

Problem Statement

- Suicide is the second leading cause of death in children and adolescents age 10-19 years old in the United States
- The prevalence of depression among adolescents has doubled since the start of the COVID-19 pandemic
- Epidemiologic data suggests that many patients who complete a suicide had contact with the healthcare system in the preceding weeks
- A small, privately-owned pediatric primary care clinic in Baltimore County, Maryland noted an increase in adolescent patients presenting for sick visits with a chief complaint of depression or suicidal ideation (SI) between 2018 and 2021

Purpose

To increase the identification of SI in adolescents at one primary care clinic through standardized screening using the Ask Suicide Questions (ASQ)

Goals

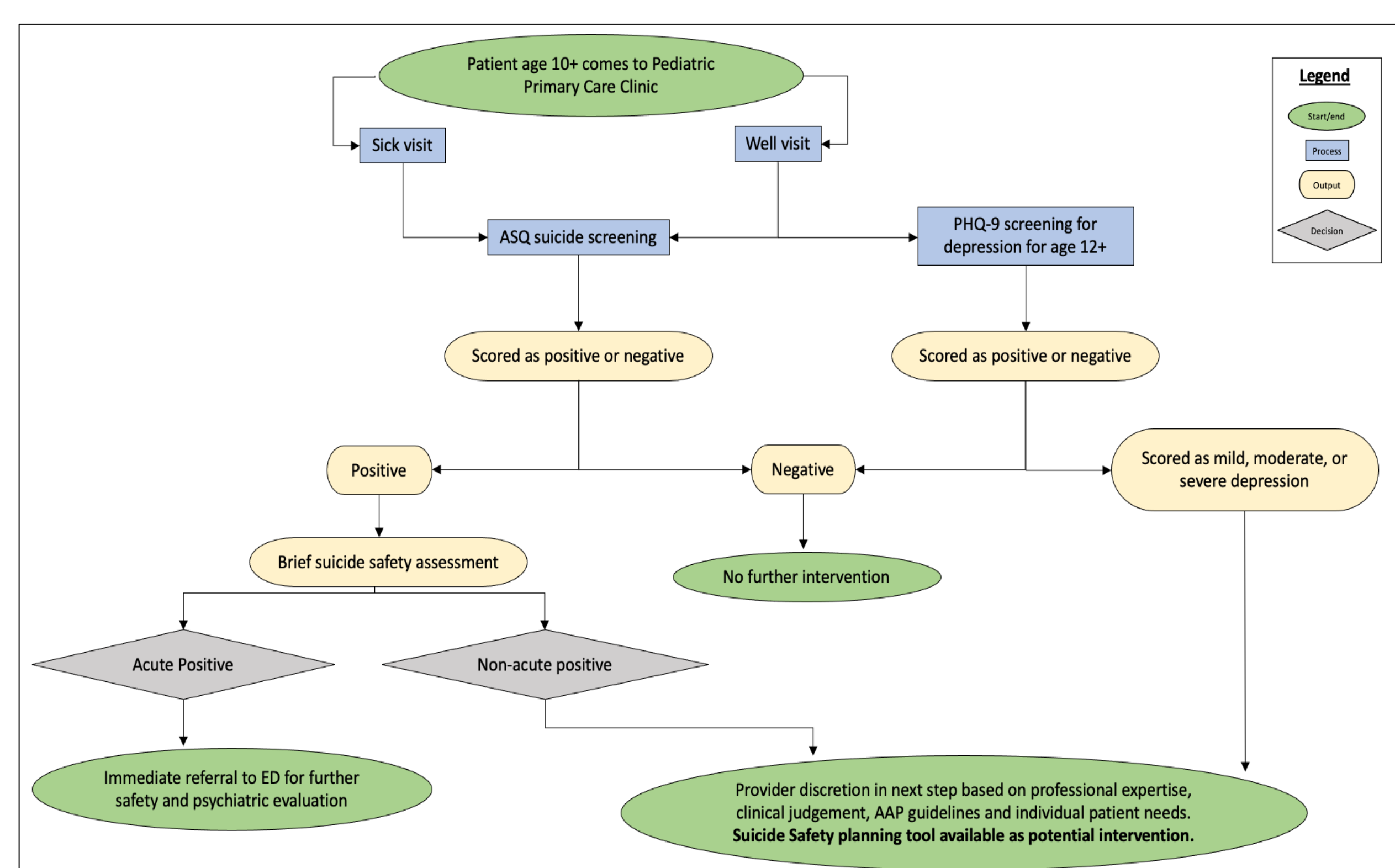
Process goals

- Adjust intake process to include ASQ screening
- 100% of patients seen for well child or non-febrile sick visits receive ASQ screening

Outcome goals

- 100% of patients with positive ASQ screen will undergo brief suicide safety assessment (BSSA)
- Increase early referral to mental health specialists

Process Map



Methods

Setting: private pediatric primary care clinic

Population: all patients age 10 years and older seen for well child exam or non-febrile sick visit

Intervention: ASQ screening administered upon admission by medical assistant for all eligible patients

- A “yes” response to any of the four items indicates a positive screen and triggers further assessment from the provider using the brief suicide safety assessment (BSSA)

Implementation strategies:

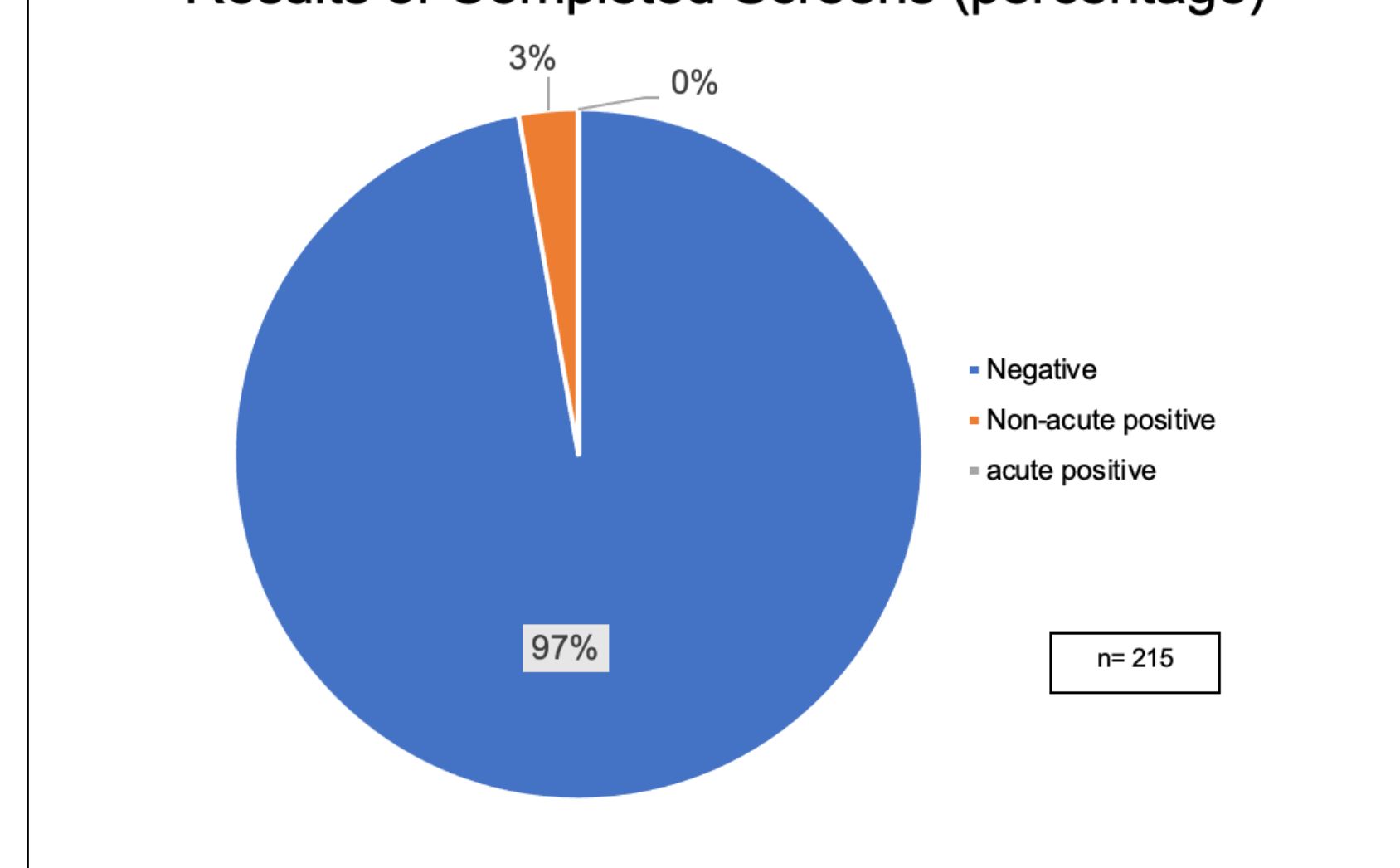
- Standardized education for all staff prior to implementation
- Use of change champions
- Weekly on-site clinical supervision by project lead

Measures:

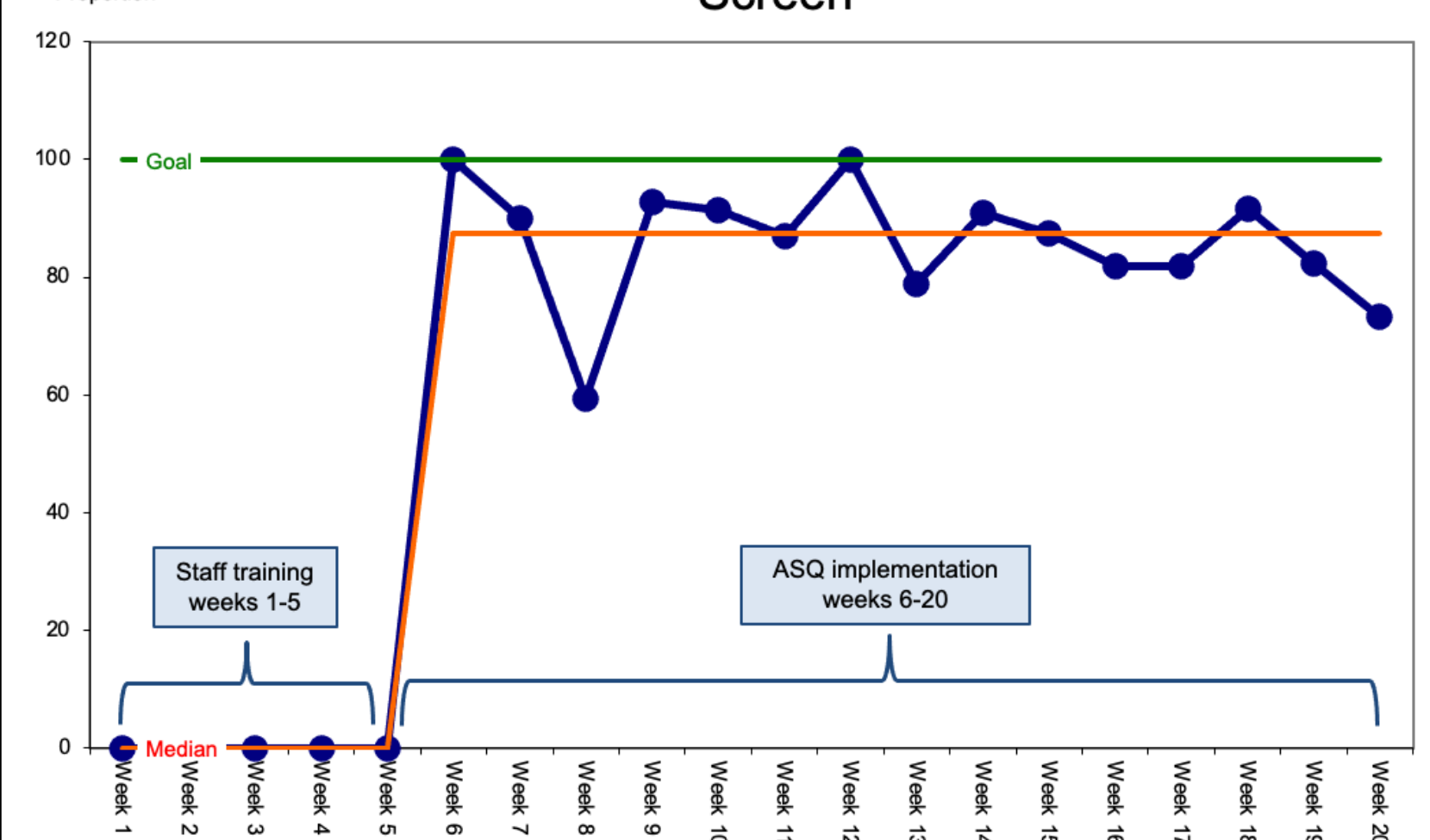
- Total number of eligible patients seen weekly
- Number of ASQ screens complete
- ASQ screen results (non-acute positive, acute positive, negative)
- BSSA completed if indicated (yes, no)
- Referral provided if indicated (yes, no)
- Other intervention provided

Results

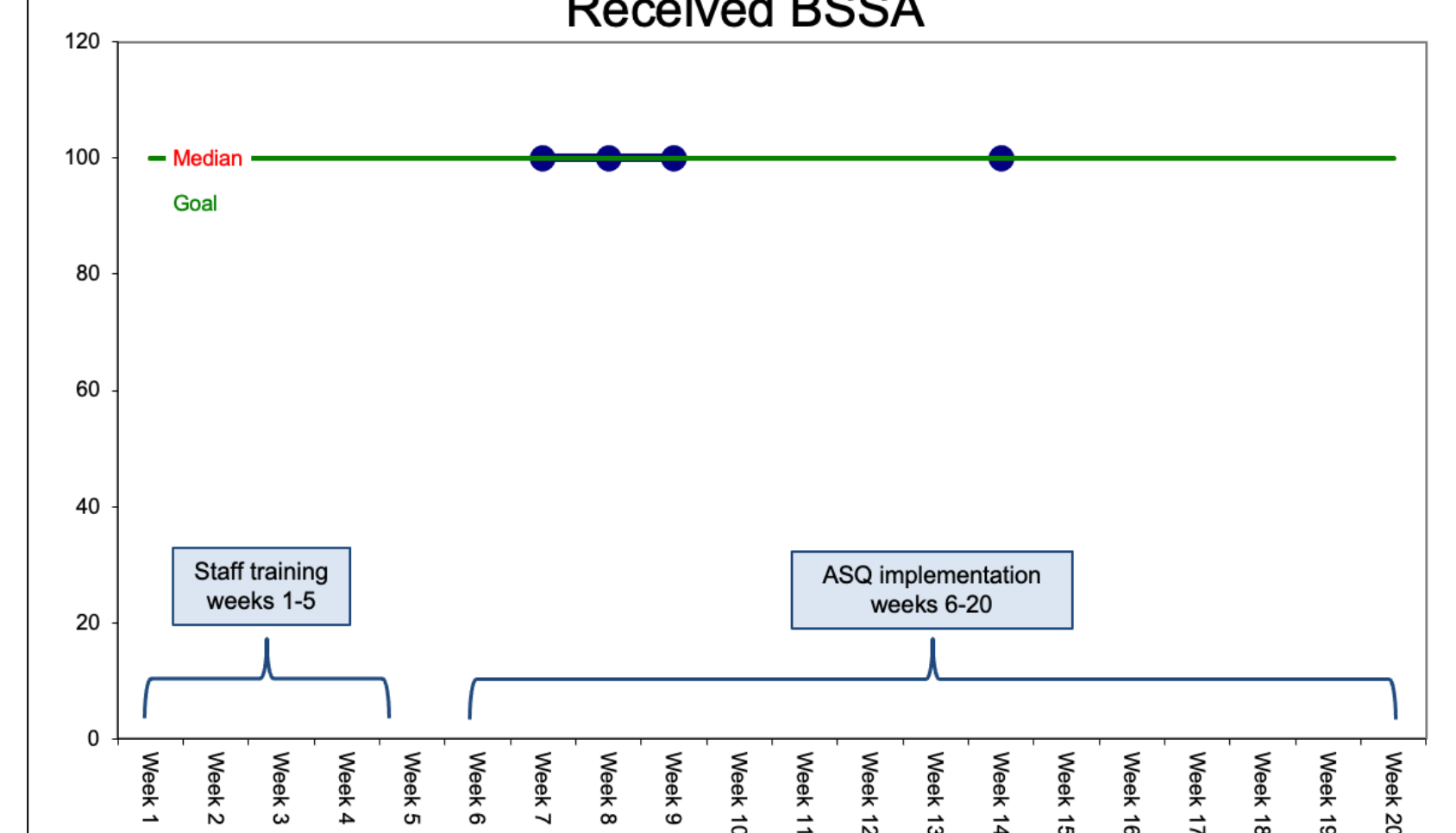
Results of Completed Screens (percentage)



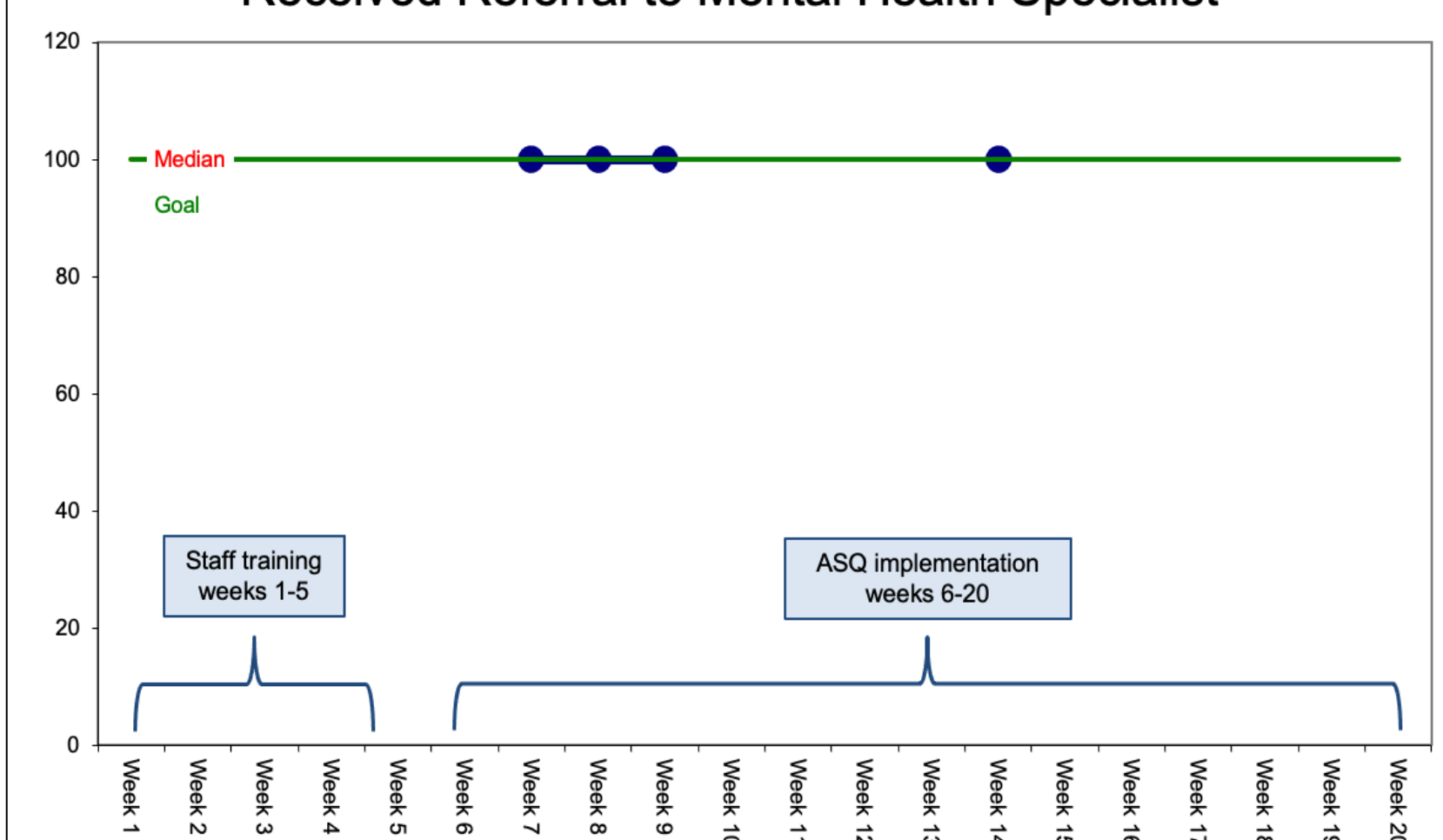
Proportion of Eligible Patients with Completed ASQ Screen



Proportion of Patients with Positive ASQ who Received BSSA



Proportion of Patients with Positive ASQ who Received Referral to Mental Health Specialist



Discussion

Results

- Weekly screening rates of eligible patients ranged from 59.25-100% with an average rate of 85.3%
- 100% of patients who screened positive on ASQ received BSSA by their provider as well as a referral to a mental health specialist
- There were no acute positive screen results
- Other interventions: safety plan created (1), started sertraline 50mg (1), resource handout (1), mental health follow-up scheduled (2)

ASQ screening at this primary care clinic:

- Administration takes less than 30 seconds, minimal burden to staff
- Improved early identification of SI in adolescents
- Increased proportion of patients undergoing BSSA and receiving early referral to mental health specialist

Limitations

- Short project implementation/study period
- Small sample size, few positive screens
- Refusal of patients to complete screening
- ASQ screening not integrated into electronic health record (EHR) (paper screening tool must be scanned into record)

Conclusions

ASQ screening has increased the identification of SI in adolescents at this primary care clinic, resulting in earlier referral to mental health specialists

Sustainability:

- Implemented as permanent practice change
- Training on ASQ added to orientation for newly hired staff members
- Change champions serve as a clinical resource and support person

Implications for Practice:

- ASQ screening is a brief tool that can be implemented in the primary care setting to increase identification of SI in adolescents

Next Steps:

- Integrate ASQ into EHR
- Develop network of local mental health specialists to decrease wait time for appointment

References and Acknowledgements

For complete reference list, please scan the QR code:



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