

# Improving Depression Screening and Management in Primary Care by Utilizing an Evidence-based Protocol



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DNPV 767: DNP Project III

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# Introduction to Depression



- u Suicide is the tenth leading cause of death in the United States (Park & Zarate, 2019).
- u The lifetime risk of a major depressive episode is approximately 30% (Que et al., 2020).
- u Primary care providers play a critical role in preventing suicide.
- u 20% of clinic site patients were identified as being depressed.
- u A depression protocol may increase early identification of depressed patients.

# Review of Literature

- u Depressive disorders affect over 300 million people worldwide, which is 4.4% of the world's population. (Engel et al., 2018).
- u Implementing cost-effective interventions to reduce its burden has become a global focus (Engel et al., 2018).
- u Early recognition and treatment of mental health disorders can help prevent complications and help reduce health care costs.



# Review of Literature - Continued

- u Early recognition/treatment of depression is crucial, as duration of untreated depression correlates with worse outcomes (Kraus et al, 2020).
- u Effective care for depression requires ongoing monitoring and management.
- u The goal of depression treatment should be remission of symptoms, rather than just improvement.





## Project Plan/Objectives

1. Create a standardized DMP for the primary care setting.
2. Educate the participants in the use of the depression protocol.
3. Improve providers' attitudes and skills in identifying and managing depression.
4. Monitor staff compliance with the DMP, which can be measured through a retrospective chart audit.

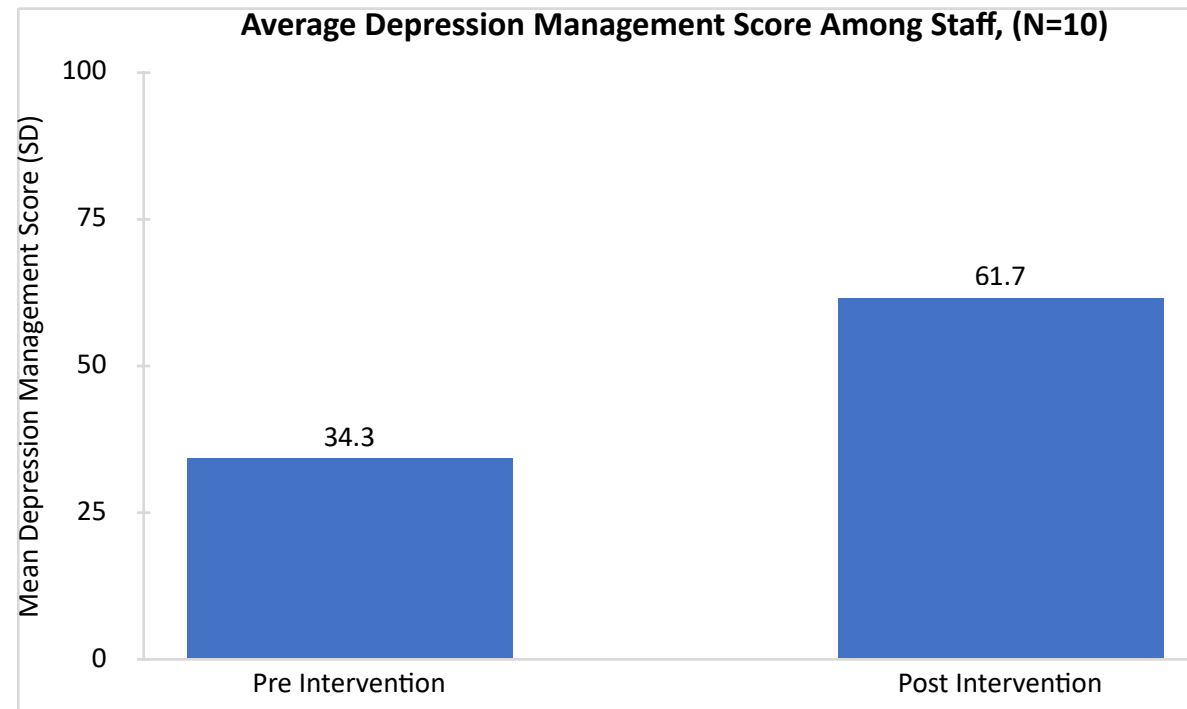
# Project Design

- u A depression pre-test was administered before a depression training session during week one.
- u A post-test was administered on the same day following the educational session.
- u The DMP was implemented after the staff received training.
- u Chart audits were completed for provider compliance.

# Results

*Average Depression Management Score Among Clinic Staff Note.*

*Note.* On average, staff attitudes/perceived skills towards depression and towards the management of depression improved significantly pre to post intervention by 27.4 points (85% CI 23.5, 31.3),  $t_{(df=9)}$ ,  $p<.001$ , (N=10).





# Results- Continued

*Provider Compliance with the Depression Management Protocol*

	<b>Compliance</b>	
	N (%)	%
Overall	75 (100.0%)	89.3%

*Note.* Overall, provider compliance with the depression management protocol was significant at 89.3% (N=75).

# Discussion of Findings

- u The DMP improved the attitudes/perceived skills of clinic staff regarding depression and depression management.
- u The participant scores increased from 34.4% to 61.7% (post depression educational session).
- u After implementation of the DMP, patients who were positive for the PHQ-9 were treated and/or referred to a mental health specialist.



# Discussion of Findings- Continued

- u The chart audit revealed an overall result of 89.3%. Eight of the 75 audited patient charts were missing the depression screening as the provider(s) simply forgot to complete it.
- u One limitation was that the project lead contracted COVID-19, which meant that the lead was not available at the clinic site.
- u The high compliance rate suggests improved identification and management of depression at the clinic.
- u Improvement in the identification and management of depression will help decrease suicide rates.



# Discussion of Implementation/Evaluation

- u The QI project addressed two major areas: improvement of depression management and improvement in providers' attitudes and skills regarding depression.
- u The outcome data was analyzed using the SPSS version 23 for data analysis.
- u Pre and post test results was measured and compared utilizing a paired samples t-test.
- u A simple percentage of compliance with a 95% CI was utilized to measure the frequency of provider compliance with the DMP.

# Theoretical Model

- u The Plan-Do-Study-Act (PDSA) methodology is a four-step process.
- u This QI project is based on scientific methods.
- u The key to its successful use is to ensure each cycle has a well stated prediction or plan.



# Significance/Implications for Nursing

- u Providers in the primary care setting play a critical role in preventing suicide.
- u The use of a depression protocol has proved to be an essential component in numerous trials.
- u Implementation of the DMP at the primary care clinic created a positive change in the clinic workflow.



# Significance for Nursing- Continued

- u Nurses have become leaders in translating reliable evidence from current literature into practice in order to improve patient outcomes.
- u This project demonstrates how a nurse-led intervention can positively impact depression management by educating providers and implementing a protocol.



# Limitations

- u One significant limitation for this project was related to COVID-19.
- u The project lead contracted the COVID-19 infection and was forced to quarantine.
- u Selection bias occurred as there was no randomization for the pre and post tests.



# Ideas for Future Dissemination

- u The final QI project will be filed with the Doctoral Project Repository.
- u An abstract will be submitted for publication consideration to the *American Journal of Nursing* (AJN).
- u The project lead will disseminate the project findings to the project site stakeholders.
- u The project lead will share the QI project with students and instructors in the Doctor of Nursing Practice program at Touro University, Nevada.



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