

## PDSA worksheet

plan - do - study - act - plan - do - study - act

<b>Project Lead</b>	Alexis Ponder, Stacy Cowherd	<b>Title</b>	Depression Screening in Diabetic ACC Patients: "PDSA" Review of the Process
<b>Team</b>		<b>Change</b>	Screening Process Analysis
<b>Date Range</b>	7/2009	<b>Cycle #</b>	1
		<b>Key Words</b>	

**BACKGROUND:** What led you to start this project? Is this cycle a continuation of another cycle? Why is this topic relevant? Include any baseline data that has already been collected. Include relevant information from literature.

The connection between depression and medical non-compliance is well established in the medical literature (DiMatteo 2000, Anderson 2001). There is some debate about the causal relationship between depression and diabetes (Nutting 2002, Nau 2007, Gazmararian 2009); however, it is generally accepted that since these two diagnoses are related, alleviating burden of suffering from one may reduce morbidity from the other. At the UNC Ambulatory Care Center (ACC) we have developed a screening program to improve our recognition and, hopefully, treatment of depressed patients. The electronic diabetes database (est. 2003) provides a convenient patient population with which to study the effectiveness of depression screening, as these patients have good, easily accessible medical records and compliance data. Our project involves a critical analysis of the way depressed patients are currently identified and treated in the ACC. Previous PDSA cycles in this arena have shown that screening patients for depression does actually improve the documentation and treatment of this diagnosis (Brill). Previous PDSA cycles have also lead to use of walkie talkies, which improve communication between providers and facilitate the screening/treatment process (Boone). We hope to take these works a step farther by examining the entire process of depression: screening through treatment and follow-up, from the perspectives of health care providers. From this project we hope to suggest ways to streamline the screening/treatment process, and ultimately improve burden of suffering from depression in the entire clinic.

- Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. The prevalence of comorbid depression in adults with diabetes: a meta-analysis. *Diabetes Care*. 2001; 24: 1069-1078.
- DiMatteo MR, Lepper HS, Crogan TW. Depression is a risk factor for noncompliance with medical treatment: meta analysis of the effects of anxiety and depression on patient adherence. *Arch of Int Med*. 2000; 160: 2101-2107.
- Nutting PA, Rost K, Dickinson M, Werner JJ, Dickinson P, Smith JL, Gallovic B. Barriers to initiating depression treatment in primary care patients. *J Gen Intern Med*. 2002 Feb;17(2):103-11.
- Nau DP, Aikens JE, Pacholski AM. Effects of gender on oral medication adherence in persons with type 2 diabetes mellitus. *Gen Med*. 2007 Sep;4(3):205-13.
- Nau DP, Chao J, Aikens JE. The relationship of guideline-concordant depression treatment and patient adherence to oral diabetes medications. *Res Social Adm Pharm*. 2005 Sep;1(3):378-88.
- Gazmararian JA, Ziemer DC, Barnes C. Perception of Barriers to Self-care Management Among Diabetic Patients. *Diabetes Educ*. 2009 Jun 25.