

# PHQ9 Work Flow

**ALL** new and return stroke patients will receive PHQ9 Depression Screening at check-in.

Screening completed before in-take?

Yes

No

Nursing staff enters score in **flow sheet**. Verbal handoff for scores >15 to provider and/or if the patient scores question #9 as 1, 2, or 3

Provider to complete screening with patient & **enter manually into flow sheet**.

Next steps:

Yes

Need within 7 days?

OP psychiatry

No action

ED

No

Individualize

Referral process to outpatient Psychiatry

**ED Transfer by Clinic Staff Member**

**There is a safety concern, provider requests patient to be taken to the ED by clinic staff:**

1. Provider calls report to the ED provider @ [redacted]
2. RN calls ED Charge RN @ [redacted] to alert them of need and travel
3. RN completes "ambulatory transfer form" in EMR
  1. Nursing level changed to a level 5
4. RN and another clinical staff member escorts patient to the ED
5. RN and another clinical staff member escorts patient to check in and waits for patient to be checked in
6. RN hands off patient care to ED intake staff member

**ED transfer by clinical transport team**

**Patient needs continuous monitoring (tele etc.):**

1. RN calls for clinical transport team for transport @ [redacted]
2. Referring provider calls report to the ED provider @ [redacted]
3. RN calls ED Charge RN @ [redacted] to alert them of need and travel
4. RN completes "ambulatory transfer form" in EMR
  1. Nursing level changed to a level 5
5. RN, or another staff member, keeps the exam room door open and monitors the patient until the clinical transport team arrives

**ED transfer by patients free will**

**Provider suggests and patient agrees to go to the ED on their own free will:**

1. RN documents in a note that patient is going to the ED and the rationale
  1. Nursing level changed to a level 5