

Implementing a Depression Screening in a Cardiac Surgery Clinic

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Problem Statement

- Nearly **20% of patients** with coronary artery disease (CAD) have **depression**
- Depressive symptoms are independently associated with **negative cardiovascular outcomes**
- Consensus guidelines and published evidence **recommend screening all patients** with coronary artery disease for depression
- Providers in the cardiac surgery department at a large, urban, teaching hospital do not screen patients with coronary artery disease for depression.

Purpose of Project & Goals

Purpose: to implement depression screening paired with education and referral, if indicated, for patients with CAD

Goals:

- Providers will screen all patients with CAD for depression at their pre or post operative coronary artery bypass grafting (CABG) clinic visit
- All patients with positive depression screens will receive education and referral for further services

Methods

Setting: the outpatient cardiac surgery clinic associated with a large, urban teaching hospital

Population: All patients who are pre- or post-operative for CABG

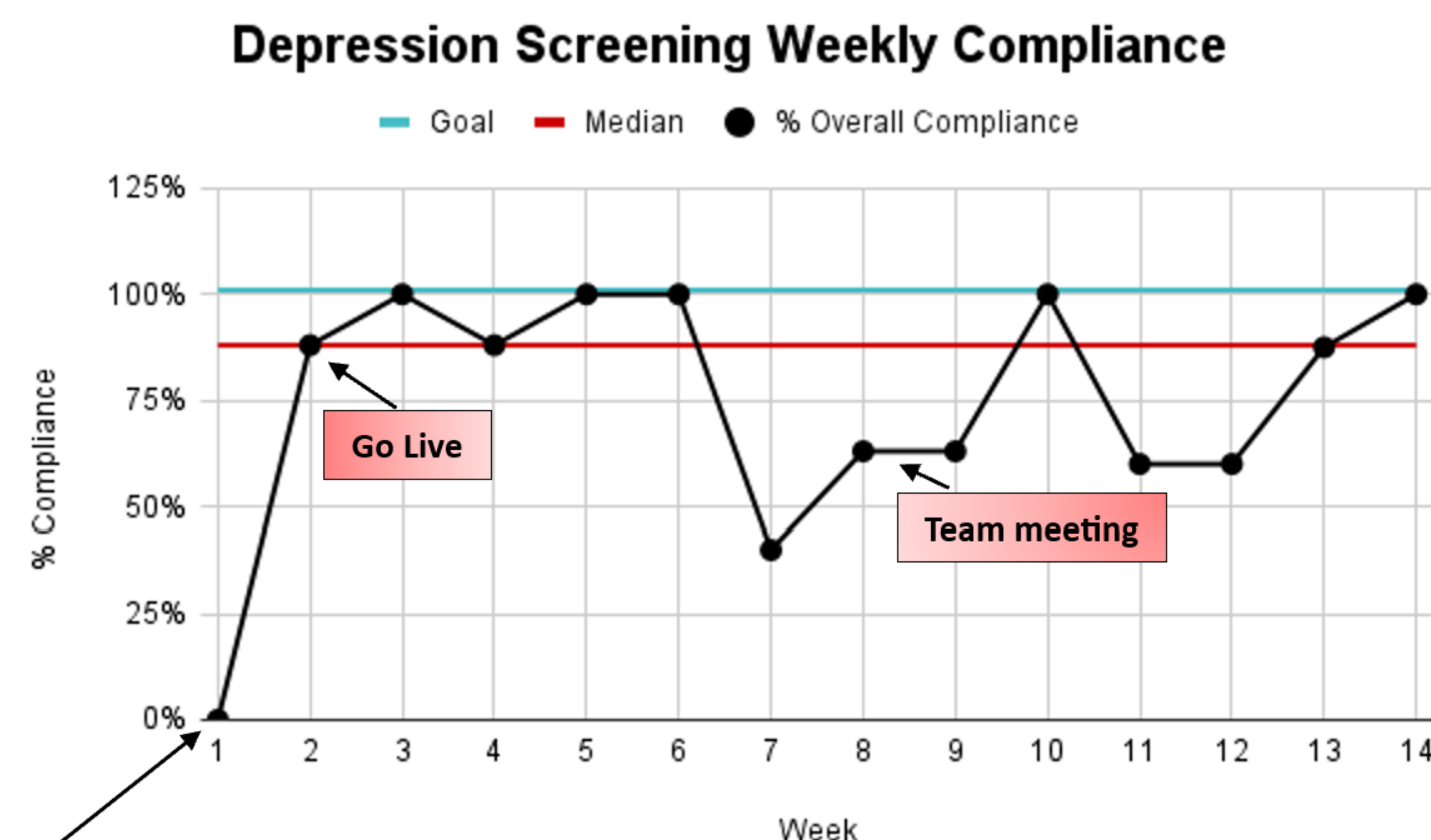
Intervention:

- Education provided to all staff regarding the Patient Health Questionnaire (PHQ) tool located in the electronic medical record
- Providers screen all patients with the PHQ-2 at the visit, with automatic flex to PHQ-9 if indicated
- Patients with positive screen on PHQ-9 receive immediate education and referral

Data Collection: Entered by providers directly into the electronic medical record. Project lead accessed data to perform descriptive statistics



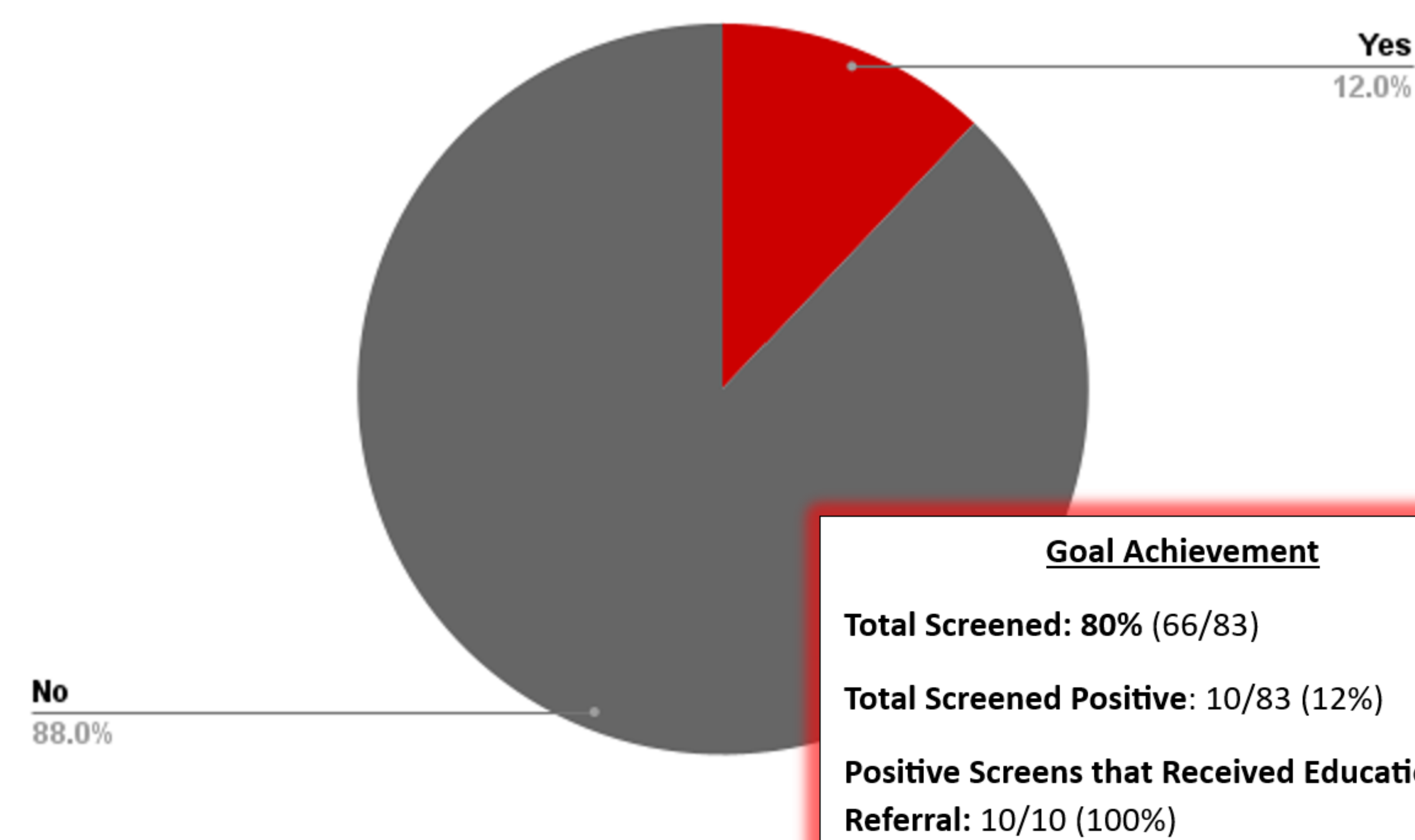
Results



Pre-implementation standard practice

Overall compliance during implementation: 80% (n=83)

Positive PHQ-9 Screenings



Goal Achievement

Total Screened: 80% (66/83)
Total Screened Positive: 10/83 (12%)
Positive Screens that Received Education and Referral: 10/10 (100%)

Discussion

Findings: The PHQ-2 and PHQ-9 were feasible and useful screening tools for depression in a busy clinic and can improve recognition of patients who need further evaluation and treatment

Impact: Screening for depression is possible in a busy outpatient practice. Patients who received education and referral for treatment may have improved outcomes

Compared to Literature: During implementation, 12% of patients screened positive for depression, lower than the reported national average of 20%.

Barriers to Success:

- Provider workload
- Lack of dedicated MAs to assist providers
- Limited time allotted for post-operative appointments

Conclusions

Implications for practice:

- Simple screening tools can be successfully added to cardiac surgery clinic visits
- Time and heavy workloads can diminish screening completion
- Patients with CAD can also suffer from depression, and providers should screen regularly

Further research:

- Benefit of including treatment for depression as part of the surgical visit
- Integrating behavioral health in all sectors of the health care system

References

