Implementation of a Standardized Depression and Suicidality Screening Tool in a Pediatric Emergency Department

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Background

- 4 in every 100,000 children ages 10-19 commit suicide every year.¹
- Rady Children's Emergency Department saw 96,500+ patients in FY2017, 2,600 where behavioral health complaints, which is a year-to-year increase of over 20% per year.
- A need was identified for a standardized tool to screen all patients age 12 years and older for at risk behaviors of depression and suicidality.

Objectives

- Align with The Joint Commission National Patient Safety Goals and maintain compliance.
- Utilize a validated tool to screen patients.
- Implement safety precautions when necessary.
- Provide educational materials and community resources for patients who are at risk of “moderate to severe” (Score 10-19) depression.
- Decrease utilization of 1:1 sitters in the Emergency Department.
- Decrease percent of Social Work consults.

Methods

- A committee was formed to oversee the implementation of the screening tool.
- The Patient Health Questioner (PHQ-9) and the Columbia Suicide Severity Rating Scale (CSSRS) were selected as the evidence based tools to screen patients for depression and suicidality.²,³
- Worked with the hospital Epic builder to build the tool in Epic.
- Screening tool was introduced and education provided to the staff.
- Implemented “hard stop” when printing the AVS if screening not completed.
- Score-dependent “Best Practice Advisories” (BPA) were designed to advise staff what resources were needed for patients at risk for depression or suicidality.

Results: July – August 2017

<table>
<thead>
<tr>
<th>PHQ Screened with CSSRS</th>
<th>Screened positive for depression</th>
<th>Placed on 5150 after SW Eval</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,987</td>
<td>212</td>
<td>175</td>
</tr>
<tr>
<td>98% of eligible 12 y.o. were screened</td>
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</tbody>
</table>

32 Patients over two months identified at-risk for depression that would not have been identified prior to the PHQ screening tool.

Conclusion

- Successful implementation of the PHQ and CSSRS tools to screen all patients age 12 years and greater in the Emergency Department with 98% of eligible patients screened to date.
- Future improvement will include expansion of sitter usage tracking as it correlates to the CSSRS tool included with the PHQ-9.
- Additions will also include providing education/training to new employees during the on-boarding process.

References:

2 Kroenke K, Spitzer R, Williams W. The PHQ-P: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616