



Depression Prevention & Management Quality Improvement Initiative

PACAH Annual Conference

Wednesday, October 26th, 2011

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PA Depression Collaborative
Abramson Center for Jewish Life**



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Challenge of Depression

What is Depression?

- State of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings, and physical well-being
- Can include sadness, anxiety, hopelessness, worthlessness, guilt, irritability, fatigue, suicidal ideation or attempts
- The problem is not getting depressed...it is the inability to shake it off – Frederic Flach MD

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Challenge of Depression

What is Depression?

- Is a significant health issue in US overall
 - 9% of US adults meet criteria for a depressive disorder
 - 3.4% of US adults meet criteria for MDD
 - 16.5 % of US adults will have an episode of MDD in their lifetimes
- Is significantly undertreated in the US
 - Only 51.7% with depression receiving treatment
 - Only 19.6% receiving “minimally adequate treatment”

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Challenge of Depression

Why is depression so significant in the Nursing Home Setting?

- Elderly adults at higher risk for depression, especially those with physical and/or cognitive deficits
- Estimated rates of depression in long term care are between 22-40%
- Depressed nursing home residents at increased risk for disability, illness, injury, hospitalization, and death

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Challenge of Depression

How does depression lead to increased morbidity and mortality?

- Depressed residents often less active, have less appetite, more preoccupied with losses or medical issues, engage in fewer positive activities
- Depressed residents less likely to participate in self-care, and less likely to participate in treatment
- Depressed residents more likely to have exacerbations of chronic illnesses

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Depression Prevention & Management Quality Improvement Initiative

A Decade of National
Quality Improvement Efforts

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Overview of National QI Efforts

- **2001-2004 Michigan's QIO (MPRO) conducted a CMS Special Study on Depression**
 - 14 nursing facilities
 - Goal: improve the accuracy of assessments & target and monitor care
 - 26% of newly admitted nursing home residents had symptoms of depression
 - 81% of residents with depression were receiving treatment on admission to the facility
 - Still opportunities for improving the quality:
 - Practice guidelines followed
 - Monitor residents on anti-depressant medications, modify or intensify treatment if significant depressive symptoms present
 - The authors recommend the addition of a validated depression screener into the MDS

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Overview of National Efforts

2005-2008 Quality Improvement Organization

8th Scope of Work – Nursing Home Setting

Clinical Areas:

- Pressure ulcer prevention
- ***Depression screening and treatment***
 - *Dropped due to weakness in MDS 2.0 depression measure*
- Reduction of physical restraints
- Pain Management

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Overview of National Efforts

2010 CMS Introduces PHQ-9 into Mood Section of the MDS 3.0

- 9 Items map to symptoms of clinical depression in DSM-IV
- Look back period 14 days vs. 30 days (2.0)
- Improved detection
- Depression [Total] Severity Score

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Promoting Positive Well-being

A Depression Prevention and Management Program



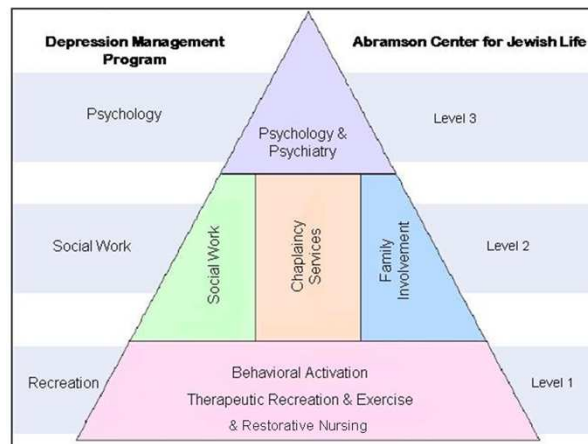
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Intervention Levels

- Prevention Focus
- Step-wise
- Informed by Discipline Specific Best Practices

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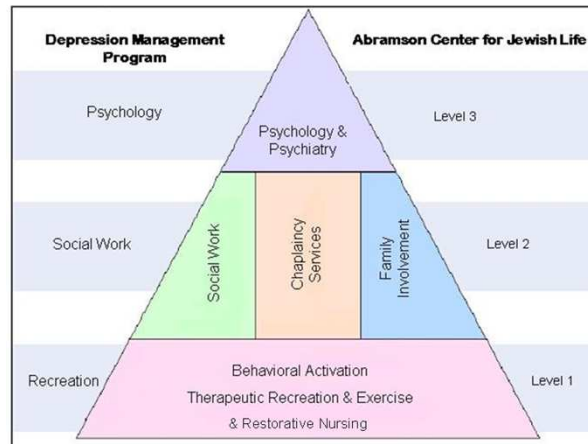
Level 1 Interventions

Level 1 Overview

- Depression Symptoms
(e.g., Social withdrawal, lack of motivation and interest)
- Principles of Behavioral Activation
 - Establish Goals
 - Emphasis on Preference-based Activities
 - Easiest Tasks First
 - Monitor Progress
 - Reinforce Success

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Level 2



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Level 2 Interventions

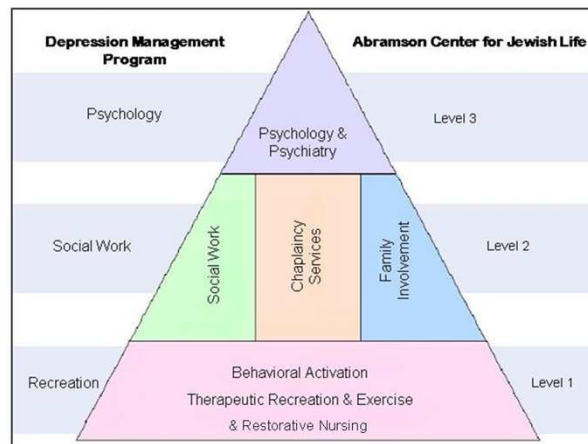
Level 2 Overview

Level 2 Goals:

- Social Support
 - healthy way to cope with stress
- Strengthening of Social Networks
 - family, peers, staff members, volunteers, visitors
- Ease Adjustment
 - loss, ability decline, etc.

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Level 3



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Level 3 Interventions

Level 3 Overview


- Industry Standard
- Evidence-based

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Interventions Table – Toolkit (page 10)

Level Interventions: Usual care vs. Depression specific approaches			
	Usual Care Examples	Depression Specific Approach Examples	
Level 1 Interventions	Therapeutic Recreation	Invite household residents to daily programming, supplies provided for independent leisure, visit those who need 1:1 interventions at least 2-3 times per week	Involve resident in the planning of preference congruent leisure pursuits and work toward matching their preference pursuits with the identified cluster of depression symptoms. For example: a resident with low self worth to play a role on the welcoming group for new resident on the household
	Restorative Nursing	Works with resident to complete assigned restorative nursing programs	Use of enhanced motivational "Tips" when decline in resident performance of ADLs appears to be related to mood and/or depression issues
	Exercise	Offer regularly scheduled exercise programs (e.g., morning stretch, volunteer exercise class, etc.)	Active Life Exercise Program - doctor's order, supervised use of weights and exercise equipment
Level 2 Interventions	Social Services	Case management functions during admissions, readmissions and discharges and as needed. MDS Assessments	Clinical and/or case management support during periods of adjustment, loss of abilities and bereavement. Work with resident and/or family to assist with adjustment to facility and/or build social networks
	Chaplaincy Services	Invite to worship services, religious life events, religious holiday celebrations	Chaplain visits with individual for therapeutic spiritual care. Planned weekly spiritual care visits with spiritual-psychosocial plan of care coordinated with the social worker
	Volunteer Services	Volunteer offers books, assists in technology room, library and at events	Coordinated friendly volunteer visits with resident who have signs and symptoms of depression and who may benefit from additional social supports
Level 3 Interventions	Psychological Services	Individual and/or group psychotherapy, psychological evaluations	
	Psychiatric Services	Individual psychiatric evaluations, psychotropic medication management	

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**Continuous
Quality
Improvement
Process**

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Abramson Original Pilot

Continuous Quality Improvement

<u>Resident/Patient Clinical Work Flow</u>	<u>Facility Level Systems Work Flow</u>
<ul style="list-style-type: none">• Plan: Training, preparation• Do: Screen, Refer Treat• Study: Evaluate individual results• Act: Modify care plan as often as needed	<ul style="list-style-type: none">• Plan: Team building, system development• Do: Rounding, Communication Systems• Study: Evaluate aggregate results• Act: Modify system as often as needed

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Clinical Work Flow

- Staff Training
- Quarterly PHQ-9 Assessment
- Results shared with interdisciplinary team
- Referrals made for specific level assessment
- Based on assessment findings individual disciplines implement and care plan evidenced based practices

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Clinical Work Flow

- Review response of interventions, maintain or modify treatment planning in regular interdisciplinary group meeting.
- Quarterly Depression screen and follow-up by interdisciplinary team which makes the decision to increase, decrease, or keep same level of treatment intensity base on outcome of screen
- Person followed by team as long as depressive symptoms remain 5 and above

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Wellness Rounds Purpose

To provide a regular time and space for an interdisciplinary team to:

- Review
- Discuss
- Develop a plan of care
- Determine the effectiveness of the plan of care
- Modify plan of care as needed
- Resident remains in the program (on caseload) until their symptoms are in remission

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Outcomes



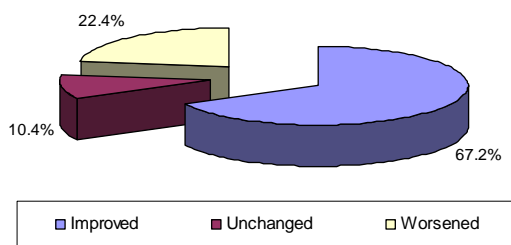
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Original Abramson Depression Outcomes

2007/08 Program Results (N= 67 residents)

- 50 female & 17 male
- Two thirds had a lower screening score

Graph 1: Change in Depressive Symptoms



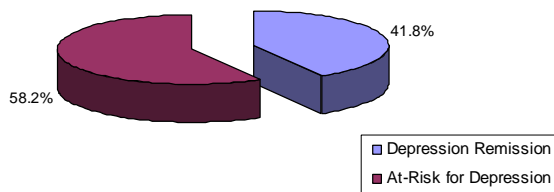
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Original Abramson Depression Outcomes

Program Results (N= 67 residents)

- Nearly 42% (28/67) went from positive screen to negative
- Similar for males (41.2.8%; 7/17) & females (42%; 21/50)

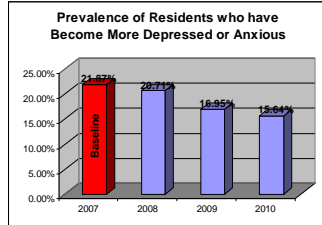
Graph 2: Percent of Residents with Positive Response to Depression Program



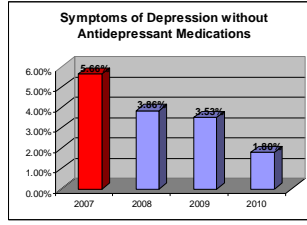
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Abramson Original Pilot

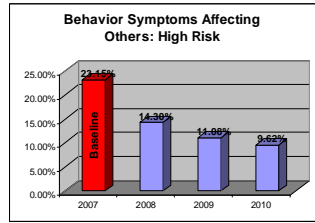
Original Abramson Depression Outcomes



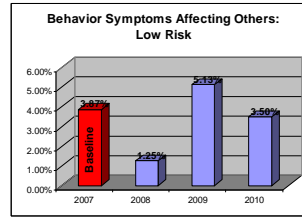
(Stata nptrend, $p < .0001$)



(Stata nptrend, $p < .0001$)



(Stata nptrend, $p < .0001$)



(no significant findings)

**Pennsylvania Depression
Quality Improvement Collaborative**

Sponsored by

SPAHQ

Southeastern Pennsylvania Association
For Healthcare Quality



PA Depression Collaborative

Association Support

Recruitment Efforts



THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA



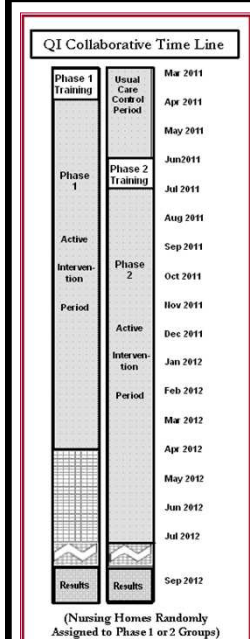
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Collaborative Overview

Time Line & Overview

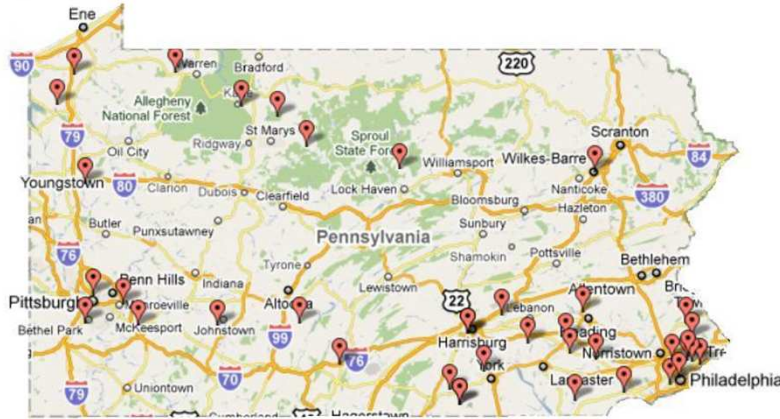
- 40 Nursing Homes across Pennsylvania
- Active & Waitlist-control Phases
 - 20 homes in Phase 1 (March trainings)
 - 20 homes in Phase 2 (July trainings)
- All homes completed training by July 28, 2011
- “Smart” Excel spreadsheet for data submission
- All homes submit data starting in March 2011
- Report of results sent to homes in September 2012



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Participating Skilled Nursing Facilities



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Facility-based Tracking Tool

- Modeled after the national Advancing Excellence campaign
- 42% national participation

2011 At Risk Depression Tracking Tool

Facility Name: **Abramson Center for Jewish Life**
 Provider Number: _____
 Contact Name: **Martin Frayer**

Date of Assessment	January		February		March		April		May		June		July		August		September		October		November		December	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of patients at risk	20	100	18	100	15	100	12	100	10	100	8	100	6	100	5	100	4	100	3	100	2	100	1	100
Number of patients screened	15	75	14	78	12	80	10	83	8	80	6	75	5	63	4	50	3	38	2	25	1	13	0	0
Number of patients identified as at risk	10	67	9	64	8	67	6	60	5	63	4	50	3	38	2	25	1	13	0	0	0	0	0	0
Number of patients not screened	5	25	4	22	3	20	2	17	2	20	2	25	1	13	1	13	1	13	1	13	1	13	1	13
Number of patients not identified as at risk	5	25	5	28	7	47	6	50	5	50	4	50	2	25	3	38	3	38	2	25	2	27	1	13
Number of patients not at risk	5	25	5	28	7	47	6	50	5	50	4	50	3	38	3	38	3	38	2	25	2	27	1	13
Number of patients not identified as at risk and not at risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients not screened and not at risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients not screened and not identified as at risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients not screened and not identified as at risk and not at risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients not screened and not identified as at risk and not at risk and not at risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

At Risk Patient Subpopulation

At Risk Patient Subpopulation	January	February	March	April	May	June	July	August	September	October	November	December
Number of patients	10	9	8	6	5	4	3	2	1	0	0	0
Number of patients screened	7	6	5	4	3	2	1	1	1	0	0	0
Number of patients identified as at risk	5	4	3	2	2	1	1	1	0	0	0	0
Number of patients not screened	3	3	3	2	2	2	2	1	0	0	0	0
Number of patients not identified as at risk	2	2	2	2	2	1	0	0	0	0	0	0
Number of patients not screened and not identified as at risk	1	1	1	1	1	1	1	0	0	0	0	0
Number of patients not screened and not identified as at risk and not at risk	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients not screened and not identified as at risk and not at risk and not at risk	0	0	0	0	0	0	0	0	0	0	0	0

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Caseload Management Feature

**2011 At Risk Depression Tracking Tool
February Assessments**

Facility Name: Abramson Center for Jewish Life
 Provider Number: _____
 Contact Name: Marilyn Frazier

Total # of Assessments in current month: **197**

1	11	21	31	41	51	61	71	81	91
2	12	22	32	42	52	62	72	82	92
3	13	23	33	43	53	63	73	83	93
4	14	24	34	44	54	64	74	84	94
5	15	25	35	45	55	65	75	85	95
6	16	26	36	46	56	66	76	86	96
7	17	27	37	47	57	67	77	87	97
8	18	28	38	48	58	68	78	88	98
9	19	29	39	49	59	69	79	89	99
10	20	30	40	50	60	70	80	90	100

	Room #	Resident Name or ID #	Date (m/d/yy)	Total Severity Score	No Level Intervention	Level 1	Level 2	Level 3	Suicidal Ideation	Behaviors
1	25	Abraham Lincoln	2/4/11	9		X		X		
2	8	Andrew Jackson	2/2/11	9	X					
3	36	Andrew Johnson	2/5/11	9	X					
4	28	Benjamin Harrison	2/4/11							X
5	12	Calvin Coolidge	2/3/11	9		X				
6	46	Chester A. Arthur	2/8/11	9		X				
7	3	Dwight D. Eisenhower	2/9/11	5		X	X	X		
8	31	Franklin D. Roosevelt	2/9/11	11		X	X	X		
9	32	Franklin Pierce	2/14/11	11		X	X	X	X	

- Features a facility caseload tracking tool which automatically makes all calculations to tables and graphs

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Collaborative Toolkit

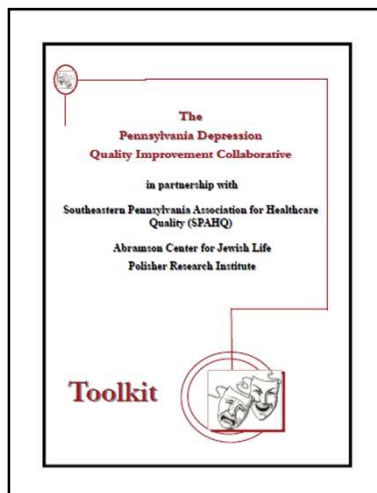


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 - Managing Depression Article
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 - Restorative Nursing
 - Exercise
 - Level 2
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 - Level 3
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 - Psychiatric Services
- Wellness Rounds
- Suicidal Ideation Tools

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Webinar Series

Overview Learning Session

- Challenge of Depression
- Collaborative Overview
- Data Requirements

Learning Session 1

- Depression Screening
- Clinical Interventions: prevention focus, step-wise feature, informed by discipline specific best practices

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Webinar Series

Learning Session 2

- Continuous Quality Improvement Model
- Clinical Work Flow
- Wellness Rounds
- Role of Medical Director
- Tracking Outcomes

Learning Session 3

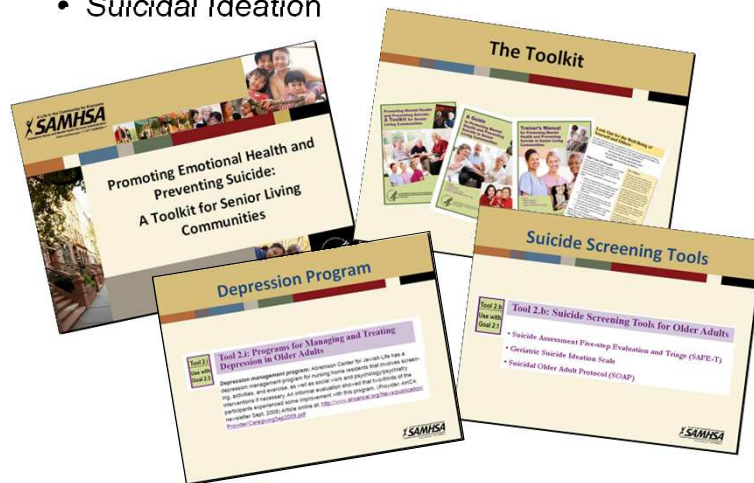
- Suicidal Ideation

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Learning Session 3

- Suicidal Ideation



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Process Measures

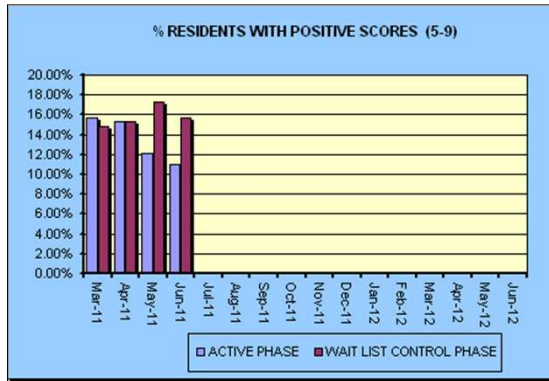
- Webinar Attendance: Participation rate **93.1%** (149/160)
 - Overview Learning Session: 92.5% (37/40)
 - Learning Session 1: 95% (38/40)
 - Learning Session 2: 95% (38/40)
 - Learning Session 3: 90% (36/40)
 - *homes that did not participate on the "live" webinars received a recorded copy*
- Data Submission Compliance: Compliance rate **96.1%** (149/155)
 - March 2011: 95.0% (38/40)
 - April 2011: 97.4% (38/39)
 - May 2011: 97.4% (37/38)
 - June 2011: 94.7% (36/38)

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Aggregate Data Tool – Mild Depression

ACTIVE PHASE	Total # of Assess
March-11	1342
April-11	1326
May-11	1398
June-11	1333
TOTAL	5399



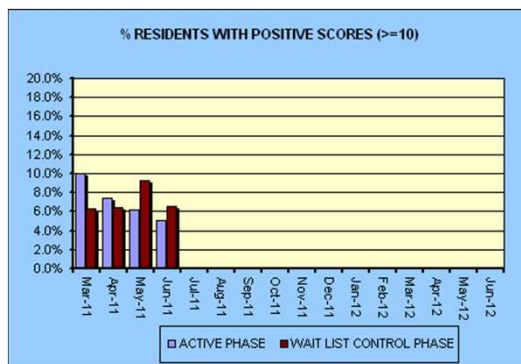
- No significant findings – positive trends.

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Aggregate Data Tool – Moderate to Severe Depression

WAIT LIST CONTROL PHASE	Total # of Assess
March-11	1652
April-11	1617
May-11	1561
June-11	1566
TOTAL	6396



- Group*Time interaction with quality rating as a covariate: $F= 1.43(3,148), p= .009$
- Significant reduction in numbers of residents with 10+ PHQ9 scores over 4 months

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6-Month Evaluation Measures

Webinar Training Experience			
	Agree	Disagree	Neither
The information was of high quality.	90%	0%	10%
The presenters were knowledgeable.	100%	0%	0%
I would recommend these sessions to a colleague.	76%	3%	21%
Toolkit			
	Agree	Disagree	Neither
The toolkit information was of high quality.	86%	0%	14%
I would share the toolkit with a colleague.	86%	0%	14%
Intervention Implementation			
	Agree	Disagree	Neither
It was easy to incorporate the depression prevention and management program at our facility.	63%	4%	33%
We encountered significant implementation challenges when starting this program.	15%	67%	19%
This program has helped us identify more residents at risk for depression.	63%	11%	26%
This program has helped us provide better services to residents at risk for depression.	74%	7%	19%
Our facility has sufficient resources to implement this program.	48%	19%	33%
Please indicate the type of challenges you encountered			
	Yes	No	
b. Lack of staff or staff time	54%	46%	
d. Staff resistance to changing routines	31%	69%	
e. Insufficient support from administrators	0%	100%	

6-Month Evaluation Response Rate: 76.3%, n=29

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6-Month Evaluation Measures


Wellness Rounds			
	Yes	No	
Which disciplines attend this meeting on a regular basis			
a. social work	93%	7%	
b. recreation	93%	7%	
c. chaplaincy	26%	74%	
d. nursing	93%	7%	
e. medicine	11%	89%	
f. psychology	11%	89%	
g. psychiatry	11%	89%	
h. pharmacy	4%	96%	
i. quality	11%	89%	
Overall Satisfaction			
	Agree	Disagree	Neither
Overall, I am satisfied with the materials, training and support from the PA Depression Collaborative.	97%	0%	3%
I would recommend this collaborative to other nursing homes.	86%	0%	14%

6-Month Evaluation Response Rate: 76.3%, n=29

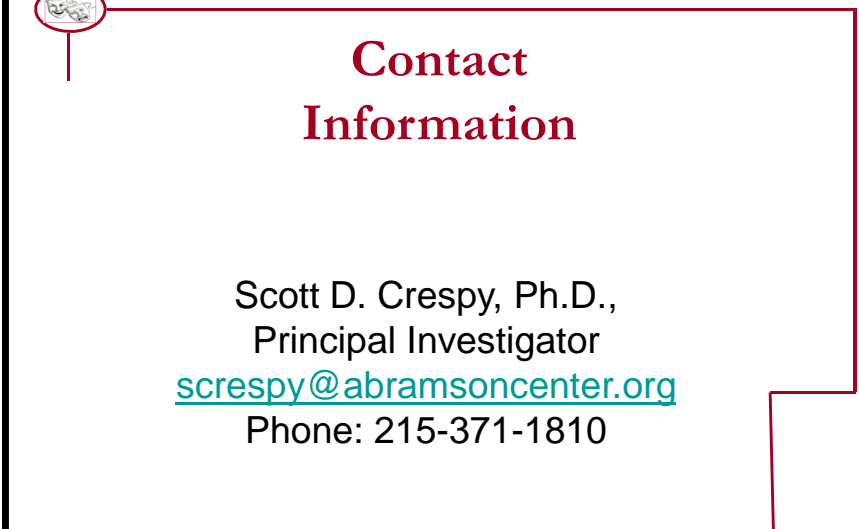

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Questions?




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**Contact
Information**

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