

A Depression Screening Protocol for Acute Stroke Patients: A Quality Improvement Project

Celia McIntosh, DNP, RN,
FNP-C, PMHNP-BC, CCRN,
CEN,SCRN,CNRN
drnurse58@gmail.com



Objectives

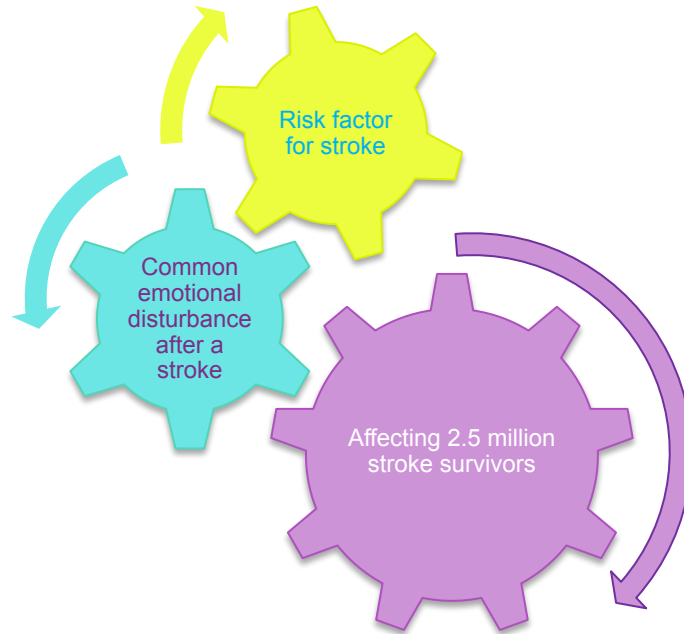


- Describe the incidence and consequences of Post stroke depression (PSD).
- Discuss the use of a post-stroke depression screening to improve patient outcomes
- Share outcomes of the quality improvement project.

I have no disclosures



Background



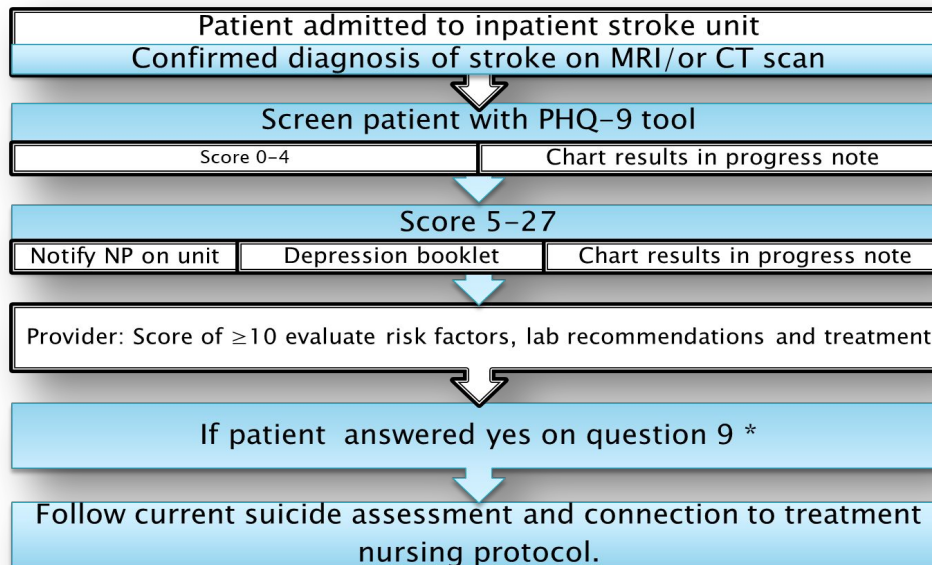
Scope of Problem

- Lack of facility-implemented screening programs
- Gold standard of treatment remains undetermined
- Treatment with antidepressants following stroke
- improves functional recovery and long-term survival
- PSD can prolong inpatient LOS and outpatient visits

Project Purpose

To develop, implement, and evaluate an evidence-based depression screening and treatment protocol specific to the care of acute stroke inpatients before discharge.

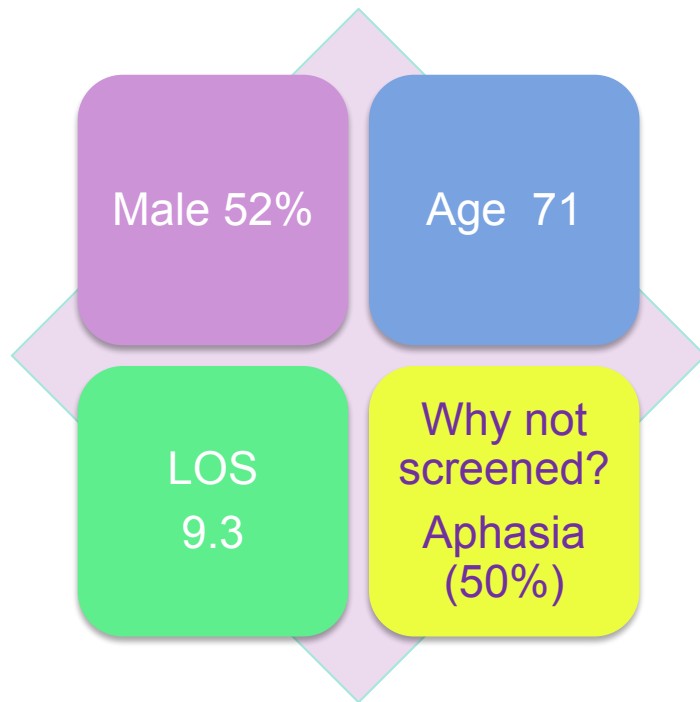
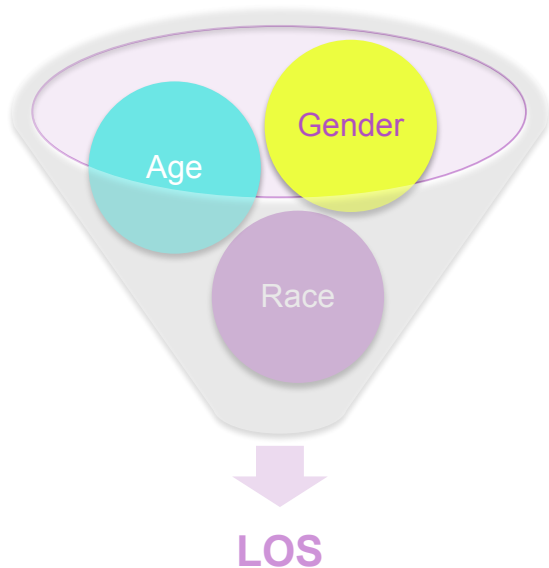
Methods



Methods Cont.

Design	Retrospective chart audit
Setting	A designated stroke center, tertiary hospital in Upstate New York
Sample	Purposive sample
Participants	<p>Inclusion:</p> <ul style="list-style-type: none">Patients admitted with stroke– positive CT Scan or MRI18 years of age or olderAble to read or understand English (or be able to utilize a translator phone or inpatient translator) <p>Exclusion</p> <ul style="list-style-type: none">Comatose, obtunded or too ill to participate
Statistical Analysis	<ul style="list-style-type: none">Descriptive statisticsFrequencies tableChi-SquarePearson Correlation

Participant Demographics



Results: Clinical Variables

Variable 1	Yes /no	Non-depressed	Depressed	P-value
Stroke hx	Yes	49%	51%	.587
	No	55%	45%	
Depression hx	Yes	43%	57%	.486
	No	53%	47%	
Smoking hx	Yes	53%	47%	.792
	No	50%	50%	
Gender	Female	40%	60%	.059
	Male	61%	39%	
Alcohol use *	Yes	37%	63%	.019
	No	64%	36%	
Feeding problems	Total	54%	46%	.646

Results: PHQ-9 Category Variables

PHQ categories	Score	Hx yes	Hx No
No depression	0–4	43%	55%
Mild depression	5–9	7%	32%
Moderate depression	10–14	14%	9%
Moderate–severe Depression *	15–19	29%	2%
Severe depression *	20–27	7%	2%

Results: Protocol Variables

Variable 1	Yes/No	Non-depressed	Depressed	P-value
Nurse progress note documentation *	Yes No	31% 66%	69% 34%	.002
New medication *	Yes No	0% 55%	100% 45%	.018
Educational booklet*	Yes No	0% 100%	100% 0%	.000

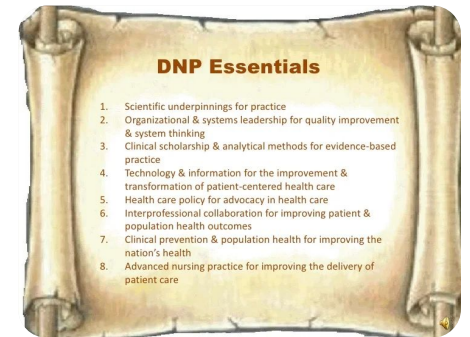
Conclusions

- Early diagnosis and treatment of PSD = improved outcomes
- A formal screening protocol is a clinically important intervention
- Nurses can intervene early during the post-stroke acute phase



Implications for Practice

- Further research utilizing this protocol will validate its reliability in acute stroke patients in the acute care setting and add to the body of existing literature
- Further studies are needed to determine the optimal timing and method of screening and ideal treatment strategy



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