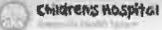


**PHQ-9 Adolescent Depression
Screening
Center for Pediatric Medicine**

QTIP Learning Collaborative
January 25, 2015

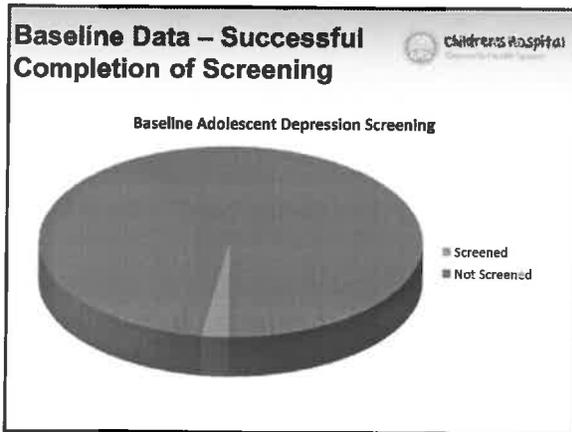
CPM QTIP TEAM 



**DOREEN PATTERSON, MD – LEAD CLINICAL
KATY SMATHERS – PRACTICE MANAGER
TAMMY GLADSON, RN – CLINICAL MANAGER
CINDY GARNETT – EMR TECHNICAL SPECIALIST
SABRENA O’CONNOR – PROJECT COORDINATOR
KRISTI CABALLERO – OFFICE SUPERVISOR**

Why do we screen? 

With 1 in 8 children in South Carolina having some type of mental health diagnosis, the primary care pediatric office is the most obvious setting to identify the need for treatment.



What wasn't working?

Children's Hospital

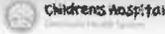
- Variation in how providers addressed potential mental health issues.
- No triggers to remind providers to complete an assessment.
- Practices had varying standards for assessments.

How did we fix it?

Children's Hospital

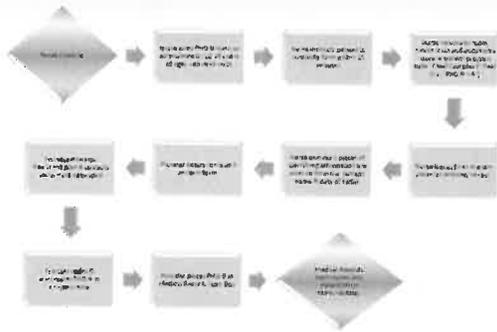
- The conclusion was that some type of standardized process that assisted providers in ensuring completion of the screening was necessary.
- CAP work-out (Change Acceleration Process)
 - During a full day session, key stakeholders brainstormed obstacles and solutions to implementation of a standardized process using a diverge/converge method and created action plans to address solutions selected using a priority/payoff matrix.

CAP Work-out in a Nutshell



- Surveyed providers prior to beginning the change to identify any possible barriers.
- Created a shared need to implement by having key staff complete the "Threat vs. Opportunity Matrix"
- Involved key stakeholders in the implementation plan
- Created new process map

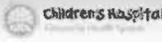
Process Map



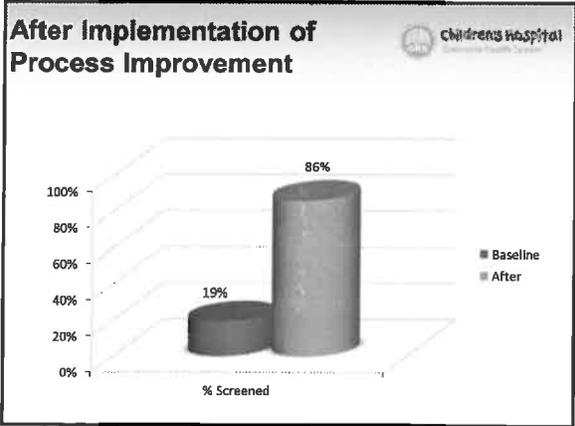
Results of CAP Work-out

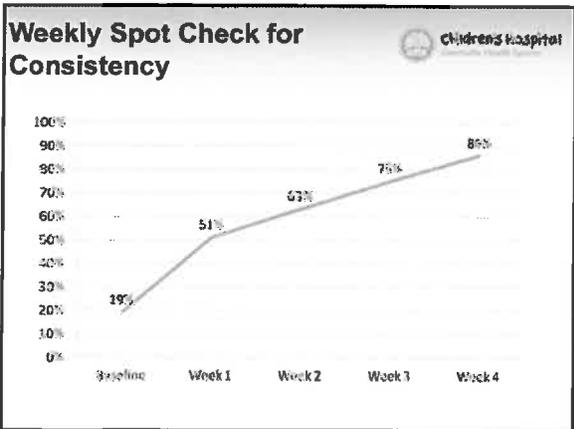


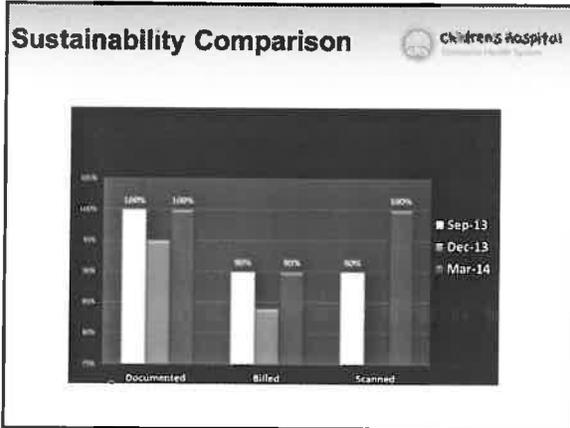
- The PHQ-9 Modified Adolescent Depression Screening tool was selected for use.
- Prompts were placed in the Adolescent well child visit template.
- Location champions were selected.
- Nursing staff would identify eligible patients and administer the PHQ-9 at check in. Nursing would also score the PHQ-9 and document in the chief complaint field of the progress note
- Training was provided to nursing staff and all providers.

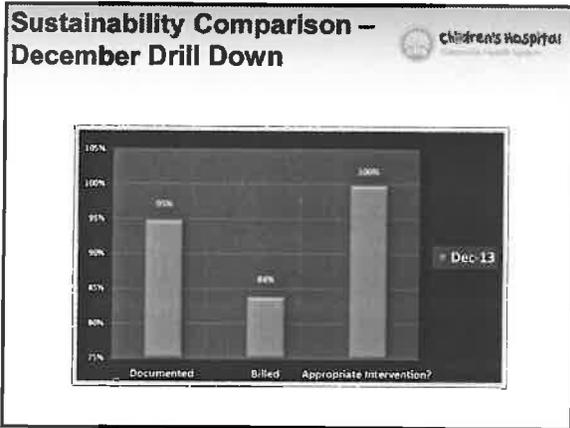
Did we show improvement? 

- Prior to the implementation of the new process only 19% of eligible patients were screened for depression
- One month after process implementation, 86% of eligible patients were screened









- ### Keys to Success
- CAP Work-out
 - Brought all stakeholders to the drawing board
 - Champions at each level in the process
 - Shared need or “buy-in”
 - Templates allow for prompts
