



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

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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:

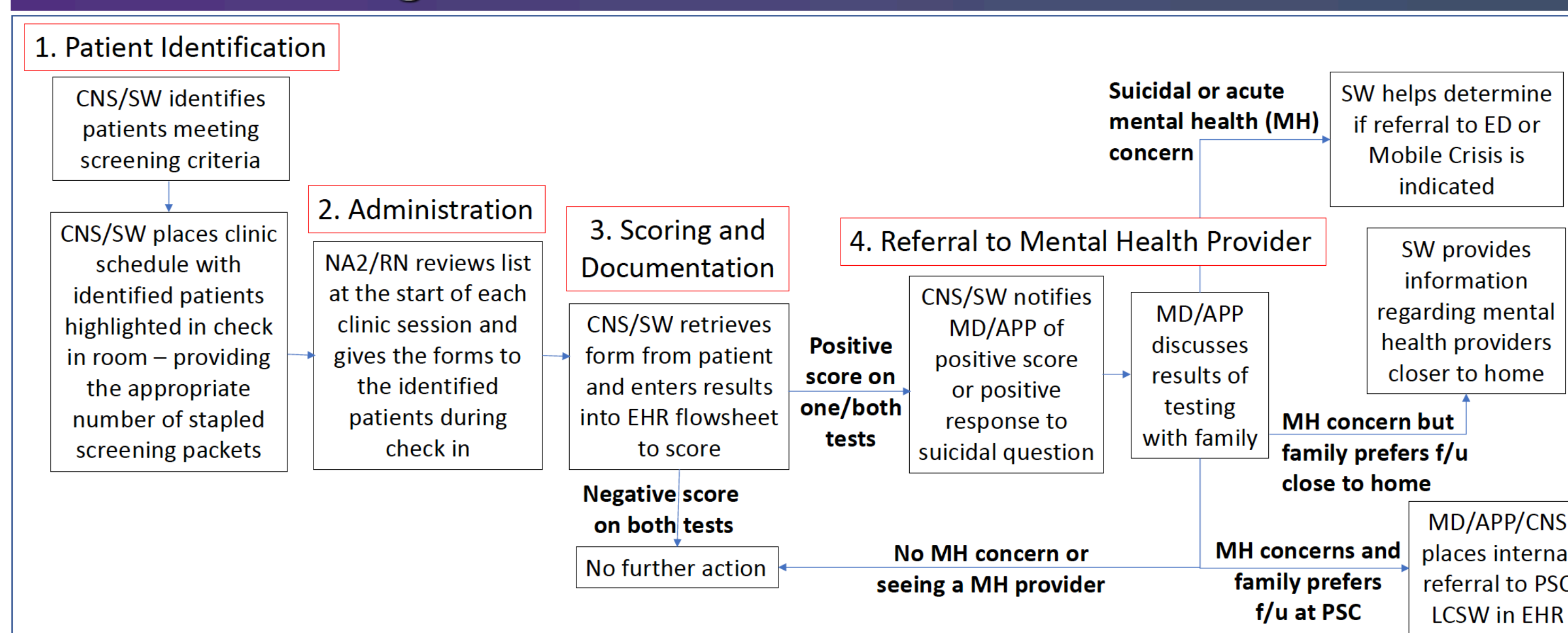
1. Protocol developed to administer and document PHQ-9 and GAD-7 screening tests.
2. Reports generated by the Clinical Informatics Team to gather data regarding screenings in 2019.
3. Protocol and 2019 baseline data presented to the sections in the clinic that care for adolescents aged 12-21 with diabetes,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

## STRENGTHS AND OPPORTUNITIES

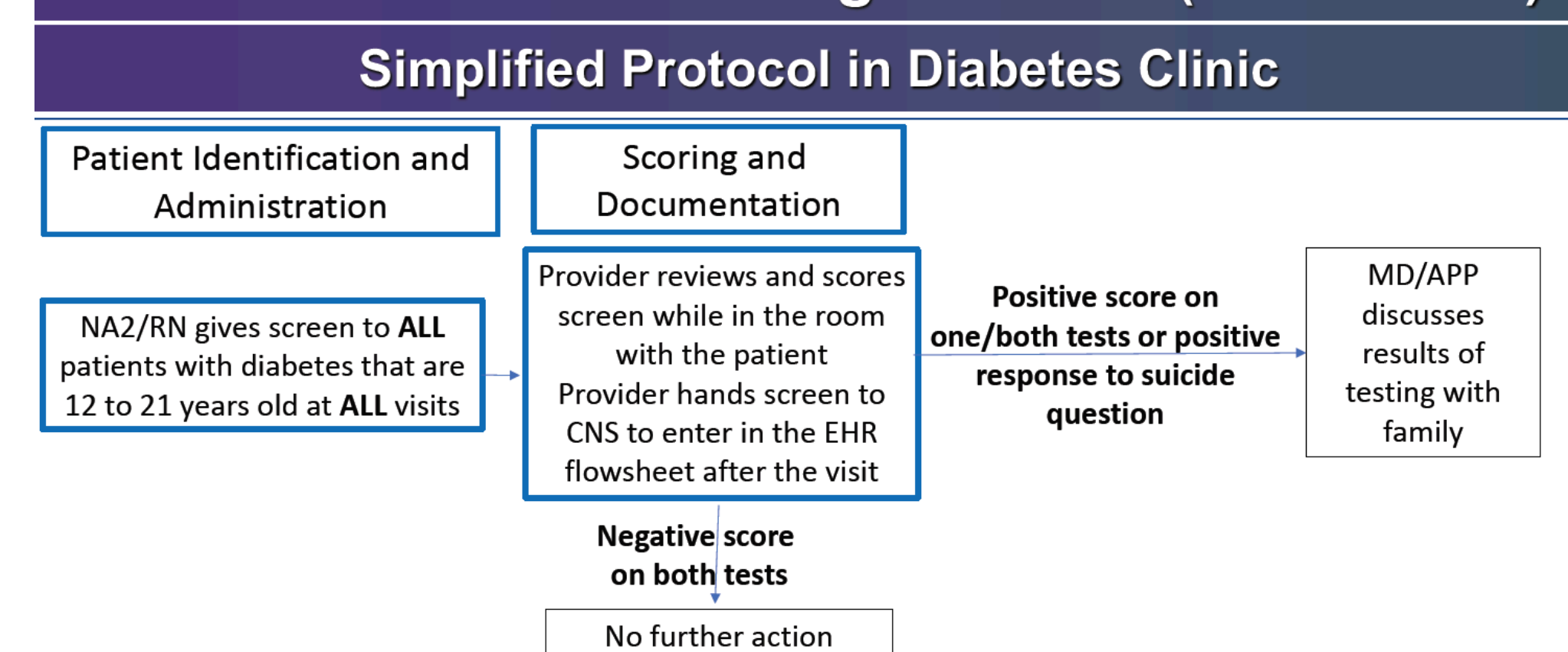
The standardized protocol led to an increase in the annual screening rate from 2% to 47%. With the implementation of PDSA cycles, the team was able to re-evaluate the protocol and its measures after every quarter. Process changes that were then made, included simplifying the number of steps and personnel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

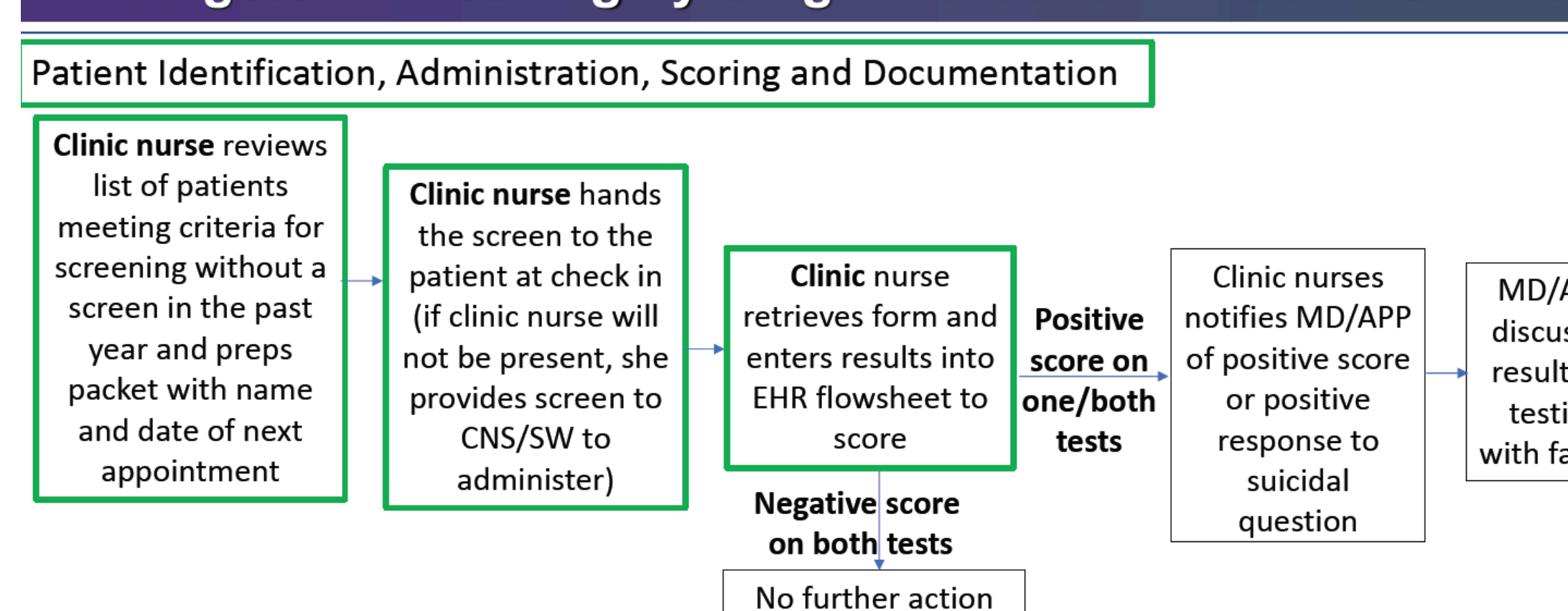
### Initial Screening and Referral Protocol:



### Modifications to Screening Protocol (PDSA 4 to 5):



### Targeted Screening by Single Nurse for All Other Clinics



## 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

## 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.