Abstract

Evidence-Based Practice Screening for Depression in Medical Oncology Stage IV Patients

Significance: Depression may be an underdiagnosed condition in patients with Stage IV cancer. Use of a reliable and easily administered depression screening instrument would improve mental health care for these patients.

Purpose: Implement and evaluate an evidence-based practice change to improve adherence to depression screening in stage IV medical oncology patients in an outpatient cancer center.

Methods: The design and methods of this project utilized the Plan-Do-Study-Act (PDSA) process from the Model for Improvement. A literature review determined the most feasible screening tool was the Patient Health Questionnaire-9 (PHQ-9). Pre-intervention data collection included a chart audit of the electronic health record (EHR) and surveys of nurse practitioners (NPs) and medical assistants regarding their knowledge of depression screening. The EHR was modified to include the PHQ-9, which was administered as part of the clinic assessment. Post implementation EHR audits and surveys were completed.

Results: A pre-intervention chart audit showed no evidence of depression screening or recognition of the potential problem. Pre-implementation data showed the NP and MA’s need additional information on depression. The chart audit involved 242 patient charts at SCOA. There were 86 stage IV patients and 21 stage IV patients that refused to participate in the PHQ-9 screening.

Implications: In clinical practice, providers are faced with the perplexing task of distinguishing between normal distress from a cancer diagnosis and major depression, two processes that merit
different interventions. Depression screening at diagnosis may provide improved management of depression.