Fall 2022

Implementing a Depression Screening Process within a Primary Care Setting Initiative to Improve Quality Patient-Centered Healthcare

Mark Beech

IMPLEMENTING A DEPRESSION SCREENING PROCESS WITHIN A PRIMARY CARE SETTING INITIATIVE TO IMPROVE QUALITY PATIENT-CENTERED HEALTHCARE

by

Mark Beech

A Doctoral Project
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
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for the Degree of Doctor of Nursing Practice

Approved by:

Dr. Lisa Morgan, Committee Chair
Dr. Carolyn Coleman, Committee Member

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ABSTRACT

Depression is more widespread than many people understand. Depression is a common mental disorder involving millions of people from all backgrounds, races, and socioeconomic levels (World Health Organization [WHO], 2020). Depression not only affects one's mental well-being but can be often linked to one's physical well-being. Additionally, depression is often misdiagnosed and can many times go undetected. The stigma of depression or any mental health disorder still has many patients feeling shameful and the need to be secretive which can prevent proper treatment. The implementation of a depression screening process by utilizing a tool for early depression detection is essential for patients within a primary care setting. The early detection of depression is crucial so that patients can receive the proper diagnosis from the healthcare provider along with a proper referral for other supportive care if needed.

ACKNOWLEDGMENTS

I would like to acknowledge The University of Southern Mississippi nursing professors that provided excellent guidance to train and shape me into this next stage of my life. A special thank you to Dr. Lisa Morgan, Dr. Marti Jordan, Sonia Adams, and Sarilyn Freeman for listening, guiding, and offering advice to me when I needed direction.

DEDICATION

This DNP project is dedicated to the memory of my beloved mother, Rosa Marie Beech, for sacrificing everything to always provide the best for her children from whom I learned so much and I know are smiling down at me. I also dedicate this project to my wonderful wife and amazing daughter who continue to be my encouragers, my rocks, and the main reasons that I continue to work so hard. Above all, I would like to dedicate this project and the path that I have taken to get me here to Jesus, who has always provided and shown me that he has a bigger path than I could ever imagine all while providing me a means to care for his people.

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LIST OF ABBREVIATIONS

ADL's	Activities of Daily Living
DNP	Doctor of Nursing Practice
EKG	Electrocardiography
EHR	Electronic Health Records
EO	Executive Order
IRB	Institutional Review Board
PHQ-9	Patient Health Questionnaire
PTSD	Post-traumatic stress disorder
PCP	Primary Care Physician
SDH	Social Determinants of Health
USM	The University of Southern Mississippi

CHAPTER I - INTRODUCTION

Background

Depression is a leading cause of disability and adds to the increasing problems of disease (WHO, 2020). Depression can cause a wide range of symptoms and can vary among patients. The prevalence of depression continues to grow rapidly and due to the recent global pandemic, numbers have reached rates higher than health professionals have expected. The connection between mental health and physical health goes hand in hand, therefore placing healthcare providers in a position to be first in line for early depression detection, which is key. In a primary care setting depression and other mental health disorders, such as bipolar order, post-traumatic stress disorder (PTSD), and eating disorders, are often overlooked. It is estimated that around 75% of patients that have visited their Primary Care Physician (PCP) commit suicide within a month of that visit (Haefner et al., 2017).

Significance

The importance of establishing the implementation of a depression screening process and utilizing a depression screening tool in a primary care setting is an excellent way to recognize the early signs of depression, optimize care, and increase positive outcomes for the patients. The results from this population health-focused research are significant as they can benefit the patients, the healthcare providers, and insurance companies. The faster a patient is correctly diagnosed with depression, the more the proper treatment can begin. The proper treatment benefits the patient with the overall mental well-being that flows over to their physical well-being. The healthcare providers benefit from understanding the patient and providing the proper treatment or referral. A

healthier patient benefits the insurance companies with positive long-term outcomes of reducing medical costs and lost productivity. The information collected can support the development processes needed to strongly encourage the utilization of tools such as Patient Health Questionnaires.

PICOT

This DNP project originated a clinical question using the Population / Patient Problem, Intervention, Comparison, Outcome, Time (PICOT) format for the patients presenting at this clinic. The population (P) of adult patients that are 18 years or older in a primary care setting where no interventions (I) were used to identify depression compared (C) to that of implementing a depression screening process utilizing the Patient Health Questionnaire (PHQ-9) tool will be successful in identifying depression (O) over a four-week timeframe (T). Implementing a depression screening process will be beneficial in early detection resulting in better outcomes for the patients and their families.

Needs Assessment

The impact of depression is extreme and a major driver of healthcare costs. Around 14.8 million Americans live with major depression and approximately 10% of those patients commonly occur in a primary care setting (Clarke et al., 2016). This population is not receiving the proper care, not be accurately assessed, and referred, and not receiving the correct treatment. This health need can be easily resolved by educating healthcare providers, and patients along with removing the stigma to provide the best quality of care and promote healthier wellbeing.

Mississippi has also not been exempted from the realities of depression. In fact, Mississippi's severity scores showed a larger increase. Additionally, Mississippi along

with two other states had the largest percentage of increase in anxiety and depression scores within the last two years (Jia et al., 2021). The data reflecting these findings point to the critical need for depression screening.

Synthesis of Evidence

Evidence-Based Practice Search

Searches of online literature were performed using databases and search engines. *Google Scholar, PubMed, CINAHL,* and U.S. government websites were used to locate research based on search terms, depression, primary care setting, depression screening tool, and PHQ-9. The articles reviewed discussed adult-aged patients within a primary care setting screening for depression. Articles were reviewed, from 2012-2022, and the literature narrowed down to meeting specifics on the criteria were used.

Early Detection

In the United States, over 25% of the population is affected by some form of mental health disorder such as depression. The primary care setting is the environment where at least 70% of patients are diagnosed and treated for most mental health conditions including depression (Goodrich et al., 2013). For example, many acute and chronic medical conditions that also consist of health behaviors or psychosocial issues that can intensify or even challenge the treatment outcomes, and these very reasons are why the primary care setting is well-suited as the foundation for the delivery of essential behavioral health care.

Depression is not easily measured and cannot be detected by a diagnostic test, so the best approach is to screen the patients in the primary care setting by asking questions. The implementation of tools, such as the PHQ-9, is an easy, accurate, and integrable

method to assist in the identification of depression. These tools have shown successful results which can aid in the quality of life for the patient (Haefner et al., 2017).

Impacts on Patients and Their Families

Depression, depending on the severity, causes serious disruption, can cause negative impacts, and decrease the quality of life for the patient and their families. The treatment for diagnosed patients has cultivated a larger spectrum to consider that the patient's family must be included in that plan of care. The understanding of the situation from both viewpoints can support the family to cope which can be accomplished by taking part in group therapy and family counseling. In every aspect of healthcare, education is key to understanding a diagnosis, treatment, and its impacts.

Impacts on Healthcare Systems and Health Insurance

Depression ranks higher than diabetes, heart disease, and cancer on productive years lost. Depression has shown evidence that there is a higher direct and indirect healthcare cost due to the loss of productivity by the patients (Clarke et al., 2016). The results of multiple research studies have shown a direct link to private health insurance reducing the risk of depression in patients; however, cost continues to be a barrier for many patients needing mental health care. The patients that face these burdens decline the treatment ultimately leading to poor management of depression and the possibility of a worsened state (Rowan et al., 2013).

Improvement Strategies in a Primary Care Setting

The importance of ensuring a concentrated effort to improve the management of depression must be focused on early screening, education of the healthcare professionals, and referral when diagnosed. Additionally, success has been shown when mental

healthcare specialists are co-located within the primary care setting, which improves the access to care but cannot always promise effectiveness. The establishment of collaborative care can ensure that the treatment plan of the patient is concise with active participation from both the PCP and the mental healthcare provider. Collaboration efforts have shown that those patients have a substantially lower overall health cost than patients undergoing a usual treatment plan (Unützer & Park, 2012), while both providers aim at achieving the desired clinical outcomes for that patient.

Models

The model used for this project, The ACE Star Model of Knowledge Transformation, is an excellent framework to use. This model organizes the old and latest ideas to improve care into a wholly innovative approach. This project focuses on the primary care setting where the early detection of depression is crucial, and this model allows for the newly discovered knowledge to become incorporated into everyday practice. The ACE Star Model of Knowledge Transformation is a simple five-step transformation that guides the processes from discovery research, evidence summary, translation to guidelines, practice integration, and into process, outcome evaluation. The result is evidence-based quality improved health care. The Steven's Star Model is a five-point star that addresses the steps to convert forms of knowledge and incorporate the best evidence with clinical expertise along with patient preference. The first point of the star model is discovery, which consists of primary research and is where new knowledge is gained. The second point of the star, evidence summary, is the synthesis of the data combined into a single agreeable statement. The third point of the star, translation to guidelines, is often referred to as the combining of evidence and expertise to extend

recommendations. Practice integration is the fourth point of Steven's Star Model. This step is the implementation of innovations and integration into the healthcare system. Lastly, is the fifth point of the star, process, outcome, and evaluation. In this phase of the research model, a view of the impact the research has on patient outcomes, satisfaction, the efficiency of care, and policies (Stevens, 2013).

This model has elements that provide healthcare professionals recommendations in the form of guidelines that they can put into practice and support their point of care decisions for the patients.

Figure 1. ACE Star Model of Knowledge Transformation.

Doctor of Nursing Practice Essentials

The Doctor of Nursing Practice (DNP) Essentials are eight important steps to initially address the needs for improving health care (Zaccagnini & White, 2017). The eight DNP Essentials are scientific underpinnings for practice, organizational and systems leadership for quality improvement, clinical scholarship and analytical methods for evidence-based practice, information systems/technology, and patient care technology

for the improvement and transformation of health care, health care policy for advocacy in health care, inter-professional collaboration for improving patient and population health outcomes, clinical prevention and population health for improving the nation's health, and advance the nursing practice. This project of implementing a depression screening process within a primary care setting addressed many DNP essentials. To begin with, this project addressed Essential II, Organization and Systems Leadership for Quality Improvement, as the need was recognized in reviewing the facilities' policies and practices that a depression screening tool was not currently utilized. The setup of an improved process to incorporate the PHQ-9 was an improvement in patient outcomes that addressed this essential. Secondly, Essential V, Health Care Policy for Advocacy in Health Care, was achieved by recognizing the need for social justice and equity in health care. It is important to understand and promotes that all patients deserve equal treatment in health care. The establishment and implementation of this new process ensure that all patients will be screened and properly treated and or referred. Essentials VI and VII were also addressed by this DNP project, focusing on communication and collaboration in developing practice models and standards to improve patient care and outcomes. Essential VI, Inter-Professional Collaboration for Improving Patient and Population Health Outcomes, focuses on the importance of working together as an interprofessional team in the development and implementation of those processes to build a better outcome for patient care. Essential VII, Clinical Prevention and Population Health for Improving the Nation's Health, focuses on the ability to analyze and evaluate information seeking improvements for the betterment of the patient and the surrounding communities. Lastly, Essential VIII, Advanced Nursing Practice, was accomplished by evaluating the

evidence-based data to create and implement a new process for the betterment of the patient, their families, and the community (Zaccagnini & White, 2017).

Goals and Expected Outcomes

The goal of this DNP project was to bring about awareness, increase knowledge and establish a quality improvement process for the staff at this facility on depression screenings. Another goal was to successfully stand up this process for the benefit of patients at this facility to be properly screened and diagnosed using a depression screening tool.

Summary

Depression is common within the United States and has many negative outcomes for patients. Patients are affected mentally, physically, and financially. Patients are not the only stakeholders in this equation, a patient's family is dramatically implicated as well. The timelier depression is detected the better the outcomes are for the patients and their families. The positive outcomes for the patient are that the depression is appropriately recognized, managed, treated, and/or referred to a mental healthcare provider. The implementation of a depression screening process and utilizing a depression screening tool within a primary care setting is a critical step for the early detection of depression.

CHAPTER II - METHODOLOGY

Introduction

This DNP project study was conducted at a non-profit organization located in Picayune, Mississippi. This non-profit organization is set up to provide food and clothing along with free primary medical care to individuals within the area that are lacking everyday essentials due to low income or poverty. The services that are offered at this facility include general primary care, cardiovascular care, mental health care, urgent medical care, diagnostic laboratory, Electrocardiography (EKG), and health education. This facility currently does not conduct any type of depression screening. The facility does provide a mental healthcare provider on a weekly basis. The successful outcome of this DNP project is the establishment of a depression screening process where patients are correctly screened and diagnosed.

Intervention

The DNP project was designed to implement a process in which a depression screening tool was used within the primary care setting to diagnose depression. This project design will improve the quality improvement process since currently there is no depression screening tool used and many patients at this facility will benefit from being screened and diagnosed using this tool. The depression screening tool used for this DNP project is the PHQ-9. The PHQ-9 can establish depression diagnoses as well as grade the severity of the depression symptoms. The PHQ-9 has nine questions with a score ranging from zero to three for each question and the overall questionnaire can have a maximum score of twenty-seven. A threshold score of ten or higher is considered mild major

depression, fifteen or higher indicates moderate major depression and a score of twenty or higher indicates severe major depression.

The DNP project began by recognizing that many patients seen at this primary care facility were not clinically screened for depression. The knowledge that patients were not clinically screened for depression created the impression that patients were additionally not being diagnosed. This DNP project was divided into three categories to support the facility which was awareness, education, and implementation at this facility.

Category One - Awareness

The project began with discussing the awareness of a necessary clinical process to implement the use of a depression screening tool for the benefit of obtaining a depression diagnosis. The primary care faculty appreciated and understood the need for this clinical development. Initially, a retrospective chart review was conducted using the data retrieved from the facility's electronic health records (EHR). In this chart review data was collected and reviewed throughout a four-week timeframe. The analysis of the data was to determine if patients were diagnosed though no type of depression screening tool was utilized.

Category Two-Education

The next step within this project was to conduct an educational meeting that consisted of a physician, nurse practitioners, medical assistants, and office staff. The educational session included the review of the findings within the chart reviews, an explanation of the need to screen for depression in a primary care setting, and the review and distribution of the PHQ-9. The PHQ-9 was reviewed in detail during the educational meeting by explaining the scoring and showing that each question will be calculated for a

total score. Additionally, the importance was stressed that by using this PHQ-9 form, depression can be easily diagnosed.

Category Three – Implementation

The training session included discussions of the new process on the steps of adding these completed questionnaires to each patient's EHR. The process noted that each of the questionnaires received would be scanned into each of the patient's records and noted on the chart. The educational meeting concluded by discussing that this new process will be conducted over a four-week timeframe.

Study of the Intervention

The study of the intervention of this DNP project would be in comparing the data found during the retrospective chart review where no depression screening tool was utilized and if any depression diagnosis was found compared to after utilizing the PHQ-9 form. The intervention, if successfully implemented, would show that an increase in depression diagnosis was found at the facility with the newly implemented process. The results would prove that using the form produces an improvement in quality patient-centered health care by identifying depression early.

Population of Interest

A priority for this population is in providing quality healthcare or instituting a means for access for those that do not have healthcare. The impact of depression is extreme and a major driver of healthcare costs. Around 14.8 million Americans live with major depression and approximately 10% of those patients commonly occur in a primary care setting (Clarke et al., 2016). This population is not receiving the proper care, not be accurately assessed, and referred, and not receiving the correct treatment. This priority

health need can be easily resolved by educating healthcare providers, and patients along with removing the stigma to provide the best quality of care and promote healthier wellbeing. Depression is not a biased disease and affects all types and ages of people. There are many health risks in patients with depression. These health risks include having a genetic family history of depression, environmental conditions, major life changes, and patients suffering from a chronic disease. Depression is a common illness throughout the world and more than 264 million patients are affected by this disease. Depression is also a common cause of hospitalizations in the United States. The worst period of depression is when a patient takes his or her own life, suicide. Approximately eight hundred thousand people succumb to suicide every year (WHO, 2020). In states with the lowest workforce, such as Mississippi, there is only one mental health provider for every one thousand people. Mississippi is also one of the highest-ranking states with the least access to mental healthcare while incarcerated (National Alliance on Mental Illness, 2021). Social Determinants of Health (SDH) have a direct link to depression. SDH are defined as the circumstances in which people are born, living conditions, race, and access to care. These determinants can be influenced by money, power, and education (Compton & Shim, 2015). The groupings of this population can even be divided up further, while women are noted to be more likely to experience depression than men. Depression is continuously rising to take all races and ages of people in its path. The awareness of depression, along with other mental health needs has finally received momentum and deserved attention. An Executive Order (EO) 13594, Saving Lives Through Increased Support for Mental and Behavioral Health Needs supports many aspects of improving mental health, including depression with the commitment to prevent suicide. This order

would allow the institution of crisis intervention services to those in life-threatening situations, increase availability and access to quality care, along with increase telehealth availability. The National Strategy for Suicide Prevention is another example of an initiative aimed at supporting those patients suffering from suicidal thoughts connected to depression. The progress made with these initiatives has shown great advancement, however, work still needs to continue to promote, outreach, and provide the necessary care needed to detect depression before ending so fatally.

Measures and Data Collection

The data that was collected for this DNP project was from the completed PHQ-9 questionnaires that were received and scanned into the patient records. The data collected was the total number of patients screened for depression utilizing the PHQ-9, the total number of positive scores for each depression type for both female and male patients, and a total number of patient referrals to the mental health provider on staff over a 4-week timeframe compared to the data retrieved from the retrospective chart review.

Ethical Considerations

This DNP project supported the ethical considerations of the staff and the patients used in this research. The patient participation in this project consisted of patients seen at the clinic. The patients were provided with consent to participate in this project which explained that the data would be reported as group data. The reports used for this study had no identifying information and no individual responses were reported. Participation in this study was strictly voluntary and participant names were not used. All participants were at least eighteen years of age and older. The data collected was secured safely in a controlled environment. This project was reviewed and supported by the project

committee and The University of Southern Mississippi's (USM) Institutional Review Board (IRB) (Protocol # 22-829), refer to Appendix C for the IRB approval letter, Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations.

Project Timeline

The timeline for this DNP project began with a proposal to USM and a review and presentation to the IRB in July 2022. A letter of support was collected from the clinic along with discussing the awareness of a necessary clinical process to implement the use of a depression screening tool for the benefit of obtaining a depression diagnosis. The education to the staff along with the beginning of analyzing the data collection began in July 2022. The implementation of the depression screening tool began, and results were collected and reviewed results by August 2022. The data was collected and analyzed for interpretation along with final questions and answers opportunity with the staff by August 2022. The project concluded by handing off the newly implemented process.

Summary

This first step of a screening tool that is instituted within a primary care setting, is ideal because it is where patients are first seen, and the PCP or advanced healthcare professional is at the front door of this problem. The need for community involvement, promotion from policy leaders, and other involvement from stakeholder partnerships are all incredibly vital in supporting this population. These attempts have been reviewed, researched, and launched; however, these actions have not been as effective in the battle of early depression detection as hoped for. An area to explore more with evidence-based data is the approach to co-locating mental healthcare providers within the primary care

setting. A mental healthcare provider, whether that provider would be a psychologist, social worker, or a psychiatrist, located within the primary care setting is an attempt to provide direct care to the patient, opportunities for healthcare professionals to collaborate, and reduce referral times. The creation of an initiative such as this has had little evidence that demonstrates a successful outcome for patients (Unützer & Park, 2012). This study intends that there will be an increased awareness of the need to have an established depression screening process within a primary care setting for early diagnosis.

CHAPTER III – RESULTS

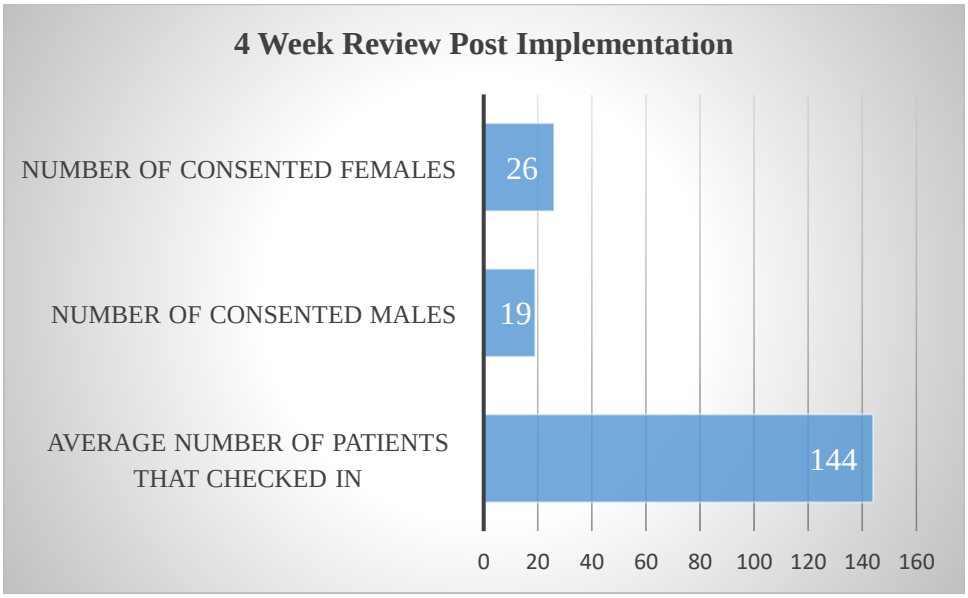
Data Collection

The DNP project of implementing a depression screening process within a primary care setting to support the initiative to improve quality patient-centered health care was established by following three categories. The project was divided into these three categories to support the ease of awareness, the needed education, and the successful implementation at this facility. The first category was the discussion of the importance of identifying depression in patients along with a retrospective chart review over a four-week timeframe. The second category was training the staff and demonstrating the scoring of the PHQ-9. The third and final category was the analysis of the collected data and the implementation at the facility.

The number of patients presented to this facility over the four-week timeframe was an average of 144. The four-week post-implementation review consisted of consenting 26 females and 19 males (see Table 1).

Table 1

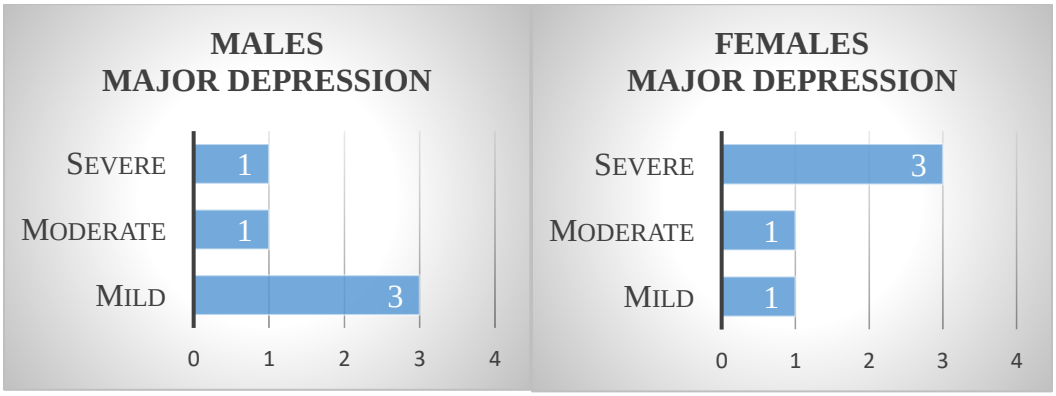
4 Week Post Implementation



These 45 patients of both females and males, which consisted of 31% of the patients willing to participate, had varying PHQ-9 scores. The 19 consented males yielded five scorings≥10 on the PHQ-9 questionnaire. The scores of the five males were as follows; three males scored ≥10, one scored ≥15, and one scored ≥20. The 26 consented females yielded five scoring a ≥10 on the PHQ-9 questionnaire. The scores of the five females were as follows; one female scored a ≥10, one scored a ≥15, and three scored a ≥20. The higher scoring within the female patient population confirms the information previously discussed, women are noted to be more likely to experience depression than that of men (see Table 2). The patient scoring ≥10 was referred to the staff mental health provider for treatment.

Table 2

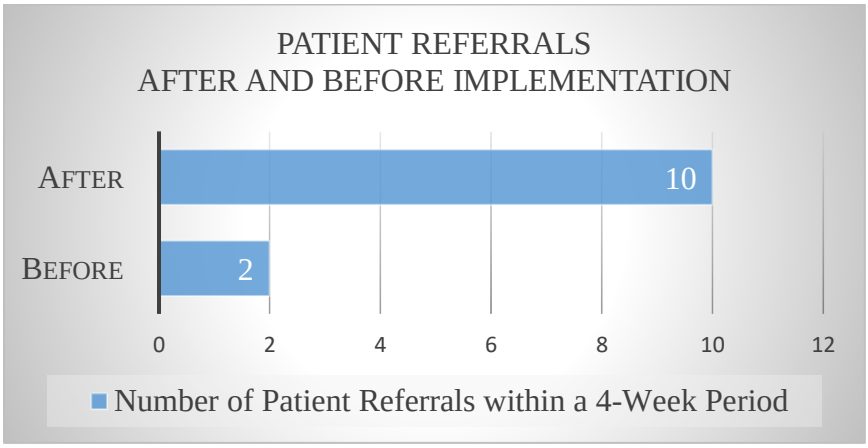
Scoring of Males and Females



The retrospective chart review of a four-week timeframe prior to implementation showed that only two patients were identified as needing treatment and/or referral. The data reveals a 20% increase of recognized patients needing treatment from using the PHQ-9 when evaluating the before and after implementation of this depression screening tool (see Table 3).

Table 3

Patient Referrals after and before Implementation



Summary

In summary, this DNP project revealed an increase in patients recognized with symptoms of depression utilizing the PHQ-9. The female patient population scored higher than the male patient population which confirmed the aforementioned research that women are noted to be more likely to experience depression than men. The DNP project was successful at demonstrating that the implementation of the PHQ-9 within a primary care setting is valuable and needed to recognize more patients with symptoms of depression so that early treatment and/or referral can be accomplished.

CHAPTER IV – DISCUSSION

This DNP project intended to demonstrate and confirm that the use of utilizing a depression screening tool, such as the PHQ-9, can identify depression earlier, easily be implemented, and prove the need for its use within a primary care setting. The timelier depression is detected, the faster a patient can be correctly diagnosed, appropriately treated, and/or referred to a mental healthcare provider.

Key Findings

The earlier that depression is discovered the better the outcomes are for the patients. The DNP project was able to identify 10 patients that scored a ≥10 on the depression screening tool, whereas previously would have gone undetected. Additionally, the results of this project substantiated that female patients are more likely to have depression than males. The DNP project results also highlighted 31% of patients were willing to participate concluding that a more targeted effort on education and awareness of depression is needed. The focus will hopefully reduce the stigma allowing patients to feel more comfortable discussing depression and other signs with their PCP.

Strengths and Limitations

One limitation of the DNP project study was the hours of operation for this facility. This facility is a non-profit organization, and the facility is unable to accommodate a full staff for a standard Monday through Friday eight-hour day, longer durations would accommodate additional patients and thus possibly recognize more patients in need. One strength of the DNP project study was the awareness delivered to this facility. The facility recognized the need of implementing this depression screening

process and its importance for the benefit of the patients by observing the increased number of diagnosed patients.

Implications of Future Practice

The DNP project study did make a difference at this facility by increasing the percentage of identified patients needing treatment and/or referral. A further study is needed to expound on the reasons why only thirty-one percent of the patients were screened. The concentration of focus would need to determine if additional education for the staff is required or if there are any barriers prohibiting the patients from disclosing their symptoms. The elements of the study can identify aspects of cultural thinking and understanding of associated stigmas to support providing the best quality of care and promote a healthier overall well-being for the patient.

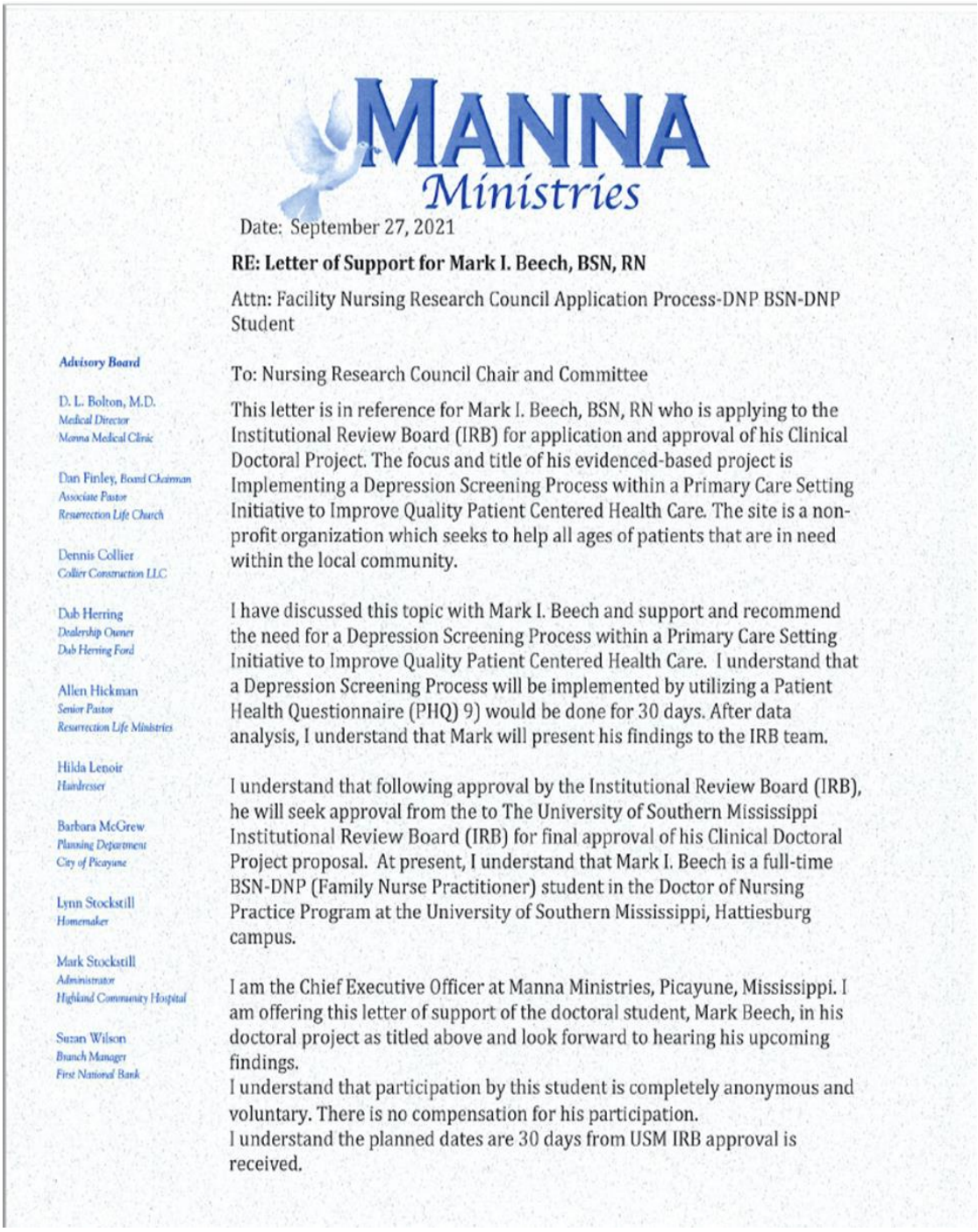
Summary

The proposed outcomes for the implementation of a depression screening tool within a primary care setting have many positive short-term and long-term results. The successful implementation of this project can increase the number of patients that are diagnosed with depression early. Early detection can increase the coordination of care for the patient such as proper medications or proper hand-off utilizing a referral program. Long-term outcomes will develop over time resulting in reducing a patient's loss of productivity in their activities of daily living (ADLs). The greatest out of all the outcomes and the goal of the program is reducing the stigma of depression so more patients feel comfortable speaking up, are properly treated, and increase their overall well-being.

In conclusion, there are many unanswered questions regarding the use of a depression screening tool within a primary care setting that requires more exploration.

Why are many healthcare professionals not recognizing the need for early detection of depression? Why is there no concentration on the correlation of depression with patients suffering from comorbidities or other illnesses? Is the need for additional training to recognize these symptoms in a primary care setting more essential than realized? These unanswered questions reflect the need for more research; however, one point is certain, trust is the foundation in all patient and healthcare professional relationships so the bottom line is that patients must feel comfortable in expressing themselves. This DNP project intervention was regarded as successfully implemented due to an increase in depression diagnoses at the facility. These project study results proved that implementing a depression screening process within a primary care setting does improve quality patient-centered health care by always looking out for the betterment of our patients.

APPENDIX A – Letter of Support



MANNA Ministries

Date: September 27, 2021

RE: Letter of Support for Mark I. Beech, BSN, RN

Attn: Facility Nursing Research Council Application Process-DNP BSN-DNP Student

To: Nursing Research Council Chair and Committee

This letter is in reference for Mark I. Beech, BSN, RN who is applying to the Institutional Review Board (IRB) for application and approval of his Clinical Doctoral Project. The focus and title of his evidenced-based project is Implementing a Depression Screening Process within a Primary Care Setting Initiative to Improve Quality Patient Centered Health Care. The site is a non-profit organization which seeks to help all ages of patients that are in need within the local community.

I have discussed this topic with Mark I. Beech and support and recommend the need for a Depression Screening Process within a Primary Care Setting Initiative to Improve Quality Patient Centered Health Care. I understand that a Depression Screening Process will be implemented by utilizing a Patient Health Questionnaire (PHQ) 9) would be done for 30 days. After data analysis, I understand that Mark will present his findings to the IRB team.

I understand that following approval by the Institutional Review Board (IRB), he will seek approval from the to The University of Southern Mississippi Institutional Review Board (IRB) for final approval of his Clinical Doctoral Project proposal. At present, I understand that Mark I. Beech is a full-time BSN-DNP (Family Nurse Practitioner) student in the Doctor of Nursing Practice Program at the University of Southern Mississippi, Hattiesburg campus.

I am the Chief Executive Officer at Manna Ministries, Picayune, Mississippi. I am offering this letter of support of the doctoral student, Mark Beech, in his doctoral project as titled above and look forward to hearing his upcoming findings.
I understand that participation by this student is completely anonymous and voluntary. There is no compensation for his participation.
I understand the planned dates are 30 days from USM IRB approval is received.

Advisory Board

D. L. Bolton, M.D.
Medical Director
Manna Medical Clinic

Dan Finley, *Board Chairman*
Associate Pastor
Resurrection Life Church

Dennis Collier
Collier Construction LLC

Dub Herring
Dealership Owner
Dub Herring Ford

Allen Hickman
Senior Pastor
Resurrection Life Ministries

Hilda Lenoir
Hairdresser

Barbara McGrew
Planning Department
City of Picayune

Lynn Stockstill
Homemaker

Mark Stockstill
Administrator
Highland Community Hospital

Suzan Wilson
Branch Manager
First National Bank

I understand that letter of support will be included in the University of Southern Mississippi Institutional Review Board (IRB) application.

Mark's Chair contact information is Dr. Lisa Morgan, DNP, FNP-BC lisa.d.morgan@usm.edu and 601-266-6087.

As Director/Chief of Manna Ministries at this proposed site, I would like fully support Mark Beech to achieve his academic endeavor in this clinical practice project. I look forward to hearing the results of this study and the implications on clinical practice. If there is any other information you should need, please do not hesitate to contact me.

Sincerely,

Jameye Martin

Jameye Martin, BSN, CEO
Manna Ministries

APPENDIX B – Patient Health Questionnaire (PHQ-9)

Patient Health Questionnaire (PHQ-9)

Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

APPENDIX C – IRB Approval Letter

Office *of*
Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER:	22-829
PROJECT TITLE:	Implementing a Depression Screening Process within a Primary Care Setting Initiative to Improve Quality Patient Centered Health Care
SCHOOL/PROGRAM	Professional Nursing Practice
RESEARCHERS:	PI: Mark Beech Investigators: Beech, Mark~Morgan, Lisa~Coleman, Carolyn~
IRB COMMITTEE ACTION:	Approved
CATEGORY:	Expedited Category
PERIOD OF APPROVAL:	20-Jul-2022 to 19-Jul-2023

Donald Sacco Jr.

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

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