

It's OK not to be OK so let's talk. Need to list team: name and role/credential

Branford High School (BHS) is home to approximately 860 students and the School Based Health Center (SBHC) enrolls 90% of the student population. The racial profile includes primarily-people who self-identify as white. The two largest minority groups are Asian Pacific and Hispanic. The SBHC offers medical and behavioral health services to any student enrolled. An estimated 3.1 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented 12.8% of the U.S. population aged 12 to 17. The prevalence of major depressive episode was higher among adolescent females (19.4%) compared to males (6.4%).¹

Many patients with depression may not say they are depressed and come into the office complaining of physiological symptoms and it is up to the primary care provider to figure out what is going on.

In primary care, "more than half of outpatient medical visits are for somatic complaints, which are often associated with depression and anxiety. However, even if patients with depression and anxiety complain of only somatic symptoms, they will answer questions about the presence of depressive or anxious symptoms if asked."²

The U.S. Preventive Services Task Force³ recommends that adolescents be screened for depression using a validated questionnaire, and only when systems are in place for diagnosis, treatment, and follow-up.

Initial Approach:

Professional Staff Involved:

- School Based Nurse Practitioner (APRN), School Based Licensed Clinical Social Worker (LCSW), and School Based Administrative Associate

Initial Process:

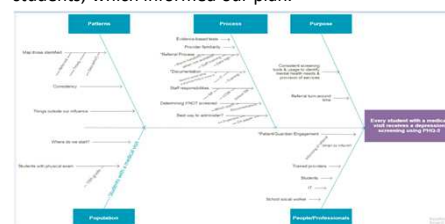
- EHR-embedded depression screening completed during a physical.
- Positive score triggered and informal referral to LCSW
 - Students who presented at routine medical visits other than physicals with depressive symptom concerns were referred to the LCSW.
 - Students who were referred to the LCSW received a depression screening, however, there was no universal tool being used between providers, but a consistent tool was used by the LCSW.

Patterns Observed:

- The APRN and LCSW used different screening tools.
- A depression screening was being completed by the APRN, but only when a physical was completed.
- There was no formal process for documentation of any follow up for screenings conducted at visits other than physicals.

PLAN

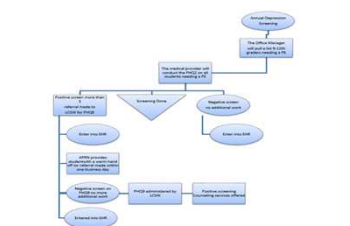
We developed a fishbone diagram outlining factors that should be in place to ensure depression screening of our students, which informed our plan.



Complete a depression screening, using the PHQ2 as a tool, for every 10th grader who receives a physical at the SBHC.

- Implement PHQ2 for each 10th grader receiving physical exam at SBHC. (Start small to prevent a surge in referrals to the LCSW)
 - NP administers PHQ2
 - Each positive PHQ2 will be referred to LCSW
 - Warm handoff will be made to LCSW within one business day.
- Develop data collection tool

Plan for Workflow



Initial Specific AIM: To provide an annual depression screening to all enrolled students in the SBHC at Branford High School with a medical visit.

DO

PDSA #1 focused on screening only on 10th graders receiving a physical.

- Implemented PHQ2 for each 10th grader receiving physical exam at SBHC. (Started small to prevent a surge in referrals to the LCSW)
 - ARNP administered PHQ2
 - Each positive PHQ2 was referred to LCSW
 - Warm handoff was made to LCSW within 1 business day.
- Developed data collection tool

Date	ID	Age	Grade	PHQ2 pos (+) neg (-)	Referral Made? (Yes/No)	Bus. Day	PHQ9 pos (+) neg (-)	Services Provided	Service Provider	Name
8.28		16	10	x						
9.4		16	9	x						
9.24		16	12	x						
10.4		16	11	x						
10.15		17	11	x						
10.16		16	11	x						
10.19		15	10x	x			x		Services offered: pool	
10.23		16	11	x						
11.1		14	10	x						
11.1		15	9	x						
11.1		14	10x	x					BH provider with SBHC already	
11.1		15	11x	x			x			
11.2		16	11	x						
11.2		15	10	x						
11.2		14	9	x						
11.2		15	9	x						
11.5		16	11x	x			x		Has outside provider Positive PHQ2/PHQ9 no PHQ9 Services offered: pool	
11.8		15	10x	x			x		Positive PHQ2/PHQ9 no PHQ9 Services offered: pool	
11.8		15	9x	x			x		Positive PHQ2/PHQ9 no PHQ9	
11.9		15	10x	x						
11.12		15	11	x			x			

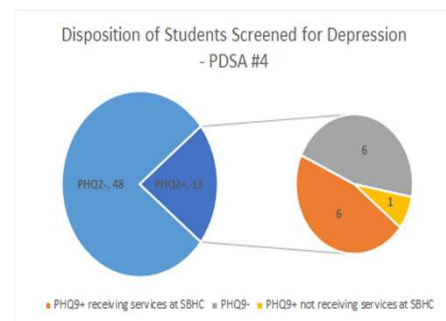
Due to the small number of 10th grade students receiving physicals in the first couple of months of implementation, we grew the initiative through several PDSA cycles. Adjustments were as follows:

- 10-1-18 PDSA#2** Expanded implementation PHQ2 for each 9th and 10th grader receiving a physical exam at the SBHC
- 10-15-18 PDSA#3** Expanded implementation to include PHQ2 for each 9-12th grader receiving a physical exam at the SBHC
- 11-1-18 PDSA#4** Expanded implementation to include PHQ2 for every student with a medical visit

Every student who screened positive on the PHQ2 during the initial visit with the medical provider was referred to the School Based LCSW and provided a warm hand-off within one business day.

STUDY

This project allowed our SBHC to assess and identify many students who would not have been assessed during a routine medical visit. As part of PDSA #4, we screened 122 students using the PHQ2. This resulted in 23 PHQ2-positive students who were all referred to the LCSW for follow-up and screening using the PHQ9. Of these, 10(43.5%) screened positive on the PHQ9, and 8 of the 10 (80%) began receiving services as the SBHC.



This process has become standard practice at Branford High School and Walsh Intermediate, as of January 2019.

REFLECTIONS ON ANALYSIS

One of the greatest experiences to come from this project was the evolution of the team. This small group of professionals truly came together and strengthened their team approach to collaborate. Through the collaborative approach our team took to this project, we were able to identify pitfalls and make changes efficiently. In addition, starting small is key to ironing out details before expanding a project.

When we expanded our population during PDSA #4, we saw an unexpected increase in positive PHQ2 screens and corresponding increase in workload.

Lessons Learned:

- Clarification of 24-hr warm hand-off vs. 24-hr admin of PHQ9 and full assessment:
 - It was important to clarify for the LCSW what a 24 hour warm hand-off looked like. It was initially thought by the provider that the warm hand-off included a full assessment and the PHQ9. The clarification was that the warm hand-off only entailed a quick meet and greet and possibly scheduling the full assessment for the future.
- Why students with positive PHQ9 may not have been referred:
 - Some students were not referred to treatment (see data collection sheet) because they are already in treatment with an outside agency or connected within the school for therapy. Some students declined treatment and therefore the APRN will follow them closely and continue to support them as well as communicate with parents and school.
- Screening of students who would not have otherwise been screened (e.g., coming in only for flu shot):
 - Since all students receiving a medical visit completed a PHQ2, some students who would not have otherwise been screened were found to have a positive PHQ2.
- Through screening, we also identified other issues besides depression -- for example, drug use and abuse, weight concerns, and anxiety.

ACT

- Continue to use this process as a standard practice.
- The Walsh Intermediate School has adopted this practice with students 12 and older, with minor adjustments:
 - The APRN, following a warm hand-off with any positive PHQ2, will contact the guardians.
 - The LCSW will contact the guardians following the warm hand-off.
- Next Steps:
 - Branford High School Health Center will identify a final way to indicate on patients' paper charts (by year) that a student has had a PHQ2 assessment completed.

¹ National Institute of Mental Health, www.nimh.nih.gov/health/statistics/major-depression.shtml

² USPSTF...

³ Genesight, The Silent Illness: The Importance of Screening for Depression in Primary Care, October 2, 2017. PrimaryCareCompanion.to.the.Journal.of.Clinical.Psychiatry