Utilization of PRIME screening questionnaire in clinical practice

Daniel Yang

Samuel Murray

Follow this and additional works at: https://digitalcommons.psjhealth.org/gme_wamt_all

Part of the Behavioral Medicine Commons, Medical Education Commons, and the Psychiatry and Psychology Commons
Utilization of PRIME screening questionnaire in clinical practice
Daniel Yang, MD, Samuel Murray, MD
Psychiatry Residency Spokane

BACKGROUND

- Schizophrenia is serious and persistent mental illness that has devastating impacts on a person’s life.
- Roughly 75% of individuals with psychotic disorders experience their first episode before 25 y/o in WA
- Treatment initiated within the first three years following initial onset can improve outcomes for individuals (1,2)
- Early detection is critical (3), however, early signs and symptoms of psychosis can be challenging to detect (especially in an initial outpatient visit)
- Studies have found some evidence of better detection with screeners (3) - PRIME screen revised (PR-S) & Youth Psychosis at Risk Questionnaire (YPARQ-B)
- STHC was not using a formalized screener for psychosis.
- By utilizing PRIME screeners, we hope that residents will better detect early signs and symptoms of psychosis.

AIMS STATEMENT

- By March 2022, the implementation of PRIME screen revised questionnaires will help residents at STHC identify signs and symptoms of psychosis >50% of the time during an intake

IMPLEMENTATION & PDSA

- Provided brief education about PRIME screener to Psychiatry Residency during morning huddle
- Discussed with STHC staff about providing PRIME screeners for intakes for patients < 30 y/o
  - Provided multiple copies for easy access for staff
  - MA provided PRIME screeners with PHQ/GAD to patients
- Created dot-phrase “.primescreen” to document PRIME screeners
- Created post survey for residents to complete
- PDSA:
  #1: Created dot phrase with only two options: “definitely agree” & “somewhat agree”
  #2: expanded to all options (per feedback from survey)

METRICS

- Post-intervention internet surveys were sent to Psych residents via email.
- Surveys contained 4 multiple choice questions with an additional free response question for comments.
- Questionnaire focused on helpfulness with detection and ease of use for residents.

OUTCOME

Specific Feedback

- “Helpful to view the pt’s answers, but the time burden to document the screener results in our notes is inhibitory.”
- “If I give the patient the survey before the visit, it most often saves time if they don’t have psychosis. It is nice to feel really confident when the screening is negative.”
- “If they are ambivalent about the questions, it adds some time to discuss their responses, but I think that the time spent is appropriate to be very thorough.”

DISCUSSION & NEXT STEPS

- Overall, the PRIME screener appears to help identifying early signs and symptoms of psychosis for residents.
- Does appear to add more time and work with charting and going over answers for residents specifically for tele-visits
- Difficult to track symptom burden with PRIME screener
- Next steps:
  - Utilize PRIME screeners for collaborative care
  - Follow up screener to help track symptom burden

REFERENCES