

Ongoing Efforts for Improving Depression Screening at a Pediatric Diabetes Center

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INTRODUCTION

In 2021, a Quality Improvement (QI) project began to increase completion rates of depression screening at a Pediatric Diabetes Center in NYC. Screening completion rates increased from 0-2% to 50% over six months. Steps included identification of a screening tool (the PHQ4), administration using paper screener, online screener (REDCap) option, use of a QR code for REDCap web version, and eventual integration into the Electronic Medical Record (EMR). In the ongoing QI project presented here, we aimed to show another 10% increase in screens completed from April 2022–2023 using EMR features.

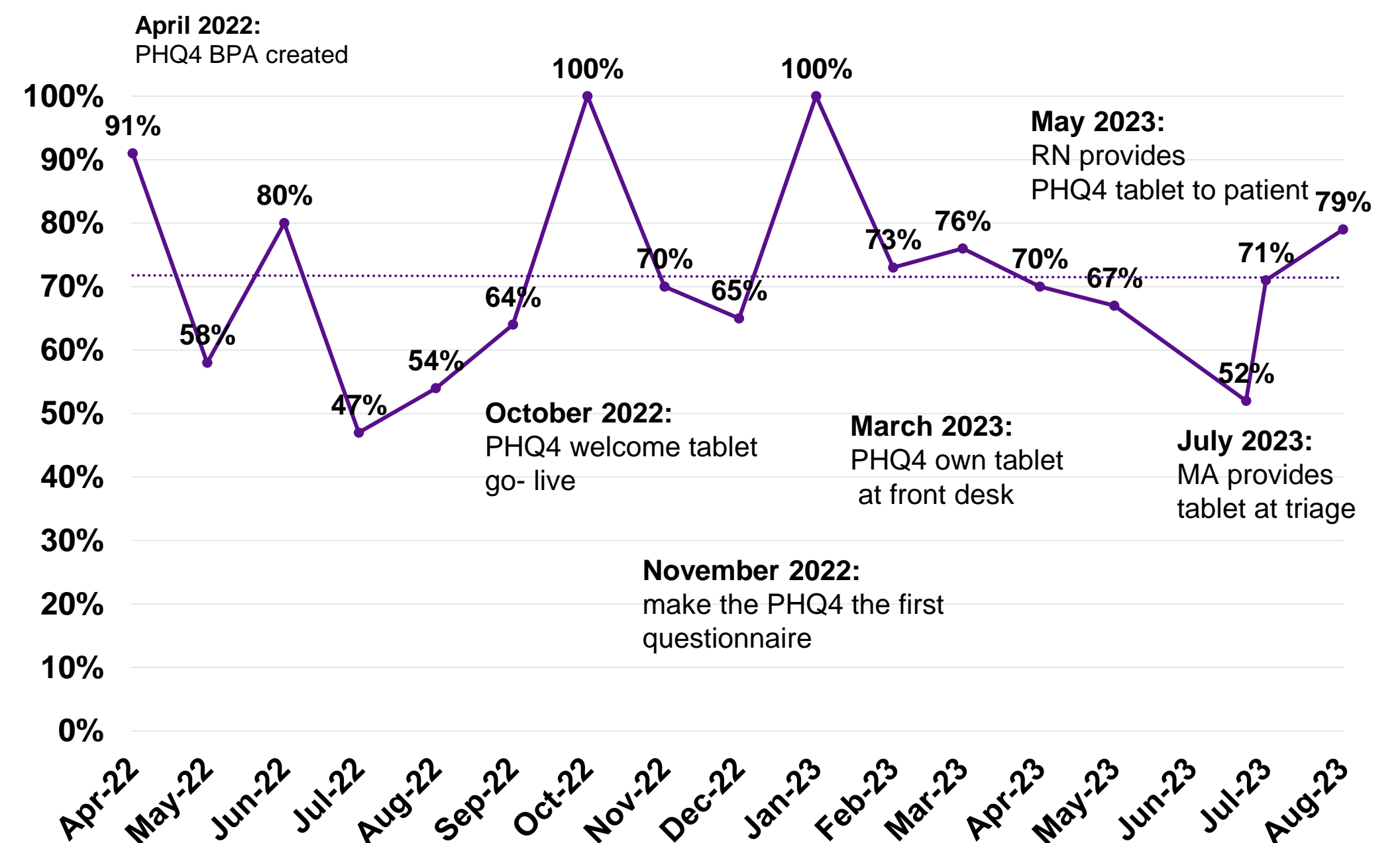
METHOD

The PHQ-4 was utilized to assess depression and anxiety for patients 12 and older attending a Pediatric Diabetes Center appointment. This screening tool asks the first two questions of the GAD7 to assess for anxiety and the first two questions of the PHQ9 to assess for depression. It then cascades to include additional screening questions as indicated by the patient's self-report. Rates of screening were tracked monthly. In this QI initiative, multiple Plan-Do-Study-Act (PDSA) cycles were performed to optimize EMR integration. PDSA cycles included: creation of a best practice advisory (BPA); completion of the PHQ4 along with other forms on a Welcome tablet at check-in; completion of the PHQ4 on a separate tablet to be handed directly to the patient at check-in; administration of PHQ4 on separate tablet by RN; and administration of PHQ4 on separate tablet by Medical Assistant (MA) at triage.

RESULTS

Following multiple PDSA cycles, the trend of screening completion rates continued to increase slightly through April 2023. Ongoing efforts, however, indicate a need for continued QI work. Screening rates ranged from 65-100% from November 2022 to April 2023; however, after moving the PHQ4 to a separate tablet, in April 2023, the screening rate began to decrease. The latest PDSA cycle, which has the PHQ4 tablet being provided to the patient by the MA during or after appointment triage, has led to increases in screening rates during the last two months reported.

Percent of Patients Screened for Depression



CONCLUSIONS

EMR integration helped increase depression screening rates when compared to previous efforts using paper or web-based applications. Clinicians reported improvement in workflow as provider entry into the EMR was removed. Providing the PHQ4 on a separate tablet at check-in to ensure the patient completed it (and not a caregiver), initially decreased completion rates, however, when administering the PHQ4 screener tablet during triage rates began to improve. Ongoing efforts include continued tracking, ordering an additional iPad, and ongoing emotional support for all. In the future, one tablet will be used to administer all mental health screeners to ensure confidentiality, reduce transcription error, and reduce patient and provider workload.