

BACKGROUND

Rates of depression among patients with serious illness are high, with some estimates suggesting 25% to 77%. Research has shown that patients with depression often have impaired compliance, increased risk of suicide, and poorer health outcomes compared to those without. Various validated screening tools exist, including the Patient Health Questionnaire-2 (PHQ-2). The National Coalition for Hospice and Palliative Care's Clinical Practice Guidelines for Quality Palliative Care recommends screening for depression (Guideline 3.2). Currently there is no formalized screening procedure for palliative care providers at MUSC, though many patients would benefit. This study evaluates the efficacy of the PHQ-2 for depression screening among patients receiving palliative care consults.

AIM STATEMENT

Increase documented depression screening for patients receiving a palliative consult to above 75% by December 31, 2021.

MUSC PILLAR

Quality – Increase Inpatient Quality Care Composite

METHOD

This study involved chart review of initial palliative care consultation notes within the EPIC EMR. Fifty consult notes were randomly selected over the month prior to intervention.

Intervention:

- 1) Brief presentation to the adult palliative care team discussing the importance of depression screening and the goals of the project.
- 2) Dot phrase created of the PHQ-2 with smart blocks.
- 3) Printed copies of the dot phrase were created and placed in convenient locations as reminders.
- 4) Palliative care team reminded on a weekly basis to utilize the dot phrase in their initial consultation notes, if applicable.

Fifty consult notes were randomly reviewed after initiation of the intervention for comparison. Assessed rates of depression screening, rates of no screening, and rates of documented attempts though inability to assess.

RESULTS

Figure 1. Pre-intervention

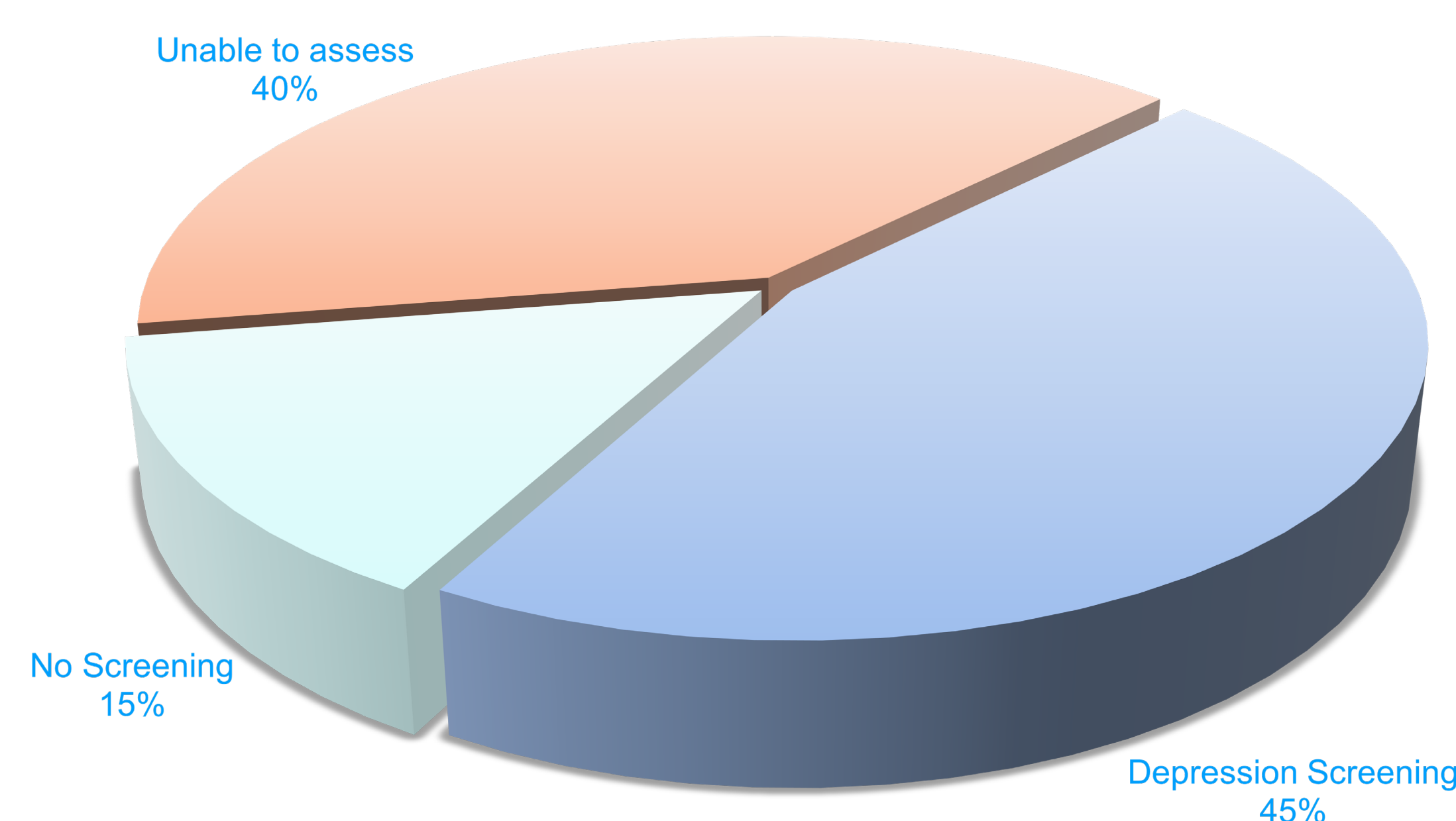
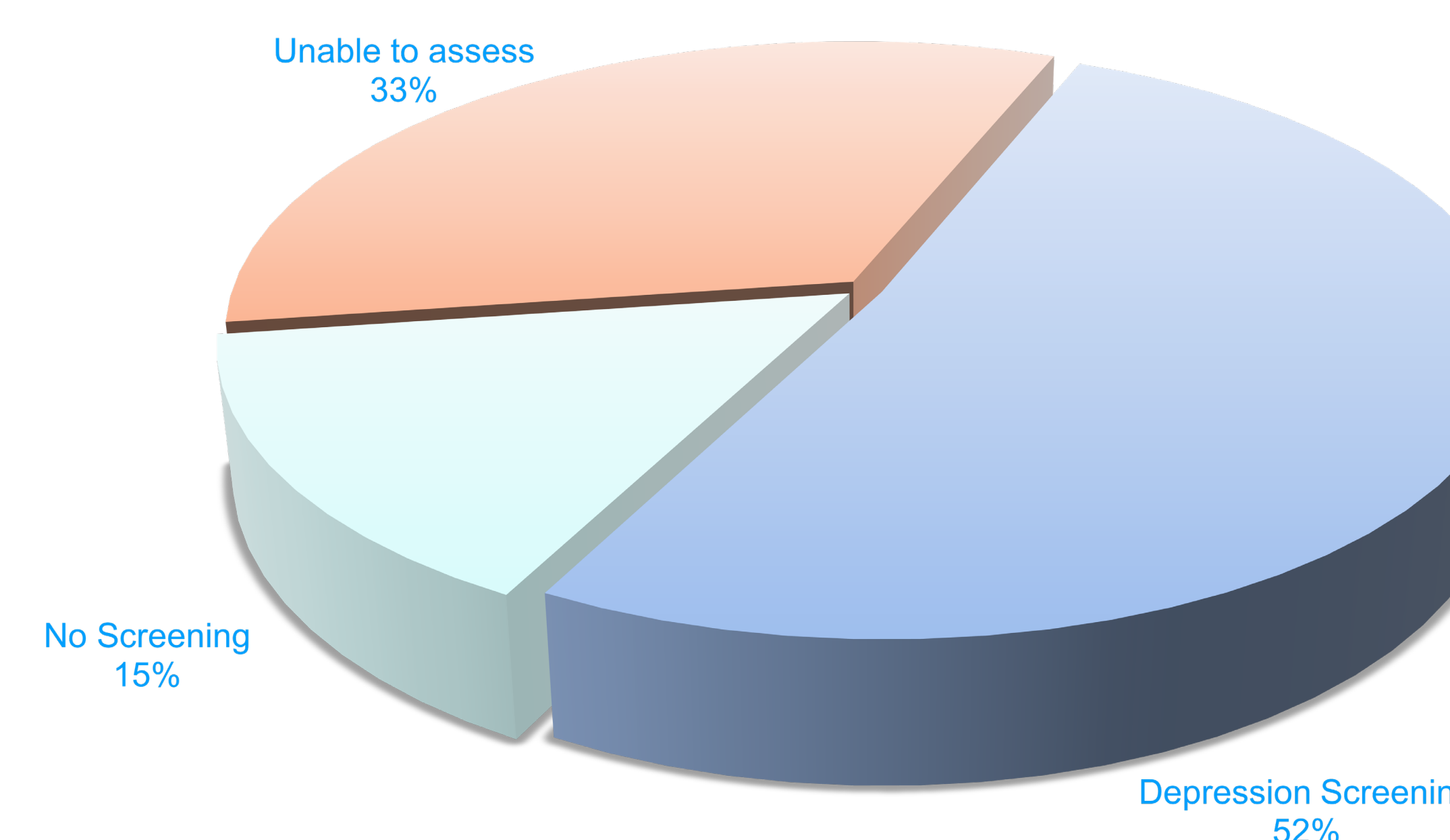


Figure 2. Post-Intervention.



- Pre-intervention depression screening was constituted by the Edmonton Symptom Assessment Scale (ESAS) already utilized through the Palliative Care Consult Note template.
- Post-intervention depression screening consisted of either the ESAS or the PHQ-2.
- Evaluated rates of no depression screening. This category incorporated the lack of either ESAS or PHQ-2, and no mention of attempts at assessing.
- Evaluated rates of mentioned attempts at depression screening, though inability to do so for uncontrollable factors (critically ill and/or unable to speak).

CONCLUSIONS

- There was a slight increase in depression screening, rising from 45% to 53%..
- Depression screening is not always relevant among initial palliative consults.
- There was a decrease in the rate of absent screening,

LIMITATIONS

- Inconsistent use of PHQ-2 among providers.
- Limited frequency of reminders to utilize the assessment.
- PHQ-2 more rigid in questioning than the ESAS, which allows more flexibility in use
- Random sampling of charts, unable to view trends over time.

FUTURE IMPLICATIONS

- Screening incorporated into an already established template may improve compliance and ease of use.
- Single question assessment for depression is likely more easily incorporated into consults than more detailed screening tools.