

Improving Depression Screening in Adult Patients with Cancer

Madison L. Krekel, DNP, APRN, AGPCNP-BC

DNP Project Advisor: Dorothe Durosier Mertilus, Ph.D., DNP, APRN, AGNP-C

PROBLEM STATEMENT

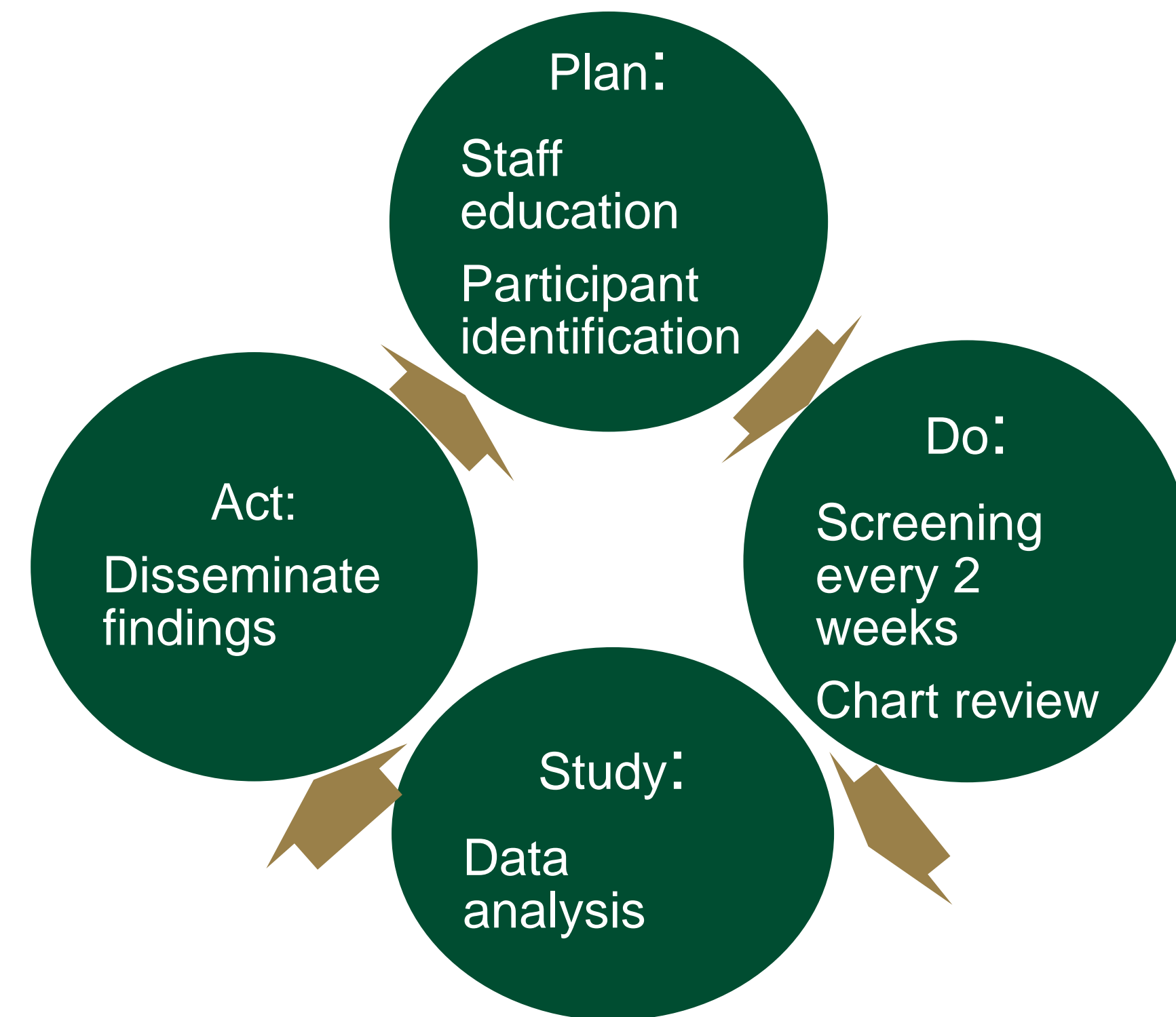
- ❖ Depression rates can be as high as 60% in patients with cancer.¹
- ❖ Adult patients with cancer facing depression are less likely to adhere to treatment and have poorer health outcomes.²
- ❖ Underdiagnosed and undertreated depression further contribute to poor health outcomes.³
- ❖ Validated tools can assist in timely diagnosis and treatment of clinical depression in patients with cancer.^{1,3}

PROJECT PURPOSE

- ❖ **Overall Purpose:** To improve depression screening rates in adult patients with cancer
- ❖ **Overarching Aim:** To improve quality of life and decrease negative cancer-related outcomes
- ❖ **Clinical Question:** In adult patients with cancer aged 18 years and older, will the implementation of a modified screening process increase the rate of depression screening when compared to the current practice of verbal administration in a three-month period?

MODEL/NURSING THEORY

Plan-Study-Do-Act (PDSA) Cycle

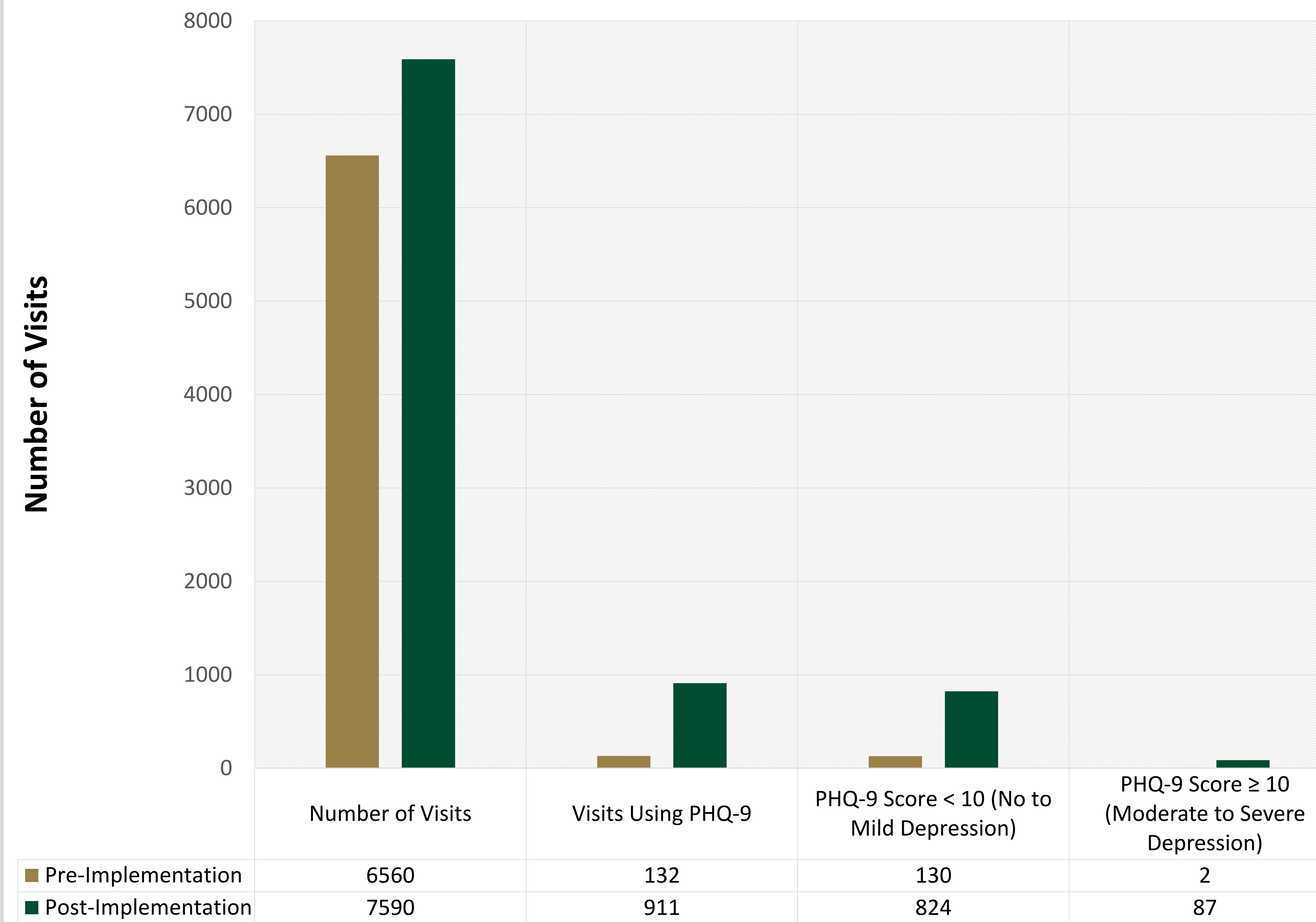


METHODS

- ❖ **Participants:** 5,076 adult patients with cancer (7,590 visits)
- ❖ **Setting:** Single outpatient cancer center
- ❖ **Instruments/Tools:**
 - 9-item Patient Health Questionnaire (PHQ-9) and electronic medical record (EMR)
- ❖ **Intervention and Data Collection:**
 - Implementation of modified screening process over three months
 - ✓ Participant identification
 - ✓ Staff education
 - ✓ Administration of PHQ-9 questionnaire via paper and pencil
 - Collection of pre- and post-implementation data
- ❖ **Analysis:** Chi-square test

RESULTS

Depression Screening Pre- and Post-Implementation



DISCUSSION

- ❖ Proportion of visits including depression screening increased from 2% to 12%.
- ❖ PHQ-9 score ≥ 10 was documented 87 times post-implementation compared to 2 times pre-implementation.
- ❖ PHQ-9 utilization can detect uncontrolled depression.⁵
- ❖ A modified screening process using medical assistants to administer PHQ-9 can increase rates of depression screening.⁶
- ❖ A modified process such as a change in workflow can help improve depression screening rates.⁷
- ❖ The modified screening process resulted in an increased rate of screening and detection of depression.
- ❖ **Strengths:**
 - Large sample size
 - Clinic-wide change
- ❖ **Limitations:**
 - Lack of EMR reports to easily determine the number of depression screening completed at the clinic each day, requiring manual chart review
 - Slow uptake of the new screening method by staff
 - 4% of patients opted out of completing depression screening at some point during the project

IMPLICATIONS FOR ADVANCED PRACTICE NURSING

- ❖ The PHQ-9 questionnaire is brief, simple, and easy to administer.⁷
- ❖ The PHQ-9 should be utilized as the screening tool of choice for adult patients with cancer because it is valid and reliable.^{8,10,11,12}
- ❖ Suggested next steps include integration of an EMR program that can assist with tracking depression screening for patients with cancer.

SUSTAINABILITY

- ❖ The process change will be sustained by adding the Doctor of Nursing (DNP) project educational materials to the required quarterly education for staff members.

REFERENCES



Depression screening using a standardized process can help identify undiagnosed depression in adult patients with cancer.