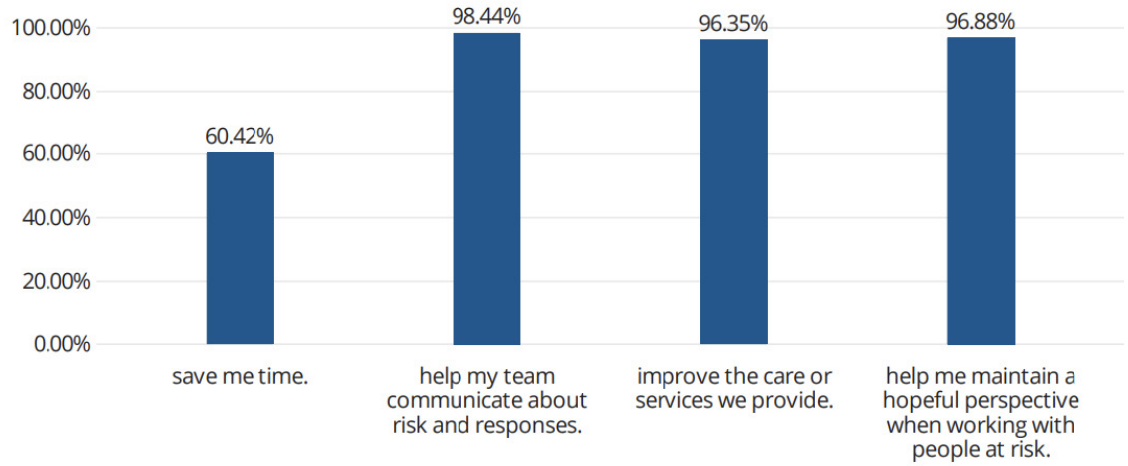
Broader range of ideas
The importance of connection
Made me more aware of what I ca do
That I need to have these conversations with my patients more often
Not jumping to panic
More confident in the approach and details
I have an important role to play to assure continued safety of my clients and others.
Improved and magnified my thinking about helping anyone with suicide ideation
Expanded perception of risk
Expanding awareness and reinforcement.
Made me realize my importance even more
it taught me to expand my approach to suicide assessments
I liked hearing from people with hx of suicide
Streamline team communication
Radical hope

What's one thing you will take into your everyday work?

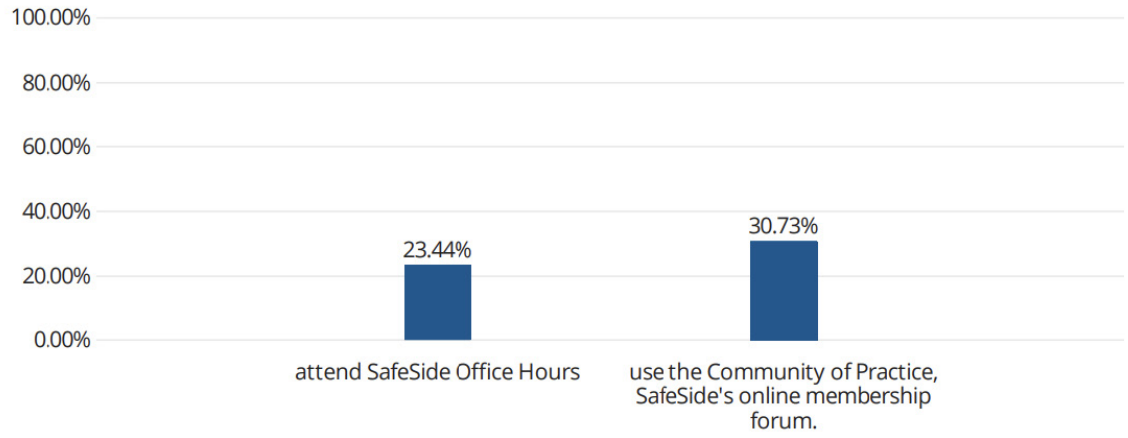
Awareness
Conncet
I didn't find the info much different from previous training on this topic but I do think it is useful refresher
The framework
Framework is useful
Framework
It is not one size fits all
More in-depth safety planning
You have a lot more to offer.
Specific plans. More detailed assessment
Don't overreact
Contingency plan
Listen to understand
The framework to discuss patient's situations.
The framework questions.
Looking for more opportunities to "widen the circle"
Reaching out more
The framework when communicating risk to other peri users
Extending the circle/formulating a detailed follow-up plan
Broader conceptualization.
Explaining why I am not choosing a specific intervention more in detail

What percentage of participants endorsed "Agree" or "Strongly Agree"?

Using the SafeSide Framework will:

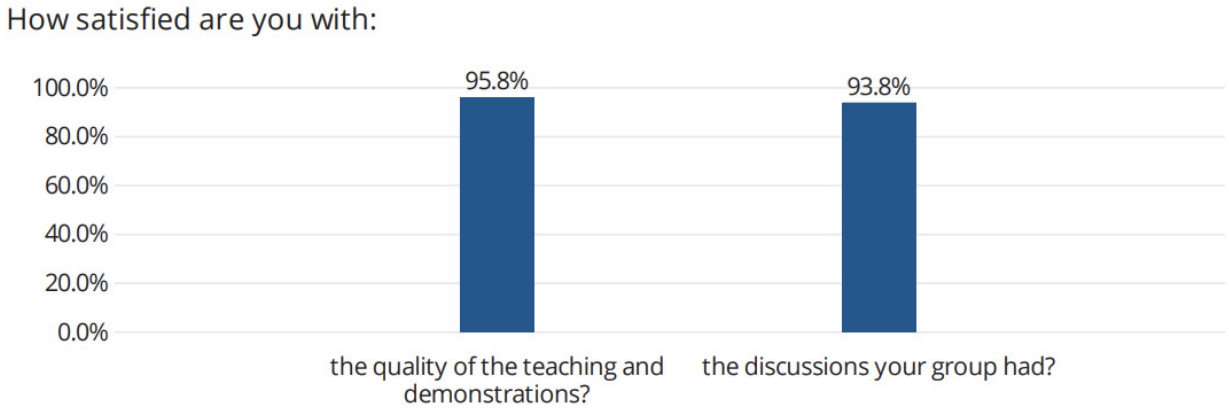


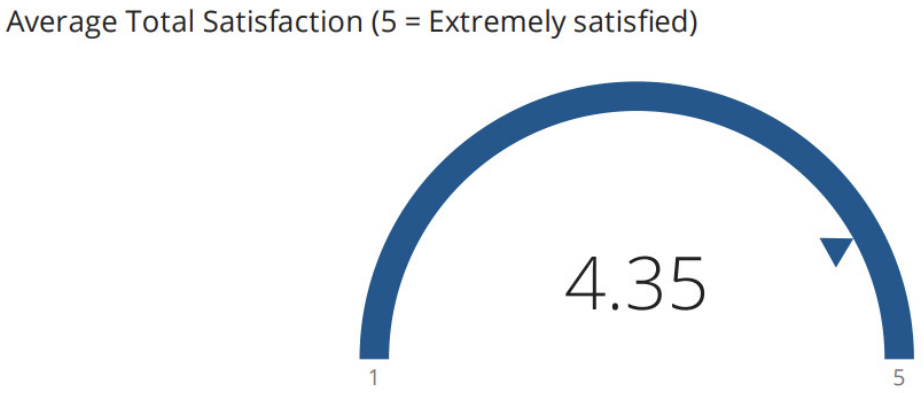
In the next 3 months I plan to:



6. Satisfaction

What percentage of participants endorsed "Satisfied" or "Extremely Satisfied"?



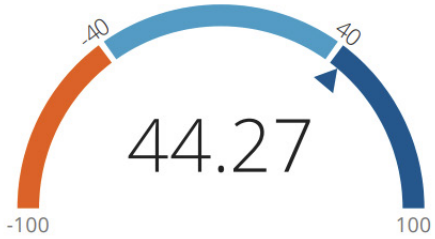


NET PROMOTER SCORE (NPS)

What's an NPS? Net Promoter Score is a rigorous rating of what proportion of participants are enthusiastic fans (Promoters, 9 and 10) with a heavy discounting for the proportion who are neutral to negative (Detractors, 6 or less out of 10). People who are positive but not hugely enthusiastic (Passives, rating a 7 or 8 out of 10) are not included in the equation. This helps focus an organization on exceeding expectations as well as reducing anything resembling a negative experience. NPS range from -100 to +100, with a higher NPS being more desirable.

An NPS greater than 0 is considered good and above 20 is considered favorable.

NPS: How likely are you to recommend this workshop to a colleague or peer?



How is NPS calculated?

Respondents answer this question: How likely are you to recommend this workshop to a colleague or peer? (0 = Not at all likely; 10 = Extremely likely). Responses are then categorized as Promoters (9 or 10), Passives (7 or 8), or Detractors (6 or less).

NET PROMOTER SCORE (NPS) = % PROMOTERS - % DETRACTORS

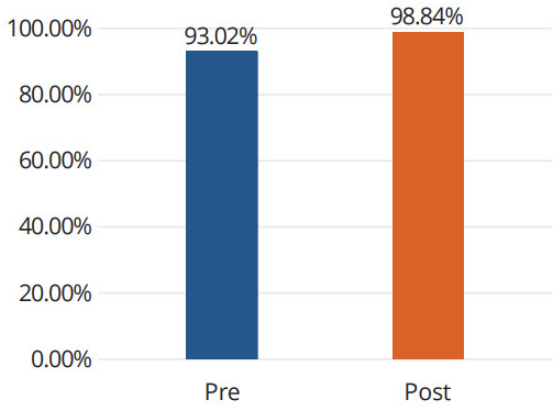
Sample open-ended responses:

What would you improve about your workshop experience?
N/A
Nothing
More often
Nothing
Nothing it was comprehensive
More interactive
Make shorter and take more breaks
Na
N/A
Nothing it was great! Glad to see local people, too!
Nothing
Nothing
Short presentation
N/A
Less videos
Make it more streamlined and less repetitive
Function to skip through timer
Nothing, it was an amazing workshop
Nothing, it was great
None
Nothing
NA

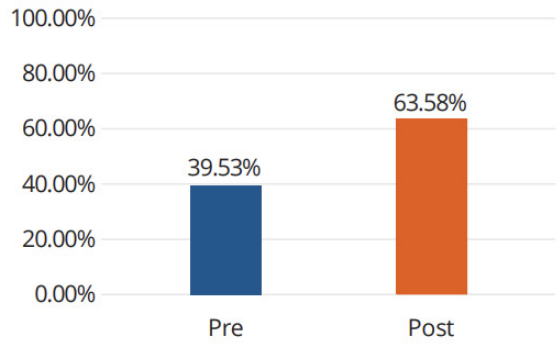
7. Systems Perspective on Suicide Prevention

How did the percentage of participants endorsing "Agree" and "Strongly Agree" change after the workshop?

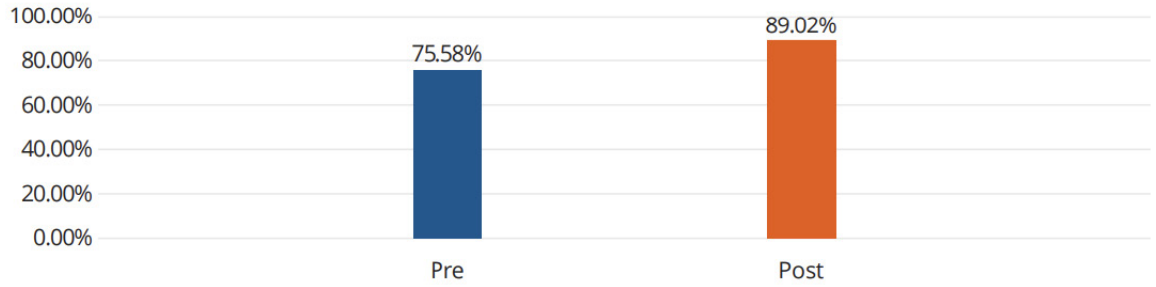
Everyone in our organization has a role to play in preventing suicide and addressing risk.



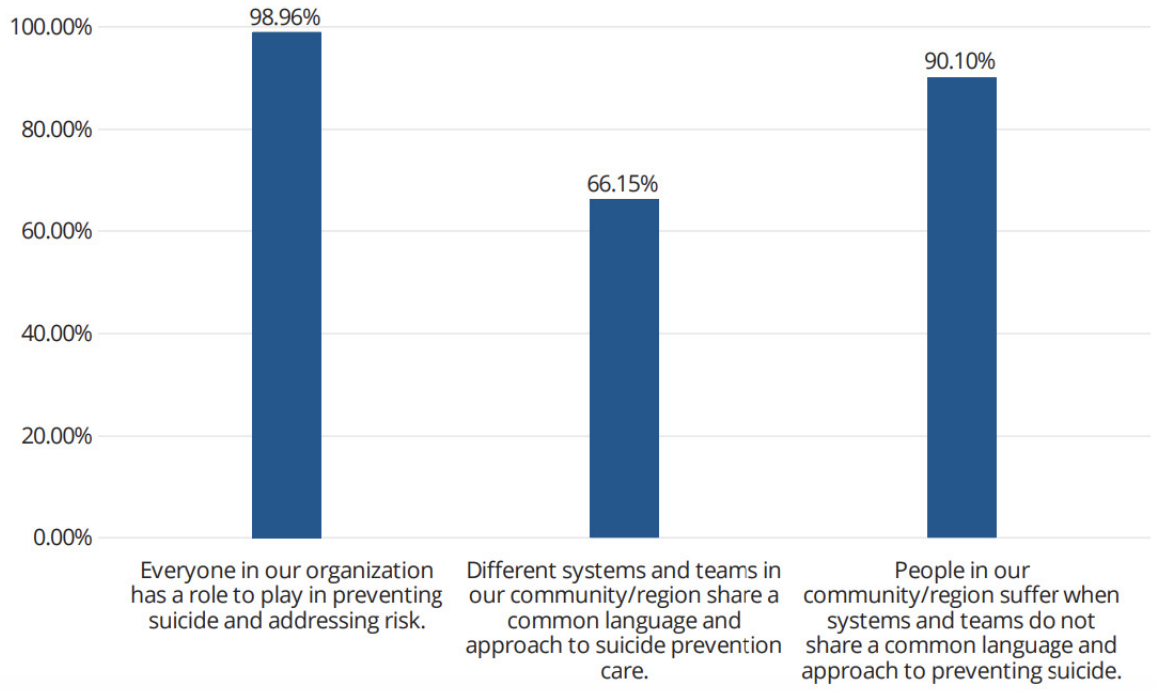
Different systems and teams in our community/region share a common language and approach to suicide prevention care.



People in our community/region suffer when systems and teams do not share a common language and approach to preventing suicide.



What percentage of participants endorsed agree or strongly agree on each systems perspective item following the workshop?



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