

Implementation of a Depression Screening Program for Post Stroke Patients Prior to Discharge from the Hospital

STROKE

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Background

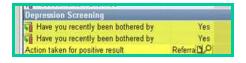
Post stroke depression is a common problem that is often under diagnosed. Between 30-50% of stroke patients will suffer some form of depression within 6 months of their stroke (Pfeil, et al. 2009). For patients with aphasia the estimates are as high as 70% (Cobley, et al. 2011).

Who was involved?

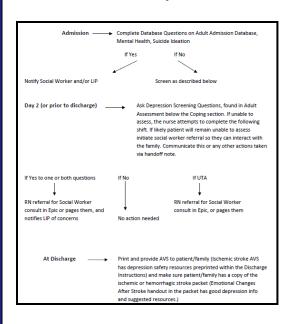
 Our Stroke Coordinator and Behavioral Health Clinical Nurse Specialist met with the social worker for the stroke population, a nursing informaticist, and staff nurse representatives from the acute care neurosciences unit to formulate a pilot protocol.

Actions taken

- Literature review and sharing of information via unit newsletter articles, posters, staff meetings, daily huddles.
- A modified PHQ2 (Patient Health Questionnaire) was selected as our screening tool and imbedded into the electronic medical record Adult Assessment doc flowsheet:
 - 1. Have you recently been bothered by feeling down, depressed or hopeless?
 - 2. Have you recently been bothered by little interest or pleasure in doing things?



What is required?



Implementation

- The protocol was piloted on the neurosciences acute care unit in January 2013 and expanded to include the Neurosciences ICU in February 2013.
- Fine tuning of the workflow has included:
 - Building and expanding the base of team members who incorporate this into their normal workflow.
 - Identifying ways to stay on top of getting new hires/new residents in on the process.
 - Smoothing out the interface with other patient care needs (i.e., timing of intervention given other clinical needs, not holding up discharge, bridging to IPR, palliative care and/or other chronic co-morbidities can have their own processes that we need to mesh with.

Outcomes

n = 334 (6 month sample March-August 2013)

- 95% compliance with protocol as defined by:
- Patient screened, patients with a positive screen receiving further evaluation by a social worker, family members of unable to assess patients receiving post stroke depression education intervention from a social worker.
- 100% compliance with post stroke depression information and resources provided through After Visit Summary.
- We are learning about our patient population in terms of depression: 43% have screened as negative, 19% as positive, 28% unable to assess (due to cognitive impairment or aphasia, and presumed to be at high risk for developing depression), 8% expired or interhospital transfer. These percentages are similar to those reported in the literature.

Future Aims

- Solidifying resources to maintain the workflow.
- Continuing to fine tune the process based on stakeholder input.
- Incorporating depression follow-up when patients return to clinic.
- Evaluating impact on patient satisfaction scores.
- Further evaluating data obtained by screening and improving the interrater reliability & validity of our depression screens.
- Continuing to raise awareness to normalize depression as a component of the stroke recovery process and maintain the continuum of post stroke depression care.

Bibliography

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