

# Implementation of a Depression Screening Protocol in a Pediatric Hematology and Oncology Clinic

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## PROBLEM STATEMENT

- Adolescents aged 12-21 years make up 37% of the total patient population at the Pediatric Hematology and Oncology clinic
- Currently, there is no standardized depression screening tool to screen oncology patients for depression
- Absence of a screening process in this age group results in inconsistent identification, referral, and follow-up of adolescents with depression

## PROJECT PURPOSE

- Implement a depression screening protocol
- Develop a referral process to behavioral health services
- Improve the psychosocial and behavioral health support that is provided to adolescent oncology patients

**PICOT:** In adolescent patients aged 12 to 21 attending the pediatric hematology and oncology clinic, does implementation of standardized PHQ-9 screening for depression over 12 weeks' increase rate of depression screening, detection and referral for counseling services compared to current standard of practice?

## MODEL/NURSING THEORY

- The Institute for Healthcare Improvement (IHI) Plan-Do-Study-Act (PDSA) cycle will be used to guide the implementation and continual improvement of this quality improvement initiative
- At the end of implementation period, results will be evaluated and required changes will be discussed

## METHODS

### Target Population

- 1) Active oncology patients receiving chemotherapy treatment at AdventHealth's pediatric hematology and oncology clinic; 2) ages 12 to 21 years; and 3) able to fill out the PHQ-9 depression screening tool

### Setting

- AdventHealth's pediatric hematology and oncology clinic located in Orlando, Florida

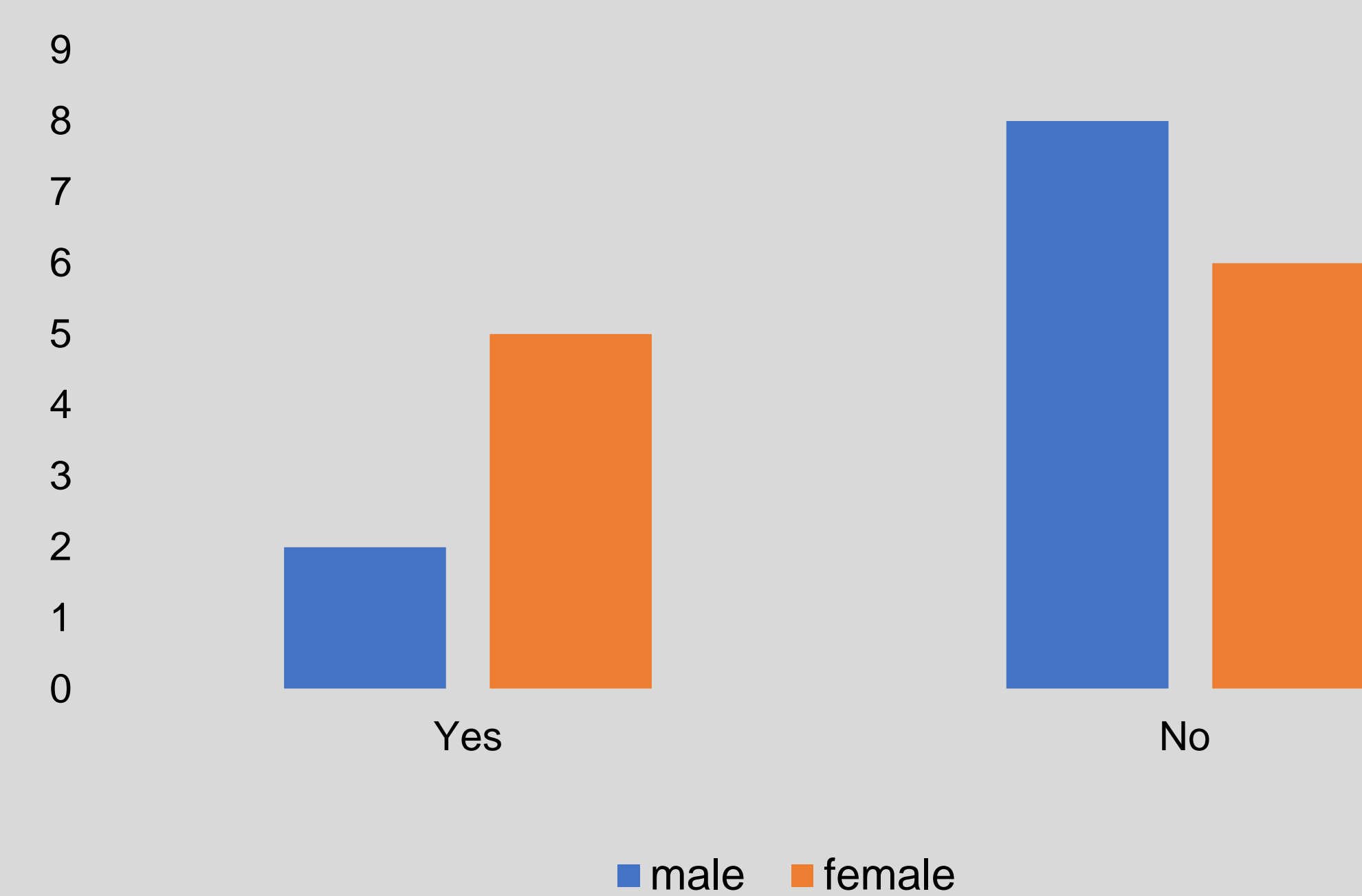
### Instrument

- PHQ-9 is a 9-item self-report questionnaire
- A score  $\geq 10$  indicates high risk of major depression
- Outcomes include proportion of patients screened, results of screening (both numeric score and proportion scoring  $\geq 10$ ), and rate of appropriate referral follow-up for patients scoring  $\geq 10$
- Implementation Timeline: 12 weeks (January 2023- April 2023)

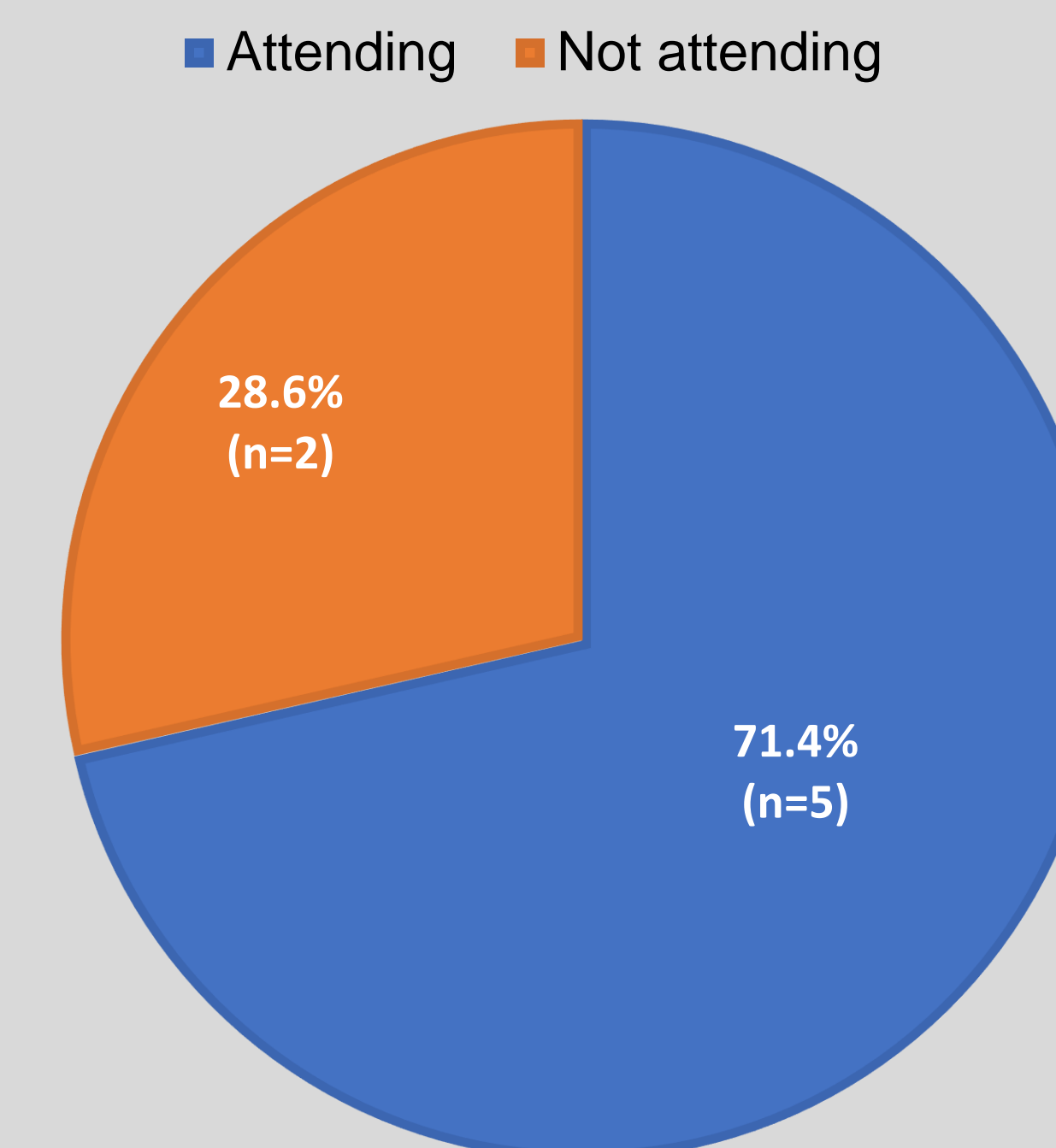
## RESULTS

- 100% (n=21) of oncology patients aged 12 to 21 were screened
- 33.3% (n=7) of patients aged 12 to 21 screened high risk for depression
- 100% (n=7) of high-risk patients received follow up from clinic staff
- 71.5% (n=5) of patients were referred to counseling and all, 100% (n=5) remained in counseling at the conclusion of the project
- 28.5% (n=2) of patients were offered referral to counseling but declined services

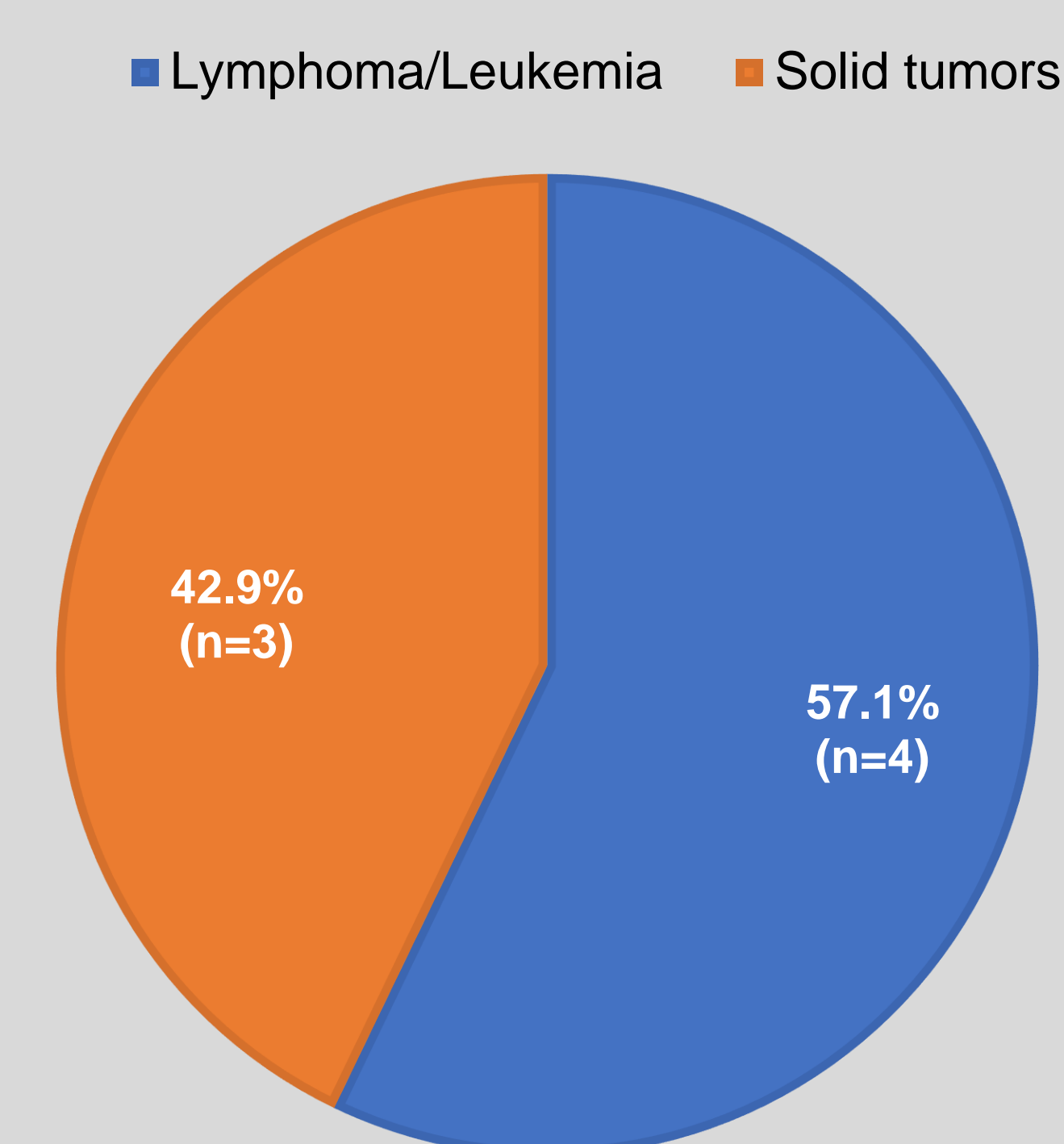
Patients screening  $\geq 10$  on the PHQ-9, by sex



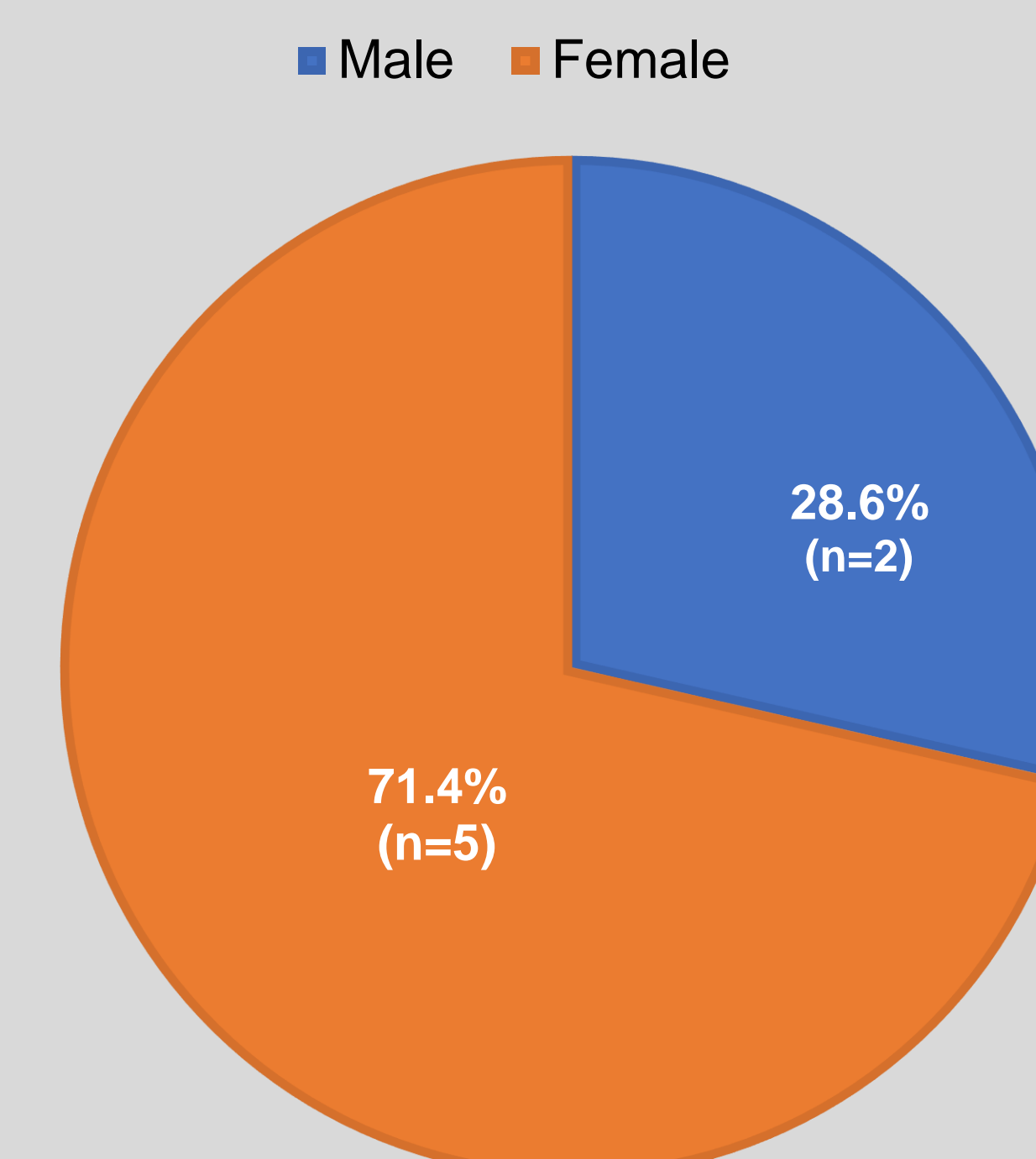
PATIENTS ATTENDING COUNSELING SERVICES POST INTERVENTION



HIGH RISK RESULTS BY DIAGNOSIS



POSITIVE SCREENINGS BY GENDER



## Data Collection

- The PHQ-9 instrument was provided to all active oncology patients aged 12 to 21 years during the check-in process
- The consent to treat form parents sign during the intake process served as consent to be evaluated and offered treatment
- Provider conducted the visit, discussed PHQ-9 results, and coordinated with the CSW for further referral for counseling if needed
- DNP student and CSW reached out to parents of patients who screened positive to ensure that the referral process was initiated within 1-2 weeks of referral

## DISCUSSION

- Implementing the screening tool was cost-effective and accessible due to its integration into the medical record
- Implementation of the tool led to improvement in PHQ-9 individual patient results over time
- Implementation of the PHQ-9 tool received good feedback from stakeholders
- Provider awareness of tool made it feasible and practical option for use
- Strengths: provider buy-in, high rate of depression screening, feasible to collect data and make referrals to behavioral health services
- Limitations: small sample size, one site participation

## IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Untreated depression causes profound psychological suffering and is associated with multiple adverse cancer-related medical outcomes
- Early identification and appropriate management are key in providing whole-person care, and lead to improved quality of life and reduction in psychological stressors
- Routine depression screening is feasible when streamlined into the clinical workflow, improves early identification of depression, and increases patient access to psycho-oncology care

## REFERENCES



33.3% of patients screened for depressive symptoms had a positive screening