## Project Description / Purpose

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| **Project Name:** | Depression Screening for Adult Population (PHQ 9) |
| **Clinic:** | Outpatient clinics |
| **Process:** | Increase Depression Screening and Follow up Plan if positive rate |
| **TIP 2.0 Process Milestone:** | Adult BH & PCP Milestone 6 (depression screening for all adults) |
| **Project Description / Purpose** | |
| Valleywise Health (VH) seeks to improve our current rates for Depression Screening and Follow up Plan. We recognize depression screening using the PHQ 9 is critical in identifying and referring patients who may benefit from behavioral health treatment, as well as reducing the risk of suicide in our patient population. While we currently screen using the PHQ2 and PHQ9, we have found gaps in patients who are overdue for screening, as well as inconsistencies in screening rates across our ambulatory clinics. The purpose of this project is to increase our depression screening rates for all patients aged 12 and older, implement consistency in screening rates across all ambulatory clinics, and ensure referral and follow-up for positive screens. The current UDS (Uniform Data Source) National Benchmark is 70.02%. Our rate in calendar year 2023 was 73.77% with our goal for 2024 is >74.5% | |

## Project Overview

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| **Problem Summary:** | Not all patients are currently receive depression screenings and inconsistencies have been noted across ambulatory clinics. |
| **Desired Outcome(s):** | To increase Depression Screening and Follow up Plan if positive rate to continue to exceed the UDS national Benchmark (70.02%), promote consistency across ambulatory clinics, and ensure referral and follow-up for positive screenings. |
| **Benefits:** | The success of this project will increase our chance for identifying patients with depression and at risk for suicide and connecting them with support and/or treatment. |

## Timeline

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|  | **Description of Task and Completion Dates** |
| **Task 1** | SBAR to be completed for distribution to clinic staff to notify of depression screening process. Due date 9/1/2024. |
| **Task 2** | PHQ-9 Adolescent Flowsheet in EPIC to ensure age-appropriate standardized tool to be utilized. Due date 10/1/2024. |
| **Task 3** | If screening was positive a follow up is clearly documented in electronic health record (EHR). Due date 9/1/2024. |
| **Task 4** | Review data at the enrolled clinics to ensure the depression screenings are being completed. Due date 9/1/2024. |

## Project Scope

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| **In Scope Project Objectives** |
| The primary objective of this project is to use quality improvement strategies to improve the completed screening rates for depression for all patients aged 12 and older at our ambulatory clinics. |
| **Out of Scope Project Objectives or Activities** |
| We are not addressing any problems related to other screening measures, the patient population less than 12 years of age or patients at our specialty outpatient clinics. |

## Project Team

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| **Team Lead:** | Dr. Baharak Tabarsi | **Project Champion:** | Dr. Michael White |
| **Process Owner:** | Michelle Barker | **Process Manager:** | Christie Blanda |

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| **Stakeholders** | | | |
| **Stakeholder** | **Title** | **Department** | **Organization** |
| Brandon Fisher | Nursing Director | Ambulatory | Valleywise Health |
| Jose Luis Madera | Sr Manager Integrated BH | Behavioral Health | Valleywise Health |
| VH TI 2.0 Steering Committee | NA | Cross-functional representation, including ambulatory care, care management, integrated behavioral health, IT, finance, quality | Valleywise Health |

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| **Project Team Members** | |
| **Name** | **Team Role** |
| Amanda Jacobs | Quality Analyst |
| Dr. Alicia Cowdrey | Behavioral Health |
| Dr. Clint Anthony | Behavioral Health |
| Dr. Sandra Yuh | Ambulatory |

## Signatures

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| **Process Owner**  ***Michelle Barker*** |  |
| **Project Champion**  ***Dr. Michael White*** |  |
| **Team Leader**  ***Dr. Baharak Tabarsi*** |  |