



## NEWS RELEASE

### FOR IMMEDIATE RELEASE

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### **Quality improvement interventions improve efficacy of depression screening and follow-up**

*Study appears in January 2019 issue of The Joint Commission Journal on Quality and Patient Safety*

(OAKBROOK TERRACE, Illinois, January 3, 2019) – Depression is the leading cause of disability and often goes unaddressed, particularly for minorities, immigrants and refugees.<sup>1-2</sup> While evidence-based guidelines recommend screening for the adequate diagnosis, treatment and follow-up of depression, only seven states report depression screening and follow-up.

A new study in the January 2019 issue of [The Joint Commission Journal on Quality and Patient Safety](#), “[Not Missing the Opportunity: Improving Depression Screening and Follow-Up in a Multicultural Community](#),” by Ann M. Schaeffer, DNP, CNM, and Diana Jolles, PhD, CNM, details the work of Harrisonburg Community Health Center (HCHC), Virginia, to improve the efficacy of Screening, Brief Intervention and Referral to Treatment (SBIRT) for depression – an evidence-based approach to identify and treat disorders related to substance abuse.

Researchers implemented four core interventions at HCHC, a rural Federally Qualified Health Center (FQHC) with three clinic sites:

- Use of written standardized Patient Health Questionnaire (PHQ) screening tools in six languages
- The Option Grid™, a standardized tool to help clients who screen positive for depression to share what matters most to them
- A “right care” tracking log to assist providers in documenting follow-up phone calls and visits for clients who screen positive for depression
- Team meetings and in-services to support capacity building

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<sup>1</sup> World Health Organization. Depression. 2018. Mar 22 Accessed Jul 20, 2018. <http://www.who.int/news-room/fact-sheets/detail/depression>

<sup>2</sup> Tarricone I , et al. Ethnic variation in the prevalence of depression and anxiety in primary care: a systematic review and meta-analysis. *Psychiatry Res.* 2012 Feb 28;195:91–106.

Surveys, charts and registry data were used to analyze and evaluate the population health impact of the interventions. Results showed provision of evidence-based care increased to 71.4 percent and adherence to follow-up increased from 33.3 percent to 60 percent. Screening in the client's preferred language also increased to 85.2 percent, identifying a positive PHQ incidence of 45.5 percent.

“The project demonstrated the feasibility of using rapid-cycle improvement to improve depression screening and follow-up within a multicultural community health center,” the authors noted. “This project also brought attention to a chronic condition with long-standing implications for individual and community health that too often go unidentified and therefore unaddressed.”

The January 2019 issue is available online free to the public until the end of 2019. Also featured in the issue:

- [“A Health System-Wide Initiative to Decrease Opioid-Related Morbidity and Mortality”](#) (Brigham Health, Boston)
- [“Variations in the Delivery of Emergency General Surgery Care in the Era of Acute Care Surgery”](#) (A study based on 2,811 acute care surgery hospitals)
- [“Maternal Obstetric Complication Rates Remain High in Illinois: A Retrospective Study, 2010-2015”](#) (Northwestern University Feinberg School of Medicine, Chicago)
- [“Building the Driver Diagram: A Mixed-Methods Approach to Identify Causes of Unplanned Extubations in a Large Neonatal ICU”](#) (Monroe Carell Jr. Children's Hospital/Vanderbilt University, Nashville, Tennessee)
- [“A Comprehensive Approach to Eliciting, Documenting, and Honoring Patient Wishes for Care Near the End of Life: The Veterans Health Administration's Life-Sustaining Treatment Decisions Initiative”](#) (Veterans Health Administration, Washington, D.C.)
- [“Impact of Real-Time Clinical Decision Support on Blood Utilization and Outcomes in Hospitalized Patients with Solid Tumor Cancer”](#) (Northwestern University Feinberg School of Medicine, Chicago)
- [“How Well Do Incident Reporting Systems Work on Inpatient Psychiatric Units?”](#) (Veterans Health Administration, Washington, D.C.)

For more information, visit [The Joint Commission Journal on Quality and Patient Safety](#) website.

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**Note for editors**

The article is “Not Missing the Opportunity: Improving Depression Screening and Follow-Up in a Multicultural Community,” by Ann M. Schaeffer, DNP, CNM; and Diana Jolles, PhD, CNM. The article appears in *The Joint Commission Journal on Quality and Patient Safety*, volume 45, number 1 (January 2019), published by Elsevier.

***The Joint Commission Journal on Quality and Patient Safety***

*The Joint Commission Journal on Quality and Patient Safety* (JQPS) is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care. JQPS is the official journal of [The Joint Commission](#) and [Joint Commission Resources, Inc.](#) Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.