



# Integrating Screening for Depression and Posttraumatic Stress Disorder in a Trauma Surgery Follow-Up Clinic

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Erin L. Hall, PsyD  
Geisinger Medical Center, Danville, PA

## Project Purpose

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- Individuals who experience traumatic injury have an increased risk for experiencing depression and posttraumatic stress disorder, substance use issues, and suicide
- Differentiating normal from pathological stress reactions immediately following injury can be difficult

## Project Purpose

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- The goals of this screening project are:
  - To identify and address current psychological concerns early in recovery, to prevent continued or worsening distress
  - To connect patients in need of psychological services to outpatient behavioral health resources

## Data Utilized to Drive Change

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- Over 2 million people require hospitalization for traumatic injury every year
  - 10-20% of trauma survivors experience PTSD and 9-15% develop major depression following traumatic injury
- Although recognition of psychological sequelae following trauma is becoming more common, routine screening for psychological distress and involvement of a psychologist in trauma surgery programs is largely absent

## Screening Tools

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- The Patient Health Questionnaire (PHQ-9)
  - 9-item measure
  - Screener is commonly used in medical settings
  - Sensitivity and specificity are both 88%

## Screening Tools

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- The PTSD Checklist for DSM-5 (PCL-5)
  - 20-item measure
  - Used to screen individuals for the presence of PTSD symptoms or to make a provisional diagnosis of PTSD
  - Total scores can be calculated as well as individual scores for PTSD symptom clusters

## Process

- Patients complete questionnaires upon arrival at the trauma follow-up clinic
- Screeners are reviewed by mid-level providers and patients are asked if they are interested in follow-up from the psychologist
- Patients can be seen by the psychologist in clinic, provided with resources, called for follow-up, or referred to outpatient behavioral health

## Data Post Process Change

- 209 patients completed questionnaires in the trauma clinic over a period of 9 months
  - 48 (23%) endorsed having moderate, moderately-severe, or severe symptoms of depression
  - 20 (9.6%) had total scores indicative of a PTSD diagnosis

## Data Post Process Change

- 60 (28.7%) of patients received follow up with outpatient behavioral health following the clinic visit
  - 45 (21.5%) received follow-up with psychology
  - 11 (5.3%) received follow-up with psychiatry
  - 4 (1.9%) received follow-up from both psychology and psychiatry

## Project Resolution or Next Steps

- Screening for depression and PTSD will remain a regular aspect of follow-up care of trauma patients at Geisinger
- Next steps include initiation of electronic screening measures so that information can be recorded in the EMR
- Screening will be expanded to include trauma patients seen in neurosurgery and orthopedics follow-up clinics

## Lessons Learned

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- Many of our trauma survivors experience psychological concerns well into their recovery, which, without proper screening, would go unnoticed
- Screening of patients requires the ability to also meet their needs based on symptoms detected (e.g., a psychologist available to see patients in clinic, plan for managing suicidal patients, referrals for outpatient behavioral health services)