

Assessing depression on admission to a hospice inpatient unit

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Depression is recognised as being highly prevalent in palliative care settings with rates as high as 58% (1). However it is often undiagnosed and undertreated in hospice settings (1). The aim of this audit was to establish how well depression is assessed and managed on admission to a hospice setting and during the course of the admission.

Method

All admissions to Wakefield hospice over a 3 month period between April and June 2018 were looked at. The electronic GP notes were accessed to determine if an established diagnosis of depression was recorded. All the written hospice notes were then reviewed. Basic demographic material was then recorded as well as whether depression was assessed on admission, and whether it was rated, as per the medical admission pro forma. If mood was recorded as low, then it was noted whether a plan was in place regarding this. The medical entries during admission were also read to see if depression was assessed during the course of the admission.

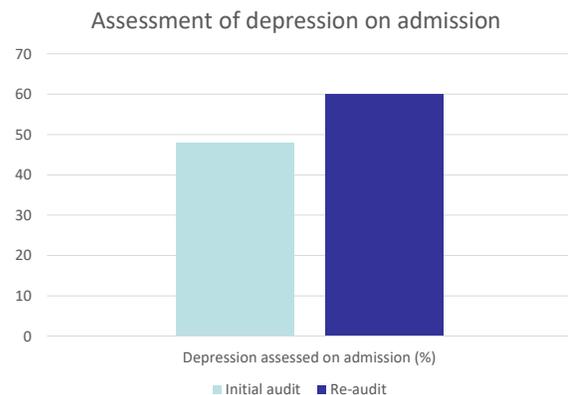
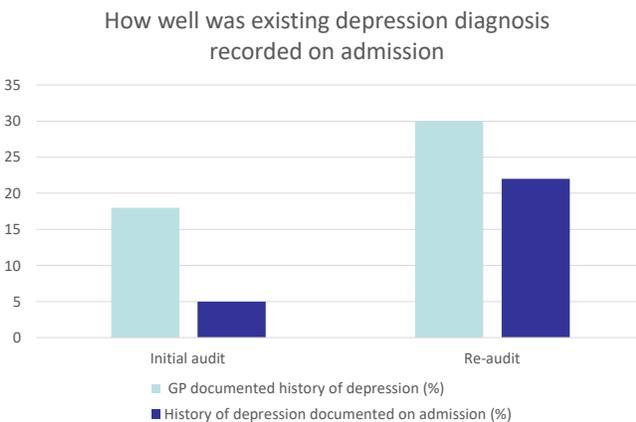
Results

Data was available on 61 of the 87 patients admitted during the period. Less than a third of depression diagnoses documented by GP were noted on admission. In 48% of cases depression was assessed on admission. When recorded as being low in mood, there was rarely a plan specified in managing this. In only 6% of all notes was a rating score recorded for depression. In 10% of cases, there was some review of mood made during the course of admission.

Following this, staff training was implemented. A change was made to the clerking pro forma to prompt an assessment of mood.

A re-audit was then carried out between February and March 2019 using the same method. During this period, 76% of admissions had a malignant diagnosis. Non-malignant diagnoses included renal failure, heart failure, dementia and frailty of old age. There was an existing diagnosis of depression documented on the GP notes in 30% of admissions and 22% had existing depression documented on the admission clerking.

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Conclusion

Assessment of depression increased following staff education and the change to the clerking pro forma. However, 40% are still not having a mood assessment documented. Mood was infrequently documented during the course of admission. When depression was noted, there was not often a plan documented for managing or reviewing this.

The recommendations are to include more detailed screening questions in the clerking pro forma with a prompt to use formal screening tools if appropriate. Low level psychological support is routinely provided in a hospice setting. However, documentation of this is being missed. Education to recognise and document when this is provided would be useful.

References

1. Rao S, Ferris F, Irwin S. Ease of Screening for Depression and Delirium in Patients Enrolled in Inpatient Hospice Care. *J Palliat Med* 2011; 14(3): 275-279.