

Improving Stroke Care with Depression Screening

Background & Significance

- Stroke and depression are two of the leading causes of death and disability, with post-stroke depression being the result.
- Post-stroke depression can lead to increased stay length, decreased rehabilitation engagement, increased morbidity, and decreased quality of life.
- Depression screening is a critical component of post-stroke care, as it enables the identification and intervention of depressive symptoms among stroke patients.

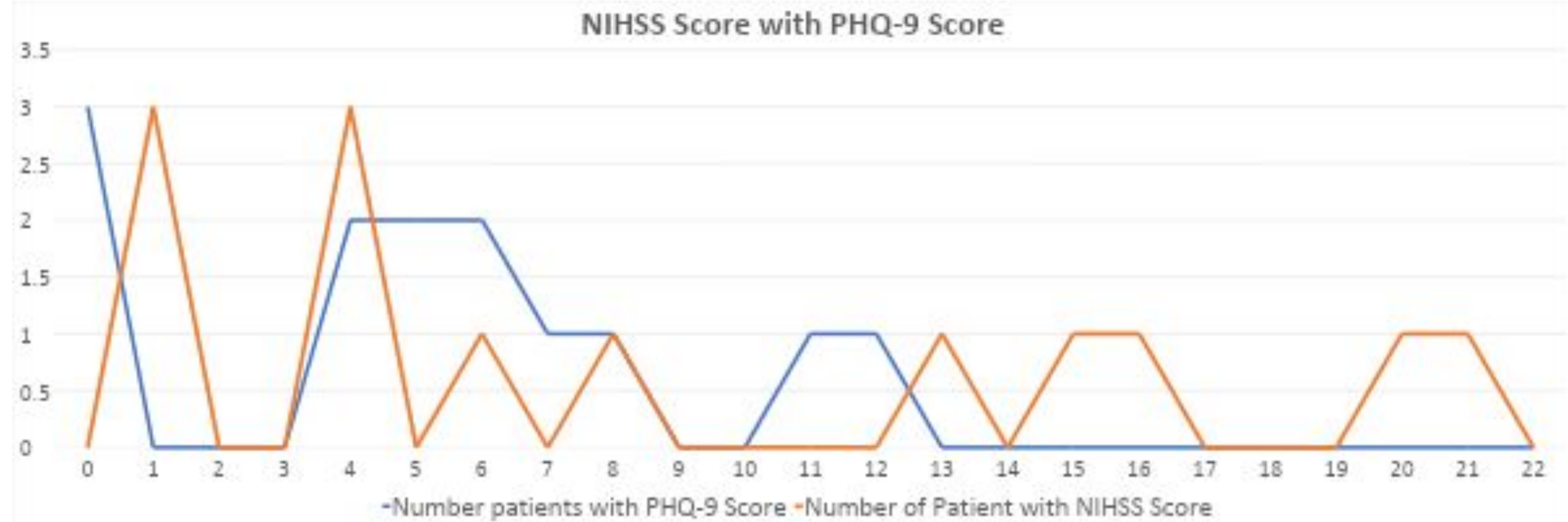
Purpose

- This evidence-based project's purpose is to enhance stroke care through depression screening and raising awareness of depression among patients who have sustained a stroke

Methods and Evaluation

- Iowa Model of Evidence Based Practice used to guide this project.
- Patients included:
 - Admission with primary diagnosis of stroke, cerebrovascular accident, or transient ischemic attack on a 34-bed neurological unit.
 - National Institute of Health Stroke Scale of four or greater
- Outcomes measured:
 - Comparison before and after staff education
 - Patient Health Questionnaire (PHQ-9) Score
 - Referrals given to Neurology Clinic
 - Number of resources given to patients
 - Counseling and Support Groups
- Compared to not screening for post-stroke depression.

Outcomes and Results



Patients

- Patient with a NIHSS score of four or greater were screened for post-stroke depression. Results are as follows.
- 13 patients met requirements
- Average PHQ-9 Score: 5
- Maximum PHQ-9 Score: 12
- Resources that patients received:
 - Social Work Consult
 - Counseling
 - Neurology Physician Awareness to recommend Neuropsychiatrist
 - Support Group

Nurses

- 100% of staff on the 34-bed neurological unit received education via in-person, staff meetings, Unit-Based Council
- 1:1 PHQ-9 screening provided to patients with bedside nurses

Patient Feedback

"It's really nice that you are making my family aware of symptoms I could experience."

"I find it very nice that we can be here while you ask questions, so I know what I am looking for once we go home."

"I feel that I am getting very good care here since my all aspects of my mind is being evaluated, especially after having a stroke."

Conclusions

- Patient's and families are appreciative and understanding that post-stroke depression can happen to anyone.
- Being a Comprehensive Stroke Center patients are receiving Tenecteplase and Thrombectomy which results in lower NIHSS scores, resulting in less patients meeting requirements.
- Screening allows for sooner follow-up with Neurology and the Neuropsychiatrist if it is necessary
 - Previous follow-up was within 6 weeks post hospital stay
 - Current can be 2-4 weeks post hospital stay pending discharge to home versus rehabilitation
- There is no correlation with NIHSS score and the patient's PHQ-9 Score

References

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