To improve the treatment of residents, monthly cumulative rates of QIDS tracking by all residents were 38%, 23%, 31%, 38%, 55%, and 40%. The overall rate of tracking by residents improved from 30% to 43% between quarters. This was a significant increase of 42%. All individual resident tracking rates improved between quarters with the exception of residents 4. Residents 1, 5, and 7 had sustained rates above 50% from the onset of the second quarter. Residents 2 and 6 had drastic improvement in which both were tracking above 46% by November, however for resident 2, this was not sustained.

The data showed that this simple fix of knowing how to access the QIDS and what it entailed resulted in an increase in the tracking rate of residents. The project also utilized a survey given to the residents to assess the biggest needs and how to go about it through Epic.

There should be follow up by a more senior resident within the first few weeks of clinic with the new third year residents to troubleshoot and answer questions regarding QIDS administration and documentation.

Residents seem to have increased rates of documentation when there are more frequent reminders regarding the need to do so.

The project was designed over two PDSA cycles in which the following outcome, process and balancing measures were kept track of:

Outcome Measures:
- Average number of times a patient’s QIDS flowsheet is used to track depression symptomatology
- Average number of times that QIDS is completed during the first quarter of the year
- Average number of times that QIDS is completed during the 2nd quarter of the year

Process Measures:
- Individual resident percentages of administering the QIDS and entering the score into the EHR flowsheet
- Overall percentage of residents who administer the QIDS and enter the score into the EHR flowsheet

Balancing Measures:
- Incidence of major depressive disorder in the ECU Psychiatry clinic
- Average time it takes to administer the QIDS to patients

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