Routine Monitoring of the Quick Inventory of Depressive Symptomatology (QIDS-SR16) in Clinic Patients with Major Depressive Disorder

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BACKGROUND

Patients with major depressive disorder often appear euthymic or do not associate some of their symptoms with depression. Providers often fail to ask them about all of the common depressive symptoms. The QIDS-SR16 is a 16-item self-report measure of depression that most patients can complete in less than five minutes. The QIDS provides an objective measure of depression that can aid in establishing a diagnosis of MDD and monitoring response to treatment. Scores range from 0-27 and are broken down as follows: 0-5 = no depression, 6-10 = mild depression, 11-15 = moderate depression, 16-20 = severe depression, 21-27 = very severe depression. Symptoms assessed include disturbance in sleep, emotion, appetite/weight, concentration, view of self, thoughts of death or suicide, general interest, energy level, and psychomotor retardation/agitation. Many times clinically stable patients will have high QIDS scores, thus a potentially necessary adjustment in their treatment regimen is missed.

PROJECT AIM

AIM Statements:

Year 1: To improve the treatment of adult patients with major depressive disorder (MDD) seen by residents in the ECU Psychiatry clinic by increasing utilization of an evidence-based tool to track depression symptomatology by 50% by January 2018.

Year 2: To improve the treatment of adult patients with major depressive disorder (MDD) seen by residents in the ECU Psychiatry clinic by increasing utilization of the QIDs by 50% between the first quarter (July – September) and second quarter (October – December) of the residency year.

MEASURES

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 1st 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

CHANGES MADE (PDSA CYCLES)

PDSA 1

Plan
- Have a designated place within the electronic health record system to log the QIDs scores

Do
- Worked with EMR representatives to reduce the steps from a seven-step process to two steps to input the QIDs score

Study
- Able to see significant increases from May to July but still did not reach our goal of 50%

Act
- Determine other factors that contribute to residents not inputting the QIDs for their patients

PDSA 2

Plan
- Improve the adherence of the residents in administering the QIDs and inputting it into the flowsheet

Do
- Weekly reminder email sent to all 3rd year residents in the beginning of each week

Study
- We were able to surpass our goal in August, which decreased in September

Act
- Focus on transitioning to the new class of residents.

PDSA 3

Plan
- Talk about the QIDs during orientation of the incoming 2nd years to ensure that they were aware of the QIDs and what it entailed

Do
- Background about the QIDs and how it is utilized was presented during orientation

Study
- Data analysis shows that there was a mild increase in the 3 months but did not maintain 50%

Act
- Changes needed to be made that reflected the underlying issue regarding the QIDs

PDSA 4

Plan
- Utilizing a survey given to the residents to assess the biggest needs for change

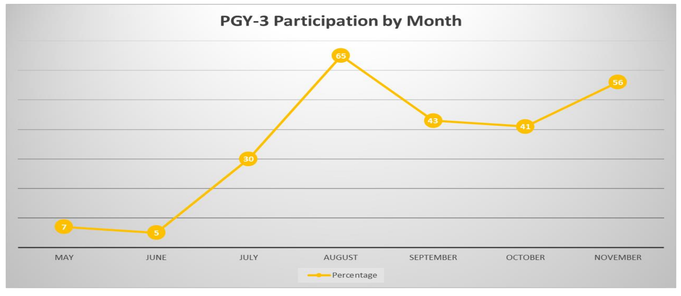
Do
- An 8-question survey regarding various aspects of the QIDs
- Conducted meetings with the residents

Study
- Overall increase by 42% between the two quarters

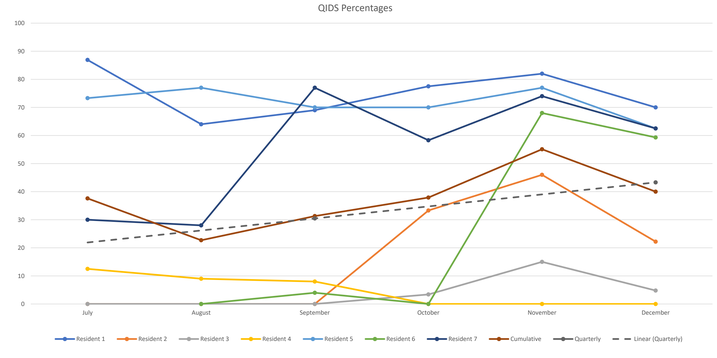
Act
- Small changes in the means by which residents were inputting the scores had a profound effect on the results

RESULTS/OUTCOMES

Year 1



Year 2



LESSONS LEARNED

- Sustainability of any Quality Improvement project is its most difficult, yet challenging component.
- Small changes can have a profound and quick impact.
- There needs to be a stronger emphasis about the QIDS during the residents' orientation to clinic.
- There should be follow up by a senior resident within the first few weeks of clinic with the new third year residents to troubleshoot and answer questions
- Residents seem to have increased rates of documentation when there are more frequent reminders regarding the need to do so.

NEXT STEPS

- Continued QIDS administration, documentation, and data collection for the current third year class, with more regular updates regarding their completion percentages.
- Implementation of a teaching protocol for the rising third year residents to present to them during their orientation to clinic and third year.
- A teach-back method in which each resident would go through and show the senior residents in the beginning of the year how to input the QIDs.
- Utilize the QIDs to help guide patient care, by keeping a log of their scores throughout the year and going through it with the patients.
- Identify which residents have the patients with the most improved or best QIDs score to see what strategies they are using to be successful.

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