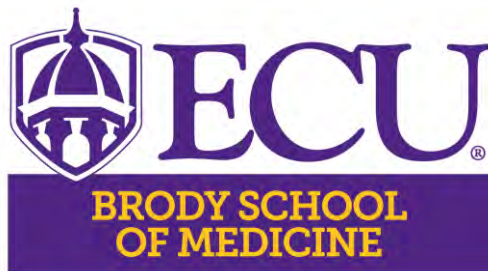


Routine Monitoring of the Quick Inventory of Depressive Symptomatology (QIDS-SR16) in Clinic Patients with Major Depressive Disorder

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Background / Introduction

- Patients with major depression often appear euthymic or do not associate some of their symptoms with depression.
- Providers also 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. 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.

Background/ Introduction

- Symptoms assessed include sleep, feeling sad, 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 necessary adjustment in their treatment regimen is missed.**
- The QIDS provides an objective measure of depression that can aid in establishing a diagnosis of MDD and monitoring response to treatment.

Collaborative Team Members

- Matthew Krause, DO (resident)
- Hunter Story, MD (resident)
- Jubayer Ahmed, MD candidate
- Toni Johnson, MD (program director)

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AIM Statement with Numerical Goals

To improve the treatment of adult patients with major depressive disorder (MDD) seen by residents in the ECU Psychiatry clinic by utilizing an evidence based tool to track depression symptomatology for at least 50% of all MDD encounters by January 2018.

How Will We Know This Change Is An Improvement?

- Begins with the compliance of residents that participate in administering the QIDS. More participation means more data (QIDS scores) collected.
- The data can then be used to assess the ways in which the patient has been improving over time.
- Residents will see what specific areas they need to focus on in treating the patient, and also allow the patients can track their own progress.
- By comparing data of several residents in the clinic, residents with best practices will be identified
- Best practice will be identified by the data showing patients with the most improvement in QIDS (most improved symptoms).

Baseline Data (see next slide for example)

Data collected and analyzed from May-December 2017 showed the following percentage of residents using the QIDS to assess patients with MDD and recording the score in the EPIC flowsheet: 7%, 5%, 30%, 65%, 43%, 41%, and 56%, respectively.

The goal of the Aim Statement to achieve 50% of the clinic using the QIDS to assess patients with MDD and documenting the score in the EPIC flowsheet was achieved before the target goal, though not sustained.

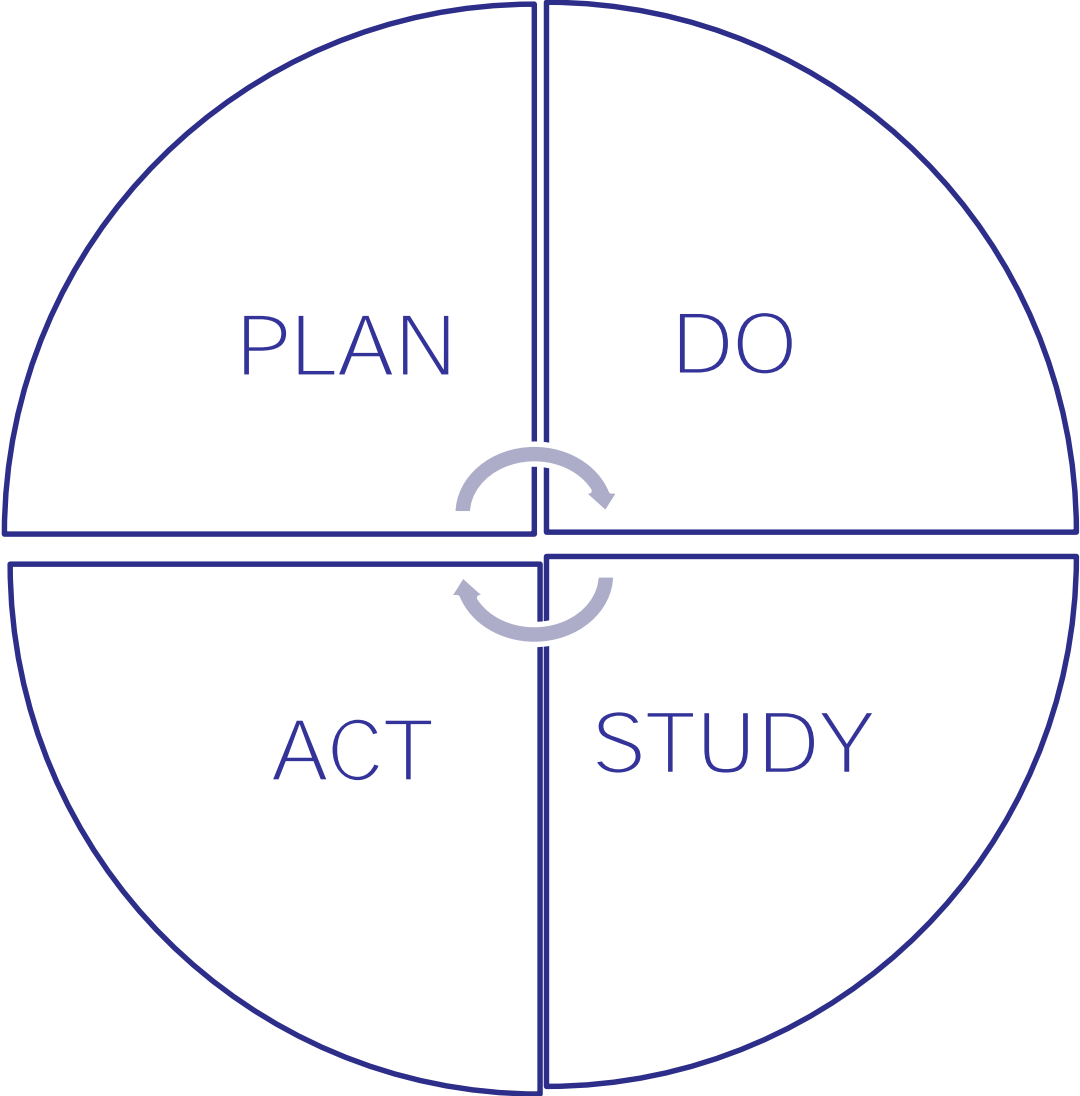
Example of Baseline Data

Measuring the number of times QIDS is recorded **in the EPIC Daily Flowsheet** by each resident for the diagnosis of Major Depressive Disorder in the adult population for the month of November.

Resident	New evaluation with MDD	QIDS recorded for new evaluations with MDD	Follow-ups seen with MDD	QIDS recorded for follow-ups with MDD
Krause	0	0	22	17
Mutter	2	2	15	12
Padda	1	0	11	1
Rajani	5	5	27	13
Rouf	1	1	8	0
Story	2	1	26	21
Wadhwa	1	1	24	7

$$81/145 = 56\%$$

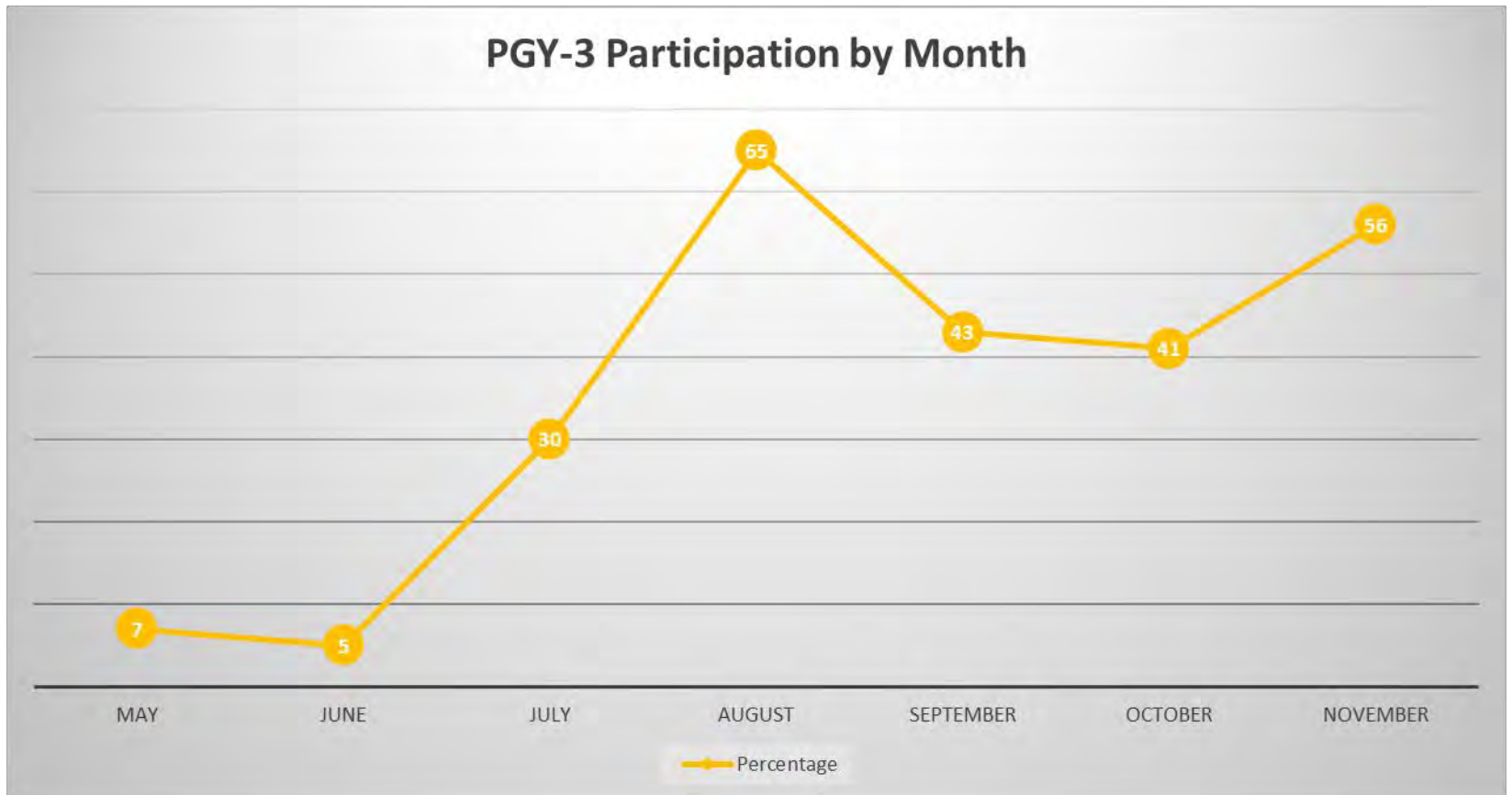
IMPROVEMENT STRATEGY



Improvement Strategies Employed

- **P**: Improve treatment of adult patients with MDD by having a designated place in the chart to log QIDS scores and track them over time.
- **D**: **Record data by going through all clinic patients' charts.** Those with a diagnosis of MDD should have received a QIDS.
- **S**: Analyze data monthly, and compare to our initial goal of 50% as well as to the month prior.
- **A**: If participation consistently falls below goal or is trending downward, more frequent reminders and data collection may be necessary.

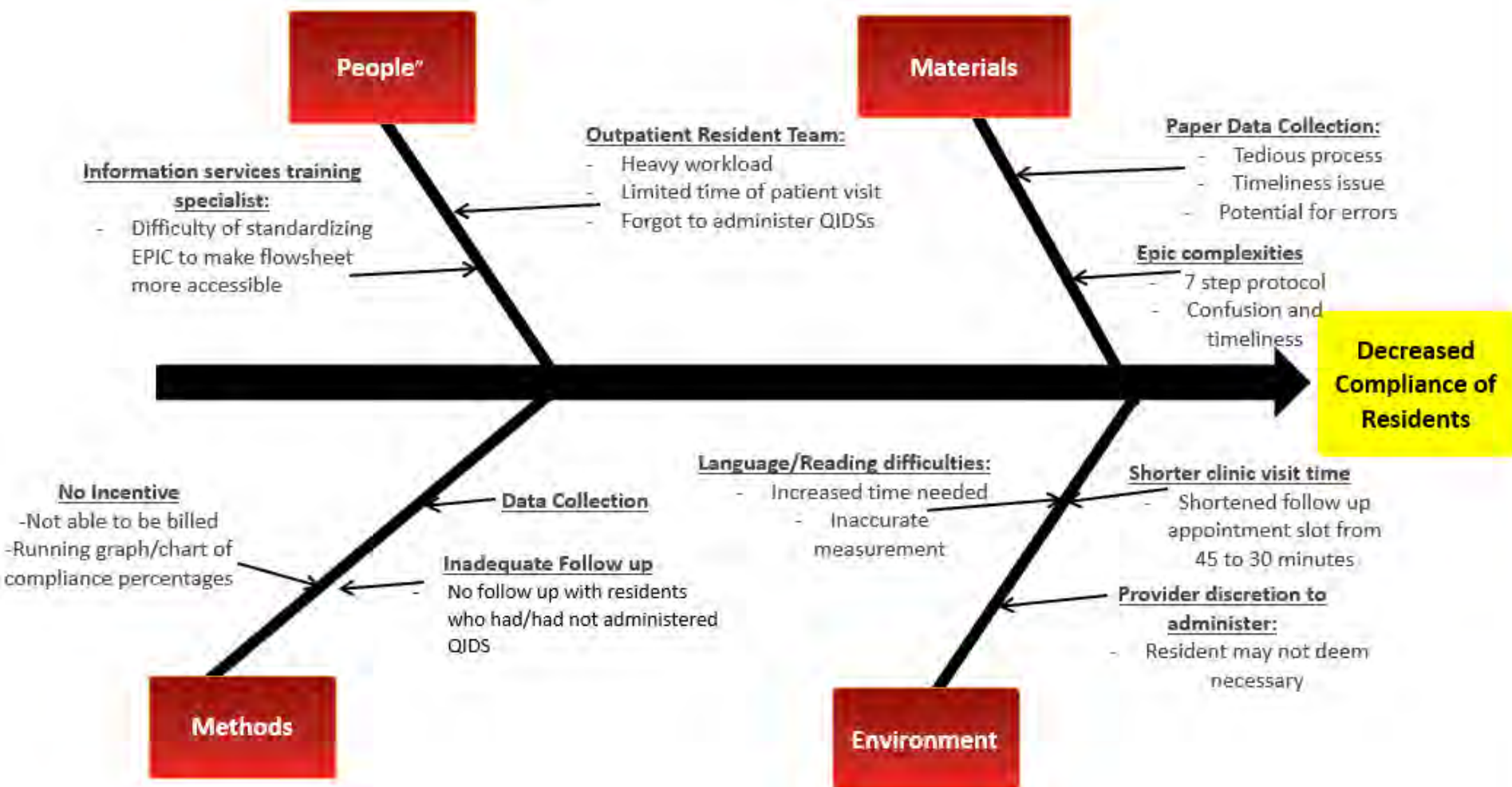
Outcomes



Challenges Encountered in QI Process

All residents must be active participants.

- A possible barrier may be the recently shortened follow-up appointment slots from 45 minutes to 30 minutes. It takes some patients longer than five minutes to complete the QIDS, and many of our patients need to be seen and/or discussed with the supervising attending which can take several minutes.
- Also, patients who appear stable clinically may not be administered a QIDS.



Lessons Learned Through QI Efforts

- Simplifying the process to minimize the time requirement is key.
- Residents, especially those whose participation is lacking, need frequent reminders.
- It is unrealistic to expect 100% compliance.

Next Steps

- Continue to send monthly reminders and updated data to participating residents via email.
- Consider administering the QIDS to patients when they check in for their appointment so that they can complete it while waiting in the lobby.

Questions?

Presenter Contact Information

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