

### Perpartum Depression Screening Update

The Colorado Hospital Transformation Program (HTP) includes a measure around screening for anxiety and depression during pregnancy or the postpartum period (60 days). This new workflow will eliminate the need for Colorado nurses to add a separate depression screening assessment to increase performance for this measure.

#### Detailed Assessment and Paramedic Intake Updates

The screenshot shows two overlapping windows of the 'EDM Health History' form. The top window is titled 'Currently pregnant:' and has a dropdown menu with '1 Yes' and '2 No' options. A yellow pop-up box contains the text: 'Printed education on signs and symptoms of obstetrical hemorrhage and severe gestational hypertension/ pre-eclampsia must be provided to patients in all stages of pregnancy and less than 43 days postpartum.' Below this is a dropdown menu currently set to '>'. The bottom window is titled 'Pregnant within last 60 days:' and also has a dropdown menu with '1 Yes' and '2 No' options. It features the same yellow educational pop-up box. Below the pop-up is a dropdown menu currently set to '>No', followed by a dropdown menu for 'Pregnant within last 60 days:' set to '>', and a text field for 'Date last pregnancy ended:'. Other fields include 'Lactating: [checkbox]', 'LMP: [text field]', and 'Additional medical history: [text area]'. Navigation buttons for '(Prev Page)' and '(Next Page)' are at the bottom.

Currently pregnant has two responses:

- Yes
- No

If 'No' is selected, the user will be directed to *Pregnant within last 60 days*.



Currently Pregnant

Number of babies in womb:

|   |   |   |      |
|---|---|---|------|
| 7 | 8 | 9 | Del  |
| 4 | 5 | 6 |      |
| 1 | 2 | 3 |      |
|   | 0 |   | Calc |

Number of babies in womb:→

Estimated date of confinement:

Estimated gestational age in weeks by EDC:

Estimated gestational age in days by EDC:

Gravida:

Para:

Abortions:

Preterm:

Feeling of hopelessness or helplessness affecting care of you or baby:

(End)

If *Currently pregnant* is answered 'Yes', the nurse is directed to the Currently Pregnant screen.

Peripartum Depression Screenin

Assess for depression:

1 Yes

2 Unable to assess

All pregnant or recently pregnant patients must be screened for depression.

Assess for depression:→ \*

(End)

The nurse is then directed to the Peripartum Depression Screen.

The *Assess for depression* field has the following responses:

- Yes
- Unable to assess

The Yellow Information Box outlines guidance for the nurses:

All pregnant or recently pregnant patients must be screened for depression.

If 'Yes' is selected, the nurse will continue with the assessment.

If 'Unable to assess' is selected, the nurse will be directed back to the health history.

Initial Depression Screening

**Little interest or pleasure in doing things:**

- 0 0-Not at all
- 1 1-Several days
- 2 2-More than half the days
- 3 3-Nearly every day

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things: > \*  
 Feeling down, depressed or hopeless: > \*

Total (Initial Depression Screening): [ ]

(End) [ ]

*Little interest or pleasure in doing things* has the following responses:

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

The Yellow Information Box guides the nurse:

Over the past 2 weeks, how often have you been bothered by the following problems?

Initial Depression Screening

**Feeling down, depressed or hopeless:**

- 0 0-Not at all
- 1 1-Several days
- 2 2-More than half the days
- 3 3-Nearly every day

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things: > 2-More than half the days \*  
 Feeling down, depressed or hopeless: > \*

Total (Initial Depression Screening): [ 2 ]

(End) [ ]

*Feeling down, depressed or hopeless* has the following responses:

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

The Yellow Information Box guides the nurse:

Over the past 2 weeks, how often have you been bothered by the following problems?

The *Total (Initial Depression Screening)* field captures the total as the nurse selects the responses.

Initial Depression Screening

**Total (Initial Depression Screening):**

If score totals 3 or more, fill out the Depression Screening - PHQ9 on the next screen.

Little interest or pleasure in doing things: 2-More than half the days \*

Feeling down, depressed or hopeless: 1-Several days \*

**Total (Initial Depression Screening): 3**

Depression Screening

**Trouble falling or staying asleep, or sleeping too much:**

0 0-Not at all Over the past 2 weeks, how often have you been bothered by the following problems?

1 1-Several days

2 2-More than half the days

3 3-Nearly every day

Little interest or pleasure in doing things: 0-Not at all \*

Feeling down, depressed or hopeless: 3-Nearly every day \*

Trouble falling or staying asleep, or sleeping too much: \*

Feeling tired or having little energy: \*

Poor appetite or overeating: \*

Feeling bad about yourself: \*

Trouble concentrating on things: \*

Moving/speaking slow or fidgety/restless: \*

Thoughts of suicide or hurting yourself: \*

Total (Depression Screening): 3-Minimal or none

How difficult have these problems made it for you: \*

(End)

Initial Depression Screening

**Total (Initial Depression Screening):**

If score totals less than 3, depression screening negative.

Little interest or pleasure in doing things: 2-More than half the days \*

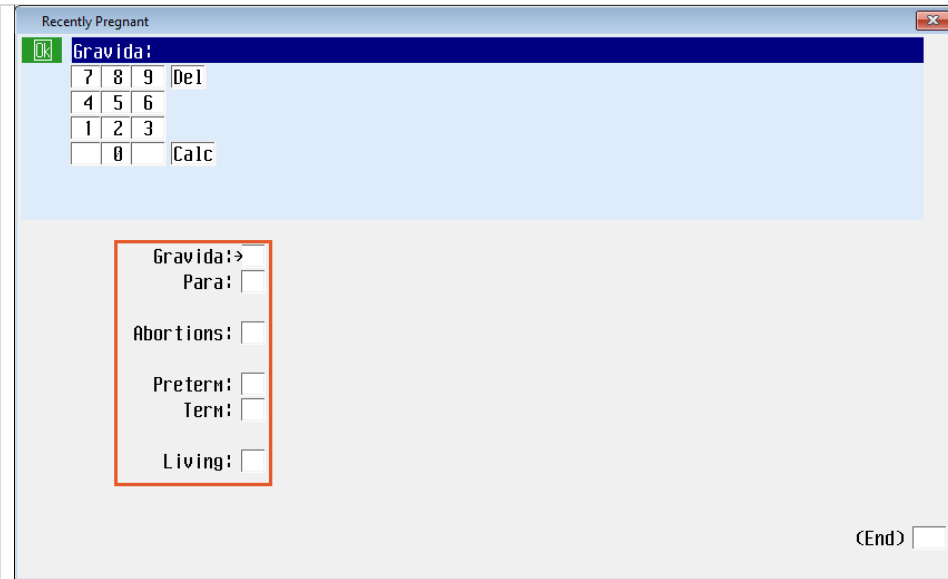
Feeling down, depressed or hopeless: 0-Not at all \*

**Total (Initial Depression Screening): 2**

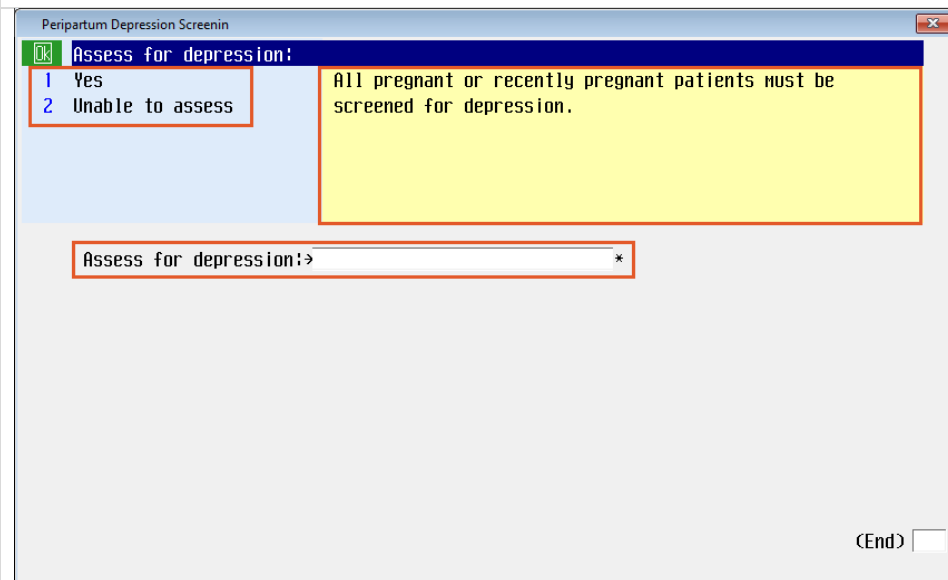
(End)

If the score is 3 or more, the nurse must fill out the Depression Screening – PHQ9 on the following screen.

If the score is less than 3, the Depression Screening is negative.



If the patient is not currently pregnant but has been pregnant within 60 days, the nurse is directed to the Recently Pregnant screen.



The nurse is then directed to the Peripartum Depression Screen.

The *Assess for depression* field has the following responses:

- Yes
- Unable to assess

The Yellow Information Box outlines guidance for the nurses:

All pregnant or recently pregnant patients must be screened for depression.

If 'Yes' is selected, the nurse will continue with the assessment.

If 'Unable to assess' is selected, the nurse will be directed back to the health history.

The workflow continues as noted above.

*Note: Once the "Total (Initial Depression Screening):" query has been documented, the end-user will NOT be prompted to repeat the depression screening again on this EDM patient even if the "Currently pregnant:" or "Pregnant within the last 60 days:" are documented via another access point.*

## Gynecological/Vaginal Assessment Updates: Chief Complaint, Physical Findings and Non-Urgent General Focus

The image displays two overlapping screenshots of a medical software interface for 'Gynecological/Vaginal Bleeding' assessment. Both screenshots show patient information: Patient 'Testing, Bink - 38/F' and Date '10/31/24'.

The top screenshot shows the 'Currently pregnant?' section with a list:
 

- 1 Yes
- 2 No

 The 'No' option is selected. Below this, there are input fields for 'LMP:→', 'Currently pregnant:→', 'Gravida:→', 'Para: [checkbox]', and 'Abortions: [checkbox]'.

The bottom screenshot shows the 'Gravida:' section with a numeric keypad:
 

|   |   |   |      |
|---|---|---|------|
| 7 | 8 | 9 | Del  |
| 4 | 5 | 6 |      |
| 1 | 2 | 3 |      |
| 0 |   |   | Calc |

 Below the keypad, there are input fields for 'LMP:→', 'Currently pregnant:→No', 'Gravida:→', 'Para: [checkbox]', and 'Abortions: [checkbox]'. There is also a checkbox for 'Pregnant within last 60 days: [checkbox]' and a text area for 'Gynecological/vaginal bleed complications comment:'. At the bottom, there are '(Prev Page)', '(End)', 'OK', and 'Cancel' buttons.

*Currently pregnant* has two responses:

- Yes
- No

If 'No' is selected, the user will continue documenting.

Peripartum Depression Screenin

Assess for depression:

- 1 Yes
- 2 Unable to assess

All pregnant or recently pregnant patients must be screened for depression.

Assess for depression:→ \*

(End)

If 'Yes' is selected, the nurse is then directed to the Peripartum Depression Screen.

The *Assess for depression* field is required and has the following responses:

- Yes
- Unable to assess

The Yellow Information Box outlines guidance for the nurses:

All pregnant or recently pregnant patients must be screened for depression.

If 'Yes' is selected, the nurse will continue with the assessment.

If 'Unable to assess' is selected, the nurse will be directed back to the final page of the *Gynecological/Vaginal bleeding* assessment.

Initial Depression Screening

Little interest or pleasure in doing things:

- 0 0-Not at all
- 1 1-Several days
- 2 2-More than half the days
- 3 3-Nearly every day

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things:→ \*

Feeling down, depressed or hopeless:→ \*

Total (Initial Depression Screening):

(End)

*Little interest or pleasure in doing things* has the following responses:

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

The Yellow Information Box guides the nurse:

Over the past 2 weeks, how often have you been bothered by the following problems?

Initial Depression Screening

Feeling down, depressed or hopeless:

- 0 0-Not at all
- 1 1-Several days
- 2 2-More than half the days
- 3 3-Nearly every day

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things: 2-More than half the days \*

Feeling down, depressed or hopeless: 1 \*

Total (Initial Depression Screening): 2

(End)

Feeling down, depressed or hopeless has the following responses:

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

The Yellow Information Box guides the nurse:

Over the past 2 weeks, how often have you been bothered by the following problems?

The Total (Initial Depression Screening) field captures the total as the nurse selects the responses.

Initial Depression Screening

Total (Initial Depression Screening):

If score totals 3 or more, fill out the Depression Screening - PHQ9 on the next screen.

Little interest or pleasure in doing things: 2-More than half the days \*

Feeling down, depressed or hopeless: 1-Several days \*

Total (Initial Depression Screening): 3

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Depression Screening

Trouble falling or staying asleep, or sleeping too much:

- 0 0-Not at all
- 1 1-Several days
- 2 2-More than half the days
- 3 3-Nearly every day

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things: 0-Not at all \*

Feeling down, depressed or hopeless: 3-Nearly every day \*

Trouble falling or staying asleep, or sleeping too much: \*

Feeling tired or having little energy: \*

Poor appetite or overeating: \*

Feeling bad about yourself: \*

Trouble concentrating on things: \*

Moving/speaking slow or fidgety/restless: \*

Thoughts of suicide or hurting yourself: \*

Total (Depression Screening): 3-Minimal or none

How difficult have these problems made it for you: \*

(End)

If the score is 3 or more, the nurse must fill out the Depression Screening - PHQ9 on the following screen.



Initial Depression Screening

**Total (Initial Depression Screening):**

If score totals less than 3, depression screening negative.

Little interest or pleasure in doing things: 2 - More than half the days \*

Feeling down, depressed or hopeless: 0 - Not at all \*

**Total (Initial Depression Screening): 2**

(End)

If the score is less than 3, the Depression Screening is negative.

Gynecological/Vaginal Bleeding

Patient Testing, Bink - 38/F

Date 10/31/24 Time 1706 User

**Pregnant within last 60 days:**

1 Yes

2 No

LMP: >

Currently pregnant: No

Gravida: >

Para: >

Abortions: >

**Pregnant within last 60 days: 2**

Gynecological/vaginal bleed complications comment:

>

(Prev Page)  (End)

OK Cancel

If *Pregnant within last 60 days* is 'No', the nurse will continue documenting the Chief Complaint assessment.

If *Pregnant within last 60 days* is 'Yes', the nurse will be directed to the Peripartum Depression screening.

Peripartum Depression Screenin

Assess for depression:

- 1 Yes
- 2 Unable to assess

All pregnant or recently pregnant patients must be screened for depression.

Assess for depression:→ \*

(End)

The nurse is then directed to the Peripartum Depression Screen.

The *Assess for depression* field has the following responses:

- Yes
- Unable to assess

The Yellow Information Box outlines guidance for the nurses:

All pregnant or recently pregnant patients must be screened for depression.

If 'Yes' is selected, the nurse will continue with the assessment.

If 'Unable to assess' is selected, the nurse will be directed back to the health history.

The workflow continues as noted above.