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Staff Education on PHQ-9 to Improve Depression Screening and Patient Outcomes

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Walden University

College of Nursing

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Executive Summary: Staff Education Project

Staff Education on PHQ-9 to Improve Depression Screening and Patient Outcomes

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Summary

Depression is a prevalent mental health condition that significantly affects patient quality of life and healthcare utilization. Clinical guidelines recommend routine depression screening in adults when appropriate systems for follow-up and treatment are in place. The Patient Health Questionnaire-9 (PHQ-9) is a validated instrument used to identify depressive symptoms and assess severity in outpatient settings. Despite national recommendations supporting routine depression screening using the PHQ-9, a significant practice gap remains in the consistent administration, accurate scoring, and proper documentation of the tool in outpatient. Research indicated that variability in screening practices is frequently associated with inadequate staff training and lack of standardized clinical workflows. The purpose of this Doctor of Nursing Practice (DNP) evidence-based practice project was to implement a structured PHQ-9 staff training program to improve staff knowledge, confidence, screening accuracy, documentation consistency, and overall depression screening compliance among clinic nursing staff over a six-week period.

Guided by the Johns Hopkins nursing evidence-based practice model, the project utilized pre- and post-intervention knowledge assessments, confidence surveys, and audits of PHQ-9 documentation to evaluate outcomes. Results demonstrated measurable improvement in staff knowledge, increased confidence in administering and interpreting the PHQ-9, higher screening completion rates, and improved documentation consistency. This project highlights the importance of structured staff education and DNP leadership in translating evidence into sustainable clinical practice to improve patient outcomes.

Background

Depression is a common and debilitating mental health condition associated with impaired functioning, increased morbidity, and higher healthcare utilization (World Health Organization [WHO], 2023). Primary care and outpatient clinics serve as critical access points for early identification and intervention. National guidelines recommend routine depression screening using validated tools to support timely diagnosis and management when appropriate follow-up systems are available (U.S. Preventive Services Task Force [USPSTF], 2023). The PHQ-9 is a widely used screening instrument with established validity and reliability across diverse populations and clinical settings (Kroenke et al., 2001).

At the project site, a privately owned primary care clinic located in the southwestern United States, baseline chart audits revealed inconsistent PHQ-9 administration, scoring errors, and documentation gaps. The clinic serves a diverse adult population in a suburban community setting. Screening completion rates were below national recommendations, indicating a measurable practice gap between evidence-based guidelines and clinical implementation. Contributing factors identified through informal staff feedback included limited structured education on PHQ-9 scoring, inconsistent workflow integration, and variability in interpretation of screening results. Without standardized education and workflow integration, opportunities for early identification and intervention may be missed, potentially affecting patient safety and quality of care (USPSTF, 2023). Research has indicated that variability in screening practices is frequently associated with inadequate staff training and lack of standardized clinical workflows (O'Connor et al., 2016).

Staff Education Project Development

Participants in this evidence-based practice project included 10 clinical staff members employed at a primary care clinic as medical assistant, licensed vocational nurse, or registered nurse. The project focused on improving staff knowledge and confidence with an aim of improving depression screening practices for adult patients aged 18 years and older; however, patients were not participants in the project.

The intervention consisted of a structured one-hour educational session delivered to clinical staff. Content included depression screening guidelines, standardized PHQ-9 administration and scoring procedures, suicide risk escalation protocols, integration of the PHQ-9 into the clinic intake workflow, and documentation standardization. Following the education session, screening practices were monitored over a 6-week implementation period.

Data collection included a pre-intervention knowledge assessment, postintervention knowledge reassessment, pre- and post-intervention confidence surveys using a 5-point Likert scale, a baseline chart audit of PHQ-9 screening completion rates, and a post-implementation chart audit. Screening data were evaluated based on chart audit data from retrospective and post-implementation chart audits to assess compliance and documentation accuracy.

Project effectiveness was evaluated based on improvement in staff knowledge, staff confidence, screening accuracy, documentation consistency, and overall depression screening compliance. Descriptive statistical analysis was used to compare pre- and postintervention outcomes. The project was guided by Johns Hopkins nursing evidence-based practice model (Dang & Dearholt., 2021).

Results

Post-implementation findings demonstrated measurable improvement in staff knowledge, confidence, screening compliance, and documentation consistency. Improvements were observed across all evaluated competency and performance measures following the educational intervention.

Staff knowledge scores improved from a baseline average of 62% correct responses to 92% following the educational session. In addition, staff confidence in administering and interpreting the PHQ-9 increased from a mean score of 2.8 to 4.6 on a 5-point Likert scale, indicating enhanced clinical comfort and understanding.

Depression screening completion rates increased from 45% at baseline to 88% during the 6-week implementation period (see Table 1). Documentation accuracy and workflow consistency also improved, as evidenced by more complete PHQ-9 scoring entries and standardized suicide risk documentation. These findings demonstrate that structured staff education combined with workflow integration can improve screening reliability and compliance in a primary care setting.

Organizational impact included improved workflow clarity and increased identification of patients with moderate-to-severe depressive symptoms requiring provider referral. Limitations of the project included the short 6-week implementation timeframe, small sample size, and single-site setting, which may limit generalizability. Continued monitoring and periodic staff training are recommended to support long-term sustainability and maintain screening compliance improvements.

Table 1*PHQ-9 Screening Completion Rates Before and After Implementation*

Time period	Screening completion rate
Baseline (Reimplementation)	45%
Postimplementation (6 Weeks)	88%

Note. Screening completion rate reflects the percentage of eligible adult patient visits with documented PHQ-9 screening during the measurement period.

Conclusions

This DNP staff education project demonstrated that structured PHQ-9 education combined with workflow integration significantly improved depression screening compliance and staff confidence in a primary care setting. The project enhanced early identification of depressive symptoms, strengthened patient safety processes, and aligned clinical practice with national screening recommendations. Continued quarterly compliance audits and annual refresher education are recommended to sustain improvements.

Implications for nursing practice include reinforcing the DNP role as a change leader, promoting equitable mental health screening access, and advancing positive social change by ensuring consistent depression screening across diverse populations. Standardized screening reduces disparities in mental health identification and supports culturally competent, patient-centered care.

References

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