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. This is the second year of our project, and we are focusing on some of the challenges faced in transitioning our project to the new cohort of residents and the changes that took place to see how the data compares between the first quarter and second quarter.

PROJECT AIM

AIM Statement: 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% from July 2018 to January 2019.

PROJECT DESIGN/STRATEGY

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 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

Act
- Changes needed to be made that reflected the underlying issue regarding the QIDs
- The next step was to determine what these underlying issues were and where to address our efforts
- Once it could be determined how to address going about figuring out the biggest issue, the next cycle of the PDSA could began

Plan
- Continue to have above 50% compliance for the residents as the new cycle of residents entered.
- Predict that initially numbers may not be up to par but will then reach the goal as residents get accustomed to utilizing the QIDs
- Talk about the QIDs during orientation of the incoming 2nd years to ensure that they were aware of the QIDs and what it entailed
- Plan to collect data with two new residents that wanted to continue the project from the previous years residents

Study
- Data analysis shows that there was a mild increase in the 3 months that followed this orientation
- Overall the results were not substantially different between the 3 months
- Results did not match our intended goal of achieving the same rate of 50% from last year

Do
- During orientation, the background about the QIDs and how it is utilized was presented
- Residents were informed to upload the QIDs onto the flowsheet and how to go about it through Epic

PDSA 2

Act
- Small changes in the means by which residents were inputting the scores had a profound effect on the results
- Next step will be to continue to identify areas that can be changed in improving the accessibility of the QIDs for residents to utilize
- Next PDSA cycle will need to evaluate how these changes can improve the goal of the project and how these changes can be carried onto the next cohort of residents

Plan
- Utilizing a survey given to the residents to assess the biggest needs for change
- Analyze the results of the survey and group common problems together for one major change that could be constructed
- Predict that utilizing the survey to will allow the project to address the needs of the residents
- Data collection by logging on to see which residents completed the flowsheet for each month

Study
- Residents were taught how to input it into the flowsheet in the correct manner
- The data showed that this simple fix of knowing how to access the flowsheet allowed the group to overall greatly improve
- Although the goal was not met and fell short by a couple percentage points, the overall increase was by 42% between the two quarters
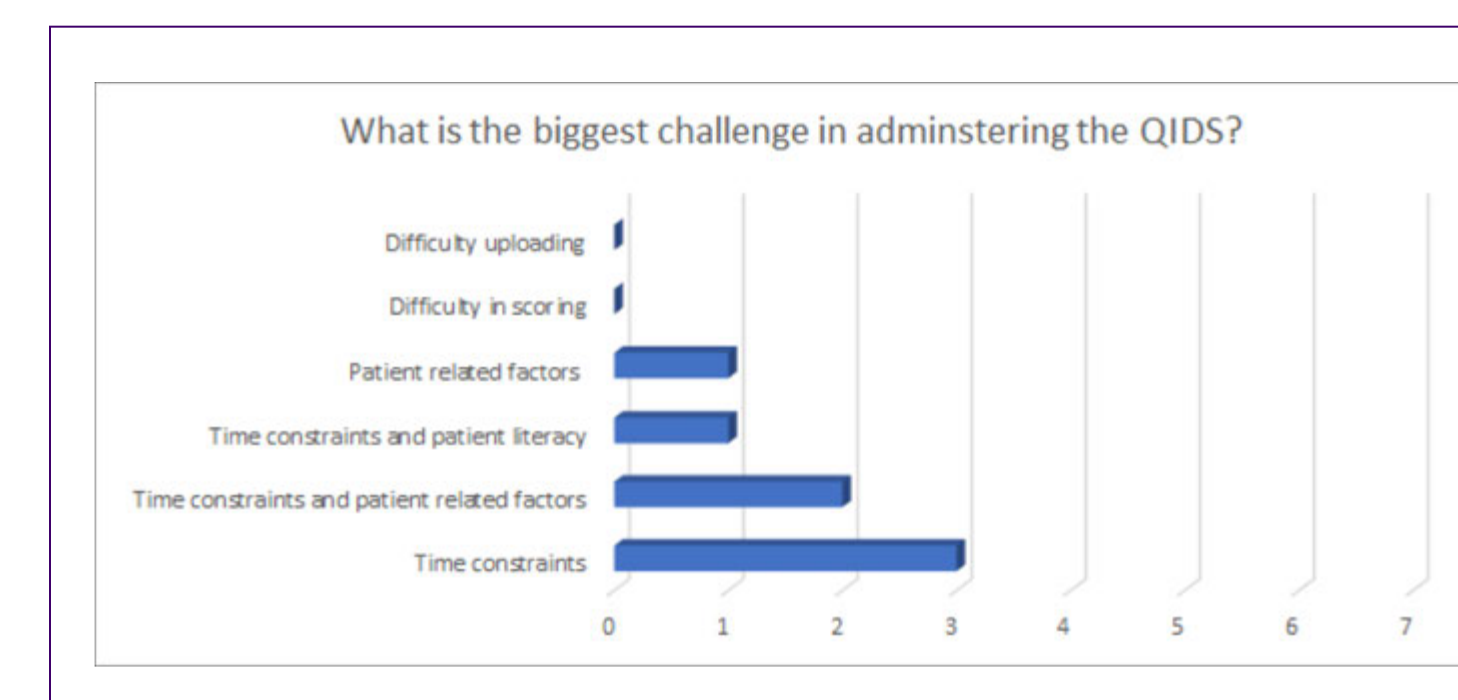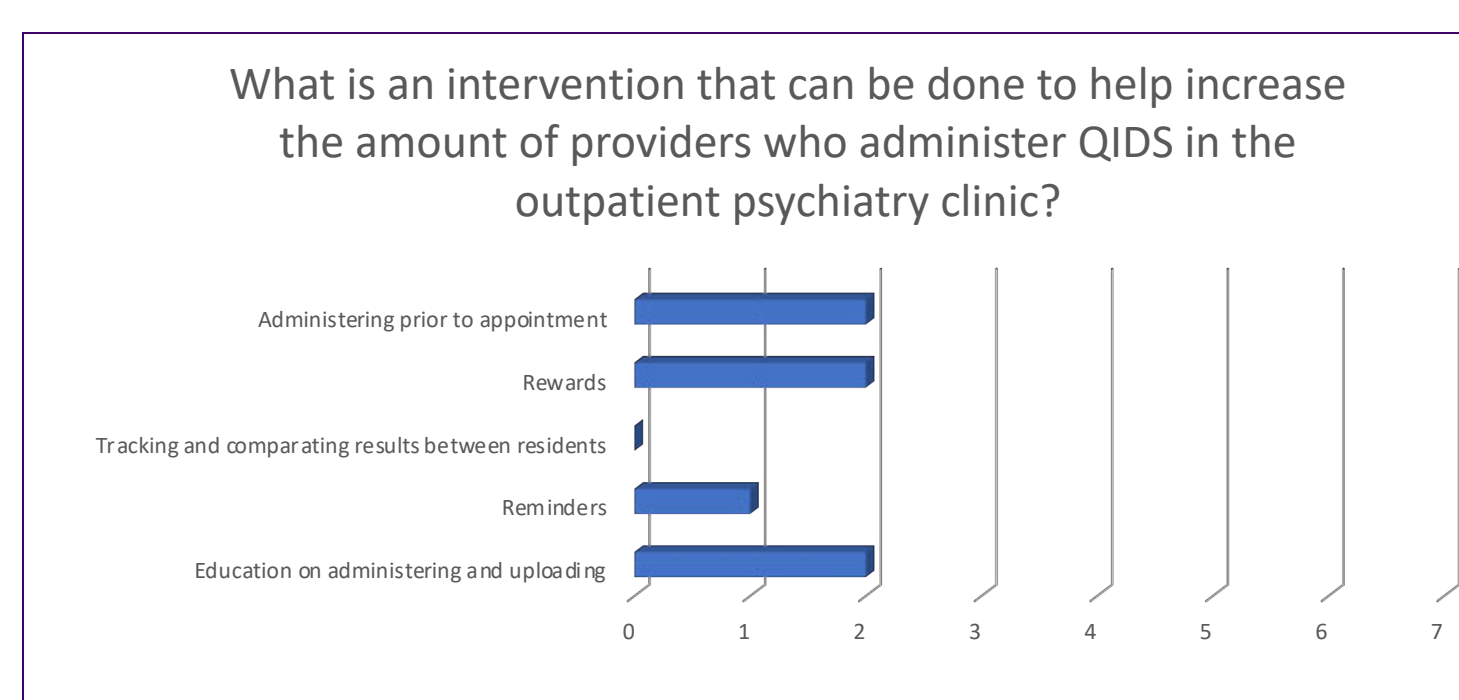
Do
- An 8 question survey regarding various aspects of the QIDs, including comprehensibility, accessibility, and timeliness was sent to all the psychiatric residents in the 2nd year class
- Using the survey, the biggest challenge was the time required to enter the data
- By conducting meetings with the residents that had the biggest issues with timeliness, a simple mistake of the residents inputting the values into the wrong QIDs form was recognized
- Collect data over the next quarter

RESULTS/OUTCOMES

QIDS Percentages
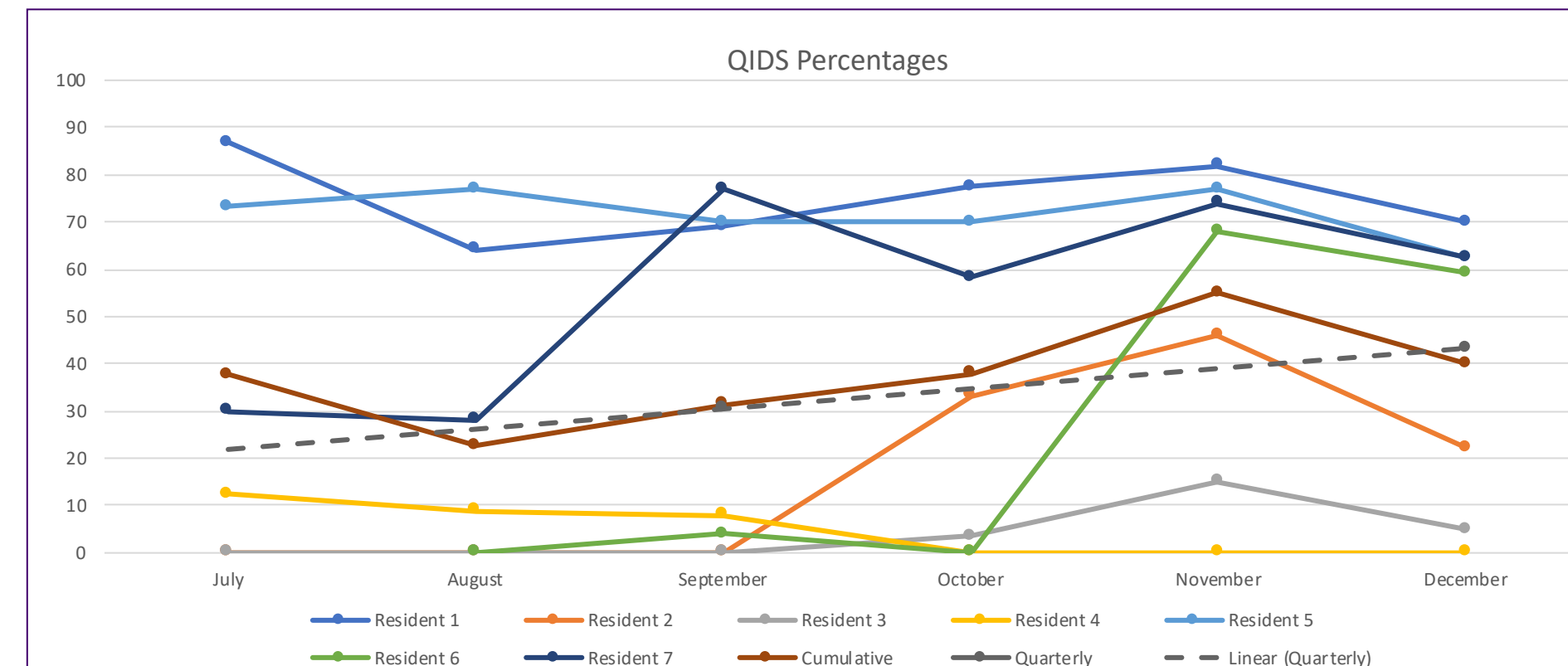
Monthly cumulative rates of QIDS tracking by all residents were 38%, 23%, 31%, 38%, 55%, and 40%. The overall rate of tracking by residents improved from 30% to 43% between quarters. This was a significant increase of 42%. All individual resident tracking rates improved between quarters with the exception of 'Resident 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.

What is an intervention that can be done to help increase the amount of providers who administer QIDS in the outpatient psychiatry clinic?

What is the biggest challenge in administering the QIDS?

LESSONS LEARNED

- The maintenance of any Quality Improvement project is its most difficult, yet challenging component. Transitioning the project from one year to another presents itself with a myriad of new challenges, but small changes can have a profound and quick impact.

- There needs to be a stronger emphasis about providing the QIDS to patients and documenting in EPIC during the residents' orientation to clinic.

- This can include a structured presentation about how to set up EPIC to make documenting QIDS easier and more efficient.

- 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.

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.

ACKNOWLEDGEMENTS

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