Improving depression and anxiety screening of patients with heart disease through implementing a multidisciplinary clinical pathway

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<th>Researchers involved (names only)</th>
<th>Prof Linda Worrall-Carter, A/Prof Karen Page, A/Prof Chantal Ski, Dr Steve Bunker, Prof Patricia Davidson, A/Prof Andrew Maclsaac, Dr Mike Salzberg, Dr Bridget Hamilton, Prof Robert Cummins, Ms Monica Gilbert, Prof David Thompson, Mr Sam Munian</th>
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| Research timeframe                | Start date: February 2009  
|                                  | End date: proposed February 2013  
|                                  | Current status: Recruitment and analysis ongoing |
| Summary of research (background, aims and process) | This aim of this 3 stage study was to improve depression and anxiety screening of patients with heart disease through implementing a multidisciplinary clinical pathway.  
|                                  | Stage one of the project included a retrospective audit to identify current anxiety and depression screening and referral practices in cardiac patients. A clinical pathway was developed based on these findings and the input of an expert multidisciplinary working group, which included representation from the St. Vincent’s Centre for Nursing Research, Cardiac Nurses, Cardiologists, Consultation Liaison Psychiatry Service, Frameworks for Health (education), Cardiac Rehabilitation and Restoring Health Programs. The pathway included depression screening, and evidence based guidelines for those identified at moderate to high risk of comorbid depression.  
|                                  | Stage two involved the implementation of the Clinical Pathway and data collection across the two cardiac wards at St Vincent’s Hospital (Melb). This stage involved the provision of specialty education sessions to nursing staff focusing on developing their knowledge regarding understanding of depression and heart disease. After a trial period of 4 months the Clinical Pathway was implemented in routine nursing care.  
|                                  | A third stage of the project involves sending out a questionnaire that assesses wellbeing, depression and anxiety at 1, 3, 6 and 12 months after the initial assessment in the hospital. Data will be available about existing mood changes, experienced depression and anxiety and mental health service engagement. It will be possible to a) verify if patients who had been at risk at the initial assessment actually experienced depressive symptoms and b) follow up if and what kind of health service was frequented related to the symptoms experienced. |
| What are the greatest challenges? | • Patient recruitment  
|                                  | • Potential numbers lost to follow-up |
| Why is it important?             | 1. The numbers of nurses reporting limited knowledge of depression reduced from 25 prior to the education session and roll out of the Clinical Pathway to 6 in the survey conducted 1-2 months post the education sessions  
|                                  | 2. A clinically relevant multidisciplinary care pathway has been introduced to improve screening and referral practices for depression across the cardiac areas  
|                                  | 3. The patient’s depression risk score was documented in the medical record and thereby improved care between multidisciplinary groups and referral services.  
|                                  | 4. The Clinical Pathway empowered nurses by providing a) quantitative evidence on CHD patients at risk of depression and/or anxiety and b) a formalised process to document this and enact a referral to Consultant Liaison Psychiatry (the number of referrals increased from 5 pre to 12 post-pathway implementation)  
|                                  | 5. 46% patients were referred to primary care for ongoing psychological follow-up |
| How might this research make a difference to the community | All of the above points will increase continuity of care and will lead to enhanced coordination between health care providers and improved psychological health in cardiac patients. |
**Research Outcomes**

**Peer reviewed publications:**

**Conference presentations:** International 5: National 9: Local 4:

**Grants:**

**Reports:**