A3: Depression Quality Study

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Define – What is the problem or opportunity? How is success measured?

Problem Statement: 544 Distress Screening tools were analyzed , of this number , 118 or 21.69% of oncology patients reported depression with a direct correlation of stage of cancer and site. A validated depression tool and procedure is not in place for patients with self reported depression.

Goal Statement:

1. 100% of cancer patients through the Union Hospital Cancer program who have self reported depression will be assessed for
2. 100% of cancer patients found to have depression will be offered coordinated care for assistance with management of depression

Team Members: Cancer Committee, Beth Money, Oncology Navigators, Pamela Ives

Key Measures:

1. **Addition of depression assessment on the distress tool for all oncology patients:**
   - Denominator : Oncology patients with self reported depression.
   - Numerator: Number of patients who have had depression assessment.
2. **Coordination of Care for Depression Management:**
   - Denominator: Number of patients who have been found upon assessment to have depression.
   - Numerator: Number of patients who have been offered coordinated care for depression management.

Expected Benefits: Early identification of patients experiencing depression and suicidal thoughts so treatment may be initiated.

Measure – What is the current state based on key measures (baseline)?

Distress screening tool administered
Rise in self reporting of depression by Cancer patients
Many patients already on depression medication prior to Cancer diagnoses

Frequency of Self-Reported Depression by Distress Level

	Low Distress (0-3)		Moderate Distress (4-7)		Severe Distress (8-10)	
	f	%	*f*	%	*f*	%
NO depression	219	92.41%	145	74.74%	52	55.91%
depression	18	7.59%	49	25.26%	41	44.09%

Total DST's Maintained, 2015-2016	544
DSTs with Self-Reported Depression	118
Percentage of DSTs with Self-Reported Depression	21.69%
Average Distress Level Overall (0-10)	4.26
Average Distress Level when Depression was indicated (0-10)	6.5
Average Distress Level when Depression was NOT indicated (0-10)	3.62

Analyze: What are the most common root causes of the problem?

- Lack of depression screening tool for patients with self reported depression
- Lack of formalized care coordination for patients already being treated for depression as well as those identified by the patient distress screening tool

Improve: What are proposed countermeasures? What will success look like?

- Patients will have a formal tool for identification of depression and suicide
- Patients will receive treatment for depression or suicidal thoughts
- Be able to coordinate care with counselors patients are already seeing

Improve Plan: What activities are required? Who will do them and when?

- Include depression in the patient self reported screening tool - Cancer Committee with and the Oncology Navigators (Completed April 2017)
- Determine a standard depression screening tool for patients who self report depression (Updated February 2018)
- Oncology Navigators will document in the EMR patients distress level for ongoing assessment and reports
- A supportive distress screening tool will be utilized at UHCC in place of previous distress screening tools, which incorporates the PHQ-4, to briefly and accurately assess indicators of depression and anxiety.
- Patients with "moderate" or "severe" scores on PHQ-4 will be assessed by a masters-level Oncology Social Worker (OSW) or a Supervised MSW Candidate for evaluation of potential depressive disorders.
- The OSW or MSW Candidate will assess patient's need for additional mental health services and make appropriate referrals.

Control: What will ensure that the new process remains intact?

- Distress tools will be administered at pivotal periods of oncology patient care assessing if depression remains a factor for patient.
- UHCC Distress tools will be reviewed within cancer program staff in accordance with updated Standard Operating Procedures.
- Distress Screening Tools utilized by outside agencies (University of Maryland, Christiana Care, etc.) will be reviewed by cancer program staff, who will determine need for follow-up with UHCC distress tool.

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