



College of Nursing

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BACKGROUND / SIGNIFICANCE

- In the United States, 4.1 million adolescents report having major depressive episodes, with only 41.6 seeking care.
- Suicide is the 2nd leading cause of death for 15 – 24 years old.
- Half of adolescents that committed suicide were seen by a healthcare provider within four weeks of their death.**
- 60% of \$280 billion is spent on adolescent mental health care
- American Academy of Pediatrics (AAP) has acknowledged suicide as a public health concern.
- The Suicide Rate in Arizona was 14 per 100,000 adolescents while the U.S. was 10.8 per 100,000 from 2018 to 2020.
- The problem in a pediatric primary care clinic is the lack of suicide screening and standardized care with adolescents.

EVIDENCE REVIEW

- The AAP recommends universal screening beginning at 12 years of age at least yearly and no more than once a month.
- Pathways exist to create an effective and efficient way to standardize care and reduce problems in care.

PURPOSE

A quality improvement project to implement the use of the ASQ Toolkit and clinical pathway to identify suicide risk in adolescents in a pediatric primary care clinic setting over an 8-week period.

OBJECTIVES

- Educate staff and providers on the pathway and process and update resource list at clinic.
- Implement the Youth suicide risk screening pathway along with the ASQ toolkit for adolescents presenting for a well child visit.
- Monitor number of referrals for positive screens.
- Monitor accuracy of appropriate billing in EHR.

OUTCOMES

- Providers and staff attend education session.
- 80% of adolescents presenting for a well child visit will be offered the screening.
- Referrals or resources are given to 100% of patients that screen positive.
- 100% of screenings are billed with appropriate CPT coding.

METHODS

- Setting:** Pediatric primary care clinic in a Southwestern urban city
- Population:** 2 Pediatric Nurse Practitioners, 1 Physician Assistant, and 2 Medical Assistants
- Data Collection:** 11/7/2023 to 1/5/2024
- Intervention:** Patients received the PHQ-9 and ASQ at each well child visit. Providers utilized the toolkit and pathway to implement management plans for patients that screen positive
- The Plan, Do, Study, Act (PDSA) model was used to guide the project

ASQ Screening Tool and Algorithm

ASQ Suicide Risk Screening Tool (NIMH TOOLKIT)

Ask Suicide-Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? Yes No
- In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- In the past week, have you been having thoughts about killing yourself? Yes No
- Have you ever tried to kill yourself? Yes No
If yes, how? _____
When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

- Are you having thoughts of killing yourself right now? Yes No
If yes, please describe: _____

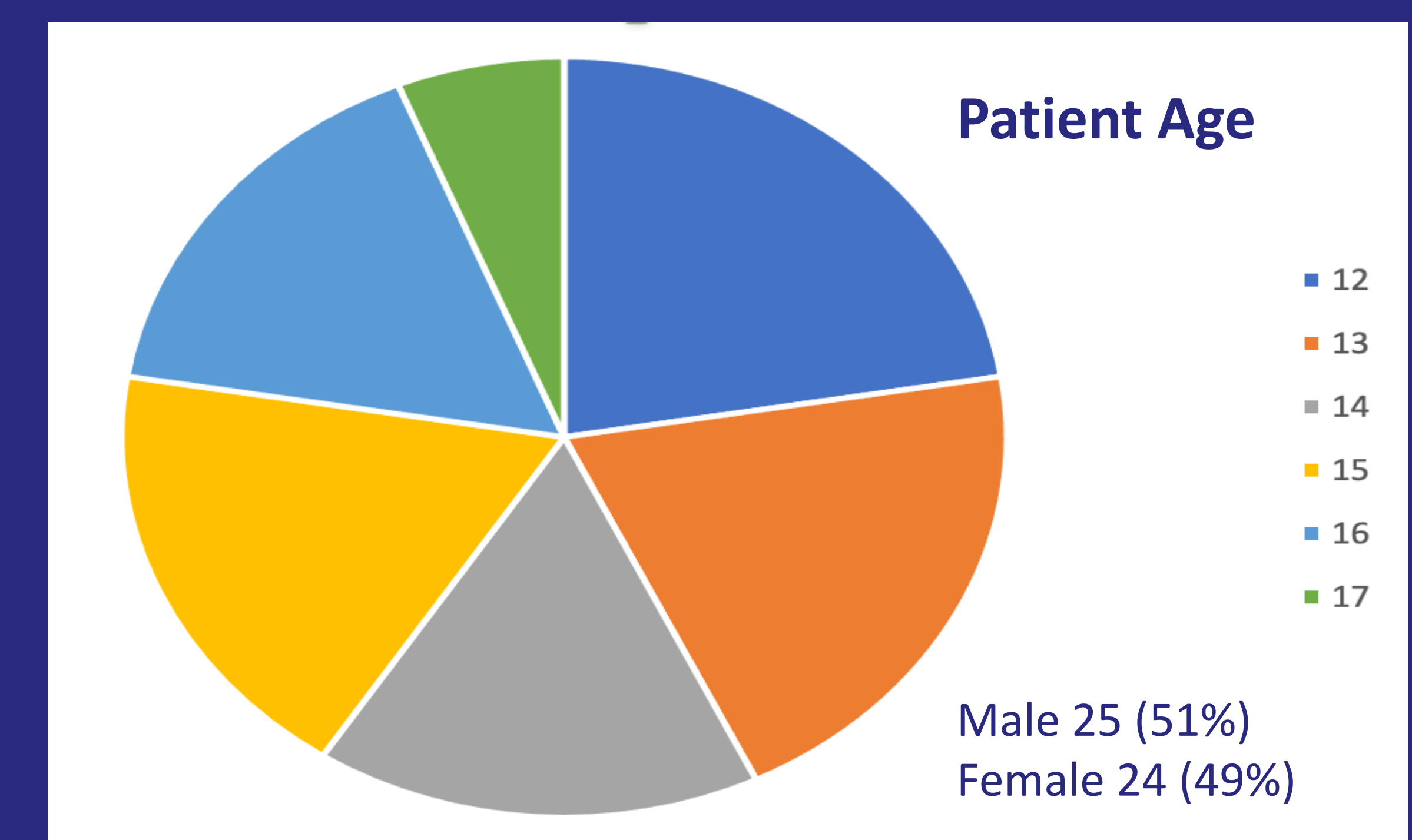
Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT** safety/full mental health evaluation.
 - Patient cannot leave until evaluated for safety.**
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. **Patient cannot leave until evaluated for safety.**
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

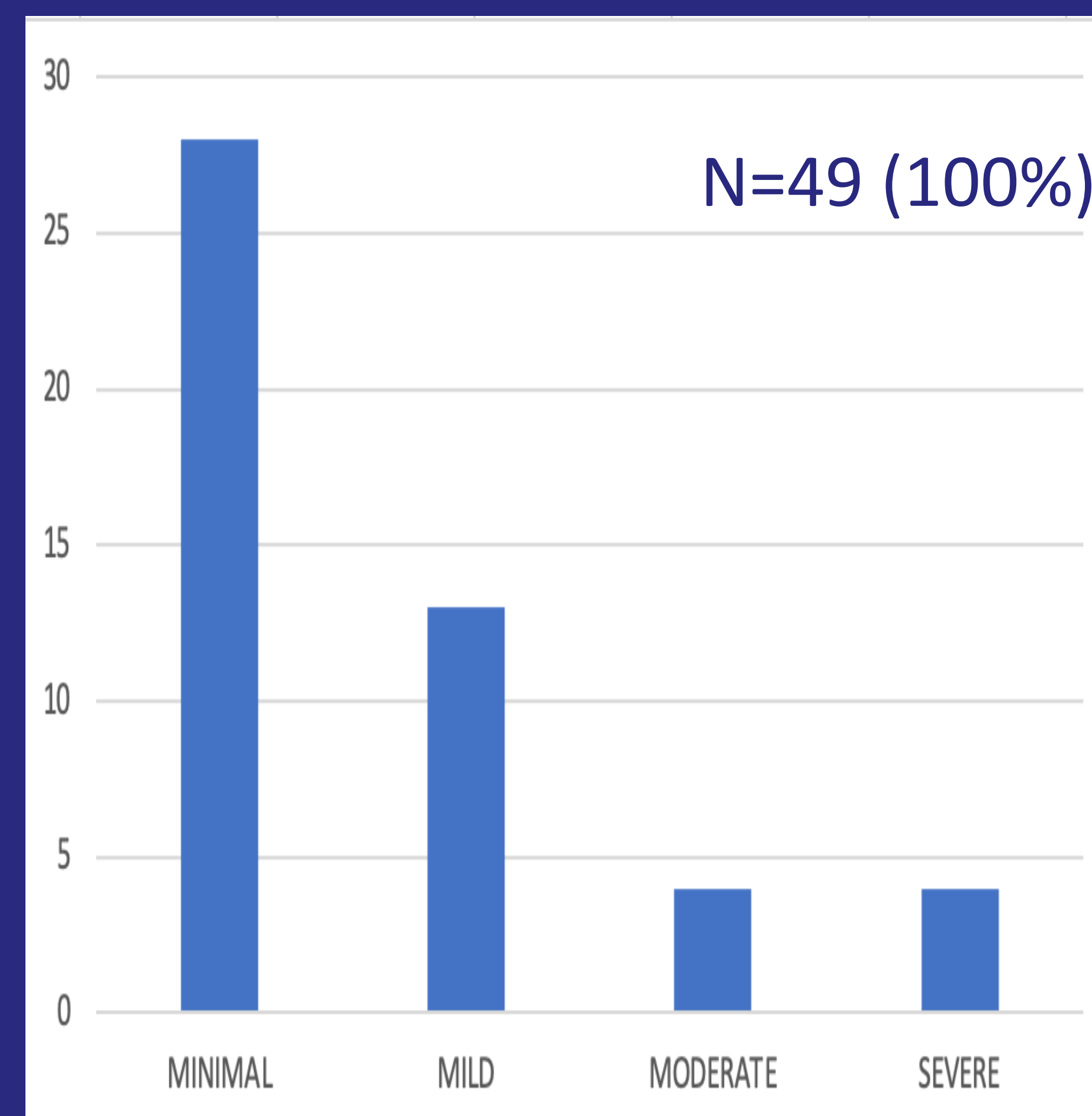
ASQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) 7/1/2020



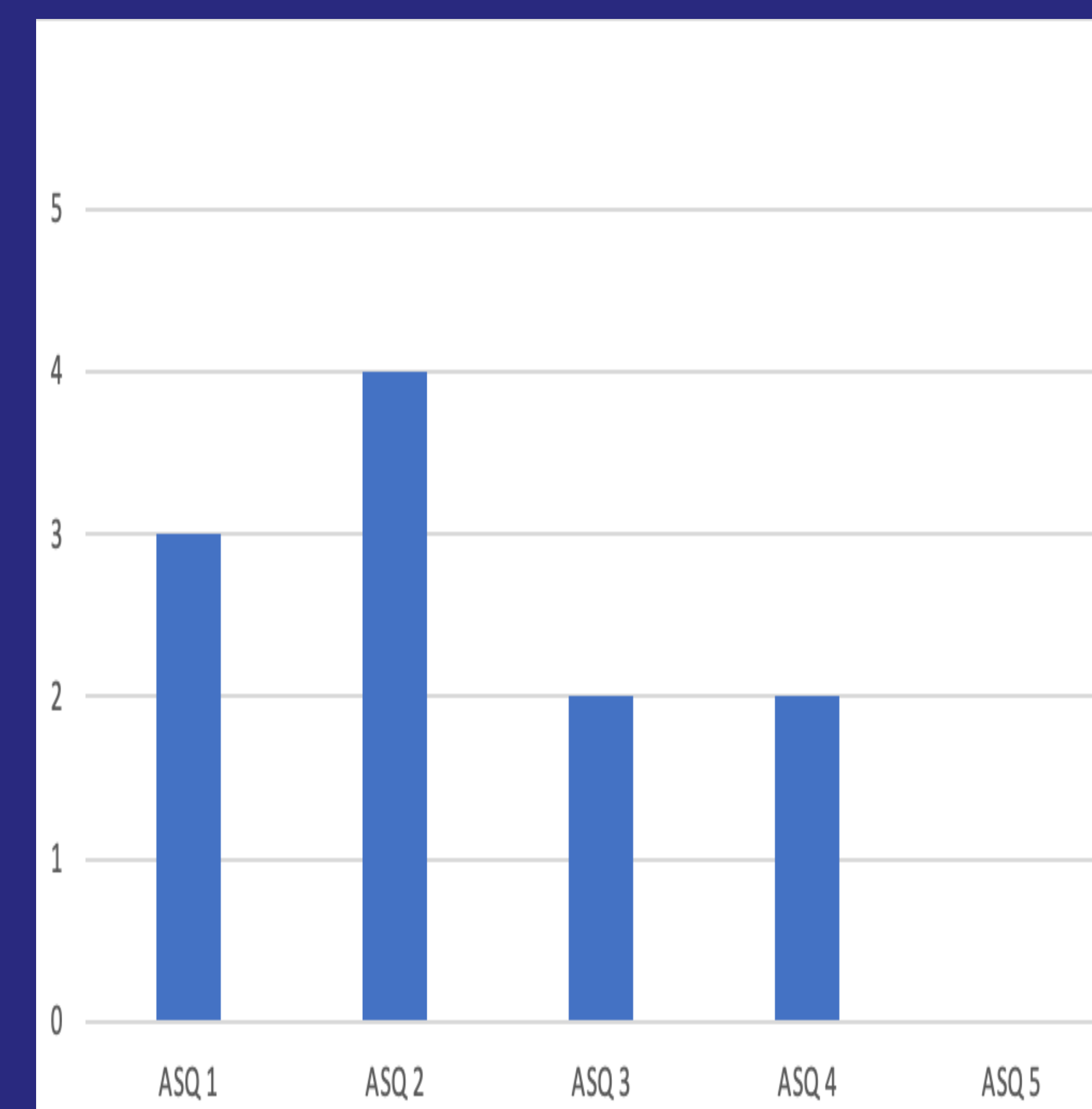
Referrals	2
Stat Care	3
Resource List	5
Referrals + Resource List	2
Refusal	2

RESULTS

PHQ-9 SCORES



ASQ SCORES



LIMITATIONS

- Shorter implementation period (8 weeks)
- Smaller clinic size with 3 providers
- Lack of follow up on referrals

PRACTICE IMPLICATIONS/FUTURE WORK

- Accurate coding benefits the reimbursement for clinics
- Expand education and toolkit to other clinic locations
- Develop processes for referral follow up and repeated screenings
- Continued education on mental health issues in primary care
- Work with local resources to gain more resources

CONCLUSION

This QI project showed that utilizing the ASQ toolkit by screening adolescents with both the PHQ-9 and ASQ can increase a provider's ability to properly manage their mental health and equip the patient and family with proper management tools.