

QI Critique of the Mental Health Screening Program for Adolescents with Chronic Medical Conditions at the ECU Physicians Pediatric Specialty Clinic

Ananya Koripella
Brody School of Medicine
East Carolina University
Greenville, North Carolina 27858
koripellaa16@students.ecu.edu

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CARE SETTING

This Quality Improvement project was implemented in the Pediatric Specialty Care Clinic. The clinical staff involved were a part of the endocrinology, gastroenterology, pulmonary, nephrology and infectious disease sections of the clinic.

The Clinical Informatics Team and Crystal Garman, one of Vidant's licensed clinical social workers also played a vital role in this project.

PROJECT AIM

Through a critique of the quality improvement project, we aim to identify its strengths and areas of opportunities to:

- 1. Simplify steps and remove barriers to standardizing an efficient screening protocol for depression and anxiety that can be implemented in all sections of multispecialty clinics.
- 2. Modify the process to ensure its adaptability to different care settings including in-person and virtual

DETAILS & INTERVENTIONS

Research indicates that patients with chronic medical conditions are predisposed to depression and anxiety, which result in poorer health outcomes. Through the implementation of the screening program, patients with depression and anxiety at PSC can be properly identified and referred for mental health support.

Steps included:

- 1. Protocol developed to administer and document PHQ-9 and GAD-7 screening tests.
- 2. Reports generated by the Clinical Informatics Team to gather data regarding screenings in 2019.
- 3. Protocol and 2019 baseline data presented to the sections in the clinic that care for adolescents aged 12-21 with diabetes, inflammatory bowel disease, cystic fibrosis, kidney transplants or HIV/AIDS.
- 4. Roll-out of the screening protocol.

1. Patient Identification CNS/SW identifies patients meeting screening criteria CNS/SW places clinic schedule with identified patients highlighted in check in room – providing the appropriate number of stapled screening packets CNS/SW retrieves form from patient and enters results into EHR flowsheet to score on both tests No further action Suicidal or acute mental health (MH) concern if referral to ED or Mobile Crisis is indicated 4. Referral to Mental Health Provider SW helps determine if referral to ED or Mobile Crisis is indicated SW provides information regarding mental health providers core on one/both tests No MH concern or seeing a MH provider No further action No further action No further action No further action SW helps determine if referral to ED or Mobile Crisis is indicated SW provides information regarding mental health providers closer to home testing with family prefers flu close to home No further action No MH concern or seeing a MH provider SW provides information regarding mental health providers closer to home testing with family prefers flu close to home No MH concerns and places internal referral to PSC to LCSW in EHR

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Modifications to	o Screening I	Targeted Screening by Single Nurse for All Other Clinics							
Simplified Protocol in Diabetes Clinic				Patient Identification, Administration, Scoring and Documentation					
Patient Identification and Administration	Scoring and Documentation				Clinic nurse hands				
NA2/RN gives screen to ALL patients with diabetes that are 12 to 21 years old at ALL visits	Provider reviews and scores screen while in the room with the patient Provider hands screen to CNS to enter in the EHR flowsheet after the visit	one/both tests or positive	MD/APP discusses results of testing with family	screening without a screen in the past year and preps	the screen to the patient at check in (if clinic nurse will not be present, she provides screen to CNS/SW to administer)	score	Positive score on one/both tests	Clinic nurses notifies MD/APP of positive score or positive response to suicidal	MD/APP discusses results of testing with famil
	Negative score on both tests				,	Negative score on both tests		question	
	No further action					No further action			

SOURCES

Sutter et al., Screening for Depression and Anxiety in Adolescents with Chronic Medical Conditions Cared for at the ECU Physicians Pediatric Specialty Clinic. Poster presented at APA QI Research Symposium

STRENGTHS AND OPPORTUNITIES

The standardized protocol led to an increase in the annual screening rate from 2% to 47%. With the implementation of PDSA cycles, the team was able to re-evaluate the protocol and its measures after every quarter. Process changes that were then made, included simplifying the number of steps and personnel involved, allowing for a more sustainable protocol with a closed circle of communication.

On the other hand, while this project improved the screening rate for the entire clinic, each section of the clinic was met with different barriers. This led to difficulty in following one standardized protocol for the whole clinic and resulted in miscommunications. With the shift to telehealth, screenings also decreased in number.

RECOMMENDATIONS

- Focus on one section of the clinic at a time, allowing for more accurate process measures.
- Modify screening tests to be administered in different clinical settings
- Include an outcome measure to evaluate how screenings are improving the health of patients.