Pennsylvania Depression Quality Improvement Collaborative

Sponsored by

Southeastern Pennsylvania Association for Healthcare Quality (SPAHQ)

in partnership with the Abramson Center for Jewish Life

Presenters:

Carol Hann, RN, MSN, CPHQ
Scott Crespy, Ph.D.
Sarah (Telthorster) Humes, CTRS
Marilyn Fraizer, MSW, LSW
David Payne, Psy.D.
Robert Gordon, M.D.

Polisher Research Institute
Learning Session 2

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

Resident/Patient Clinical Work Flow
- **Plan:** Training, preparation
- **Do:** Screen, Refer Treat
- **Study:** Evaluate individual results
- **Act:** Modify care plan as often as needed

Facility Level Systems Work Flow
- **Plan:** Team building, system development
- **Do:** Rounding, Communication Systems
- **Study:** Evaluate aggregate results
- **Act:** Modify system as often as needed
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
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.
Wellness Rounds

(a.k.a. Mood & Behavior Rounds)
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
Wellness Rounds

Potential Attendees (as needed)

• Social worker
• Recreation
• Nurse
• Medical Director
• Psychologist
• Chaplain
• QI staff person
• Others?
  – Pharmacy
  – Psychiatry
Preparation

Preparation is Key to an Efficient and Productive Rounds

• Depression caseload sheet maintained on ongoing basis
• Residents up for discussion are communicated with members of interdisciplinary team prior to meeting
• Members of the interdisciplinary team may maintain their own caseload sheets
• Interdisciplinary team members communicate when they are no longer providing depression specific services – residents may still be receiving “usual care.”
Wellness Rounds

Residents who are discussed, those who are:

- in the Mild Range (PHQ-9 score 5-9)
- at PHQ-9 score 10 or greater
- with any suicidal ideation
- with behaviors* (Behavior Section; verbal abuse, physical abuse, etc.)
- on a psychotropic medication*

*While we find it helpful to address these issues in Wellness Rounds – it is not necessary for collaborative participation.
Wellness Rounds

Rounds Note Page

• In Toolkit (page 48)
• Organizes discussion
• Issue for discussion
• PHQ-9 Score/Current Symptoms
• Diagnoses/Factors that may affect symptom remission
• Medications
• Level Interventions
• Interventions in Care Plan
• Response to interventions
  – New one initiated
  – Effective
• Recommendations
• Signatures
Care Planning

• Review Care Plan
• Verify the following Care Plans are in place, if the levels have been activated
  – Functional Care Plans
    • restorative nursing
    • exercise program
  – Recreation Care Plan
  – Social Interaction and/or Adjustment Care Plans
Wellness Rounds

Tips

• Stay on task – reign in tangents
• Discussion of each resident framed: issue, current care, response
• Each team member who has relevant updates makes contribution
• Adjustments discussed and care planned
• Form passed around and signed
• Celebrate Successes
How can disciplines manage their case loads?

- Consider using a caseload management tool
- Toolkit (page 26-27)
- Includes:
  - depression symptoms
  - notes
  - Intervention initiated areas
Wellness Rounds

Lessons Learned

• Changed frequency of rounds
• Added Psychotropic Reduction rounds
• Incorporated new staff members
• Etc.
Role of the Medical Director
Role of the Medical Director

- Medical Director Presence
- Responsiveness
- Medical Input
- Medication Review
- Holistic Considerations
- Medical Follow-up
Role of the Medical Director

Why should MD Attend?

- Prevention – may avoid getting a call if issue becomes acute
- More Efficient – reduce time with investigating as treatment team is already assembled
- Ease of Care - easier to made medication adjustments or communications with consulting services
- Better Insight – treatment team provides rich insight to resident/patient
Tracking Outcomes
Tracking Outcomes

Tracking Quality with Data Tool

Resident Based
- Identify those at risk
- To manage caseload interventions
- To compare current results to previous results

Facility Oriented
- Tracking and trending facility depression outcomes
- QI tool to enhance result by analyzing resource utilization
  - Prevention vs. Treatment focus
Resident-based Tracking Tool

- Consider Binder with Monthly Tabs
- Maintains previous Total Severity Scores
- Know previous levels of interventions, etc.
Facility-based Tracking Tool

- Enter facility name, provider name, & contact name (once)
- All data automatically generated
- Attn: Carol Slingsby
- Total & Rates tab only
- Due by the 5th day of the month (for previous month data)
- Fax number 215-371-3032
- Carol can be reached at: 215-371-1806
Facility-based Tracking Tool

- **23** residents in the 5-9 range
- **12** residents in the 10 plus range
- **197** MDS 3.0 Assessments
- Intervention combinations
Facility-based Tracking Tool

Percentages
- 11.68% screened scoring positive in 5-9 range
- 6.09% screened scoring positive in 10+ range
- Interventions utilized

<table>
<thead>
<tr>
<th>At Risk Rates and Interventions</th>
<th>% of Residents With Score Positive</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a Percent of the Monthly Census</td>
<td>5-9</td>
<td>&gt;10</td>
<td>5-9</td>
</tr>
<tr>
<td>No Intervention</td>
<td>8.37%</td>
<td>1.67%</td>
<td>11.68%</td>
</tr>
<tr>
<td>Level 1 Intervention</td>
<td>3.35%</td>
<td>0.42%</td>
<td>1.02%</td>
</tr>
<tr>
<td>Level 2 Intervention</td>
<td>5.02%</td>
<td>1.26%</td>
<td>10.15%</td>
</tr>
<tr>
<td>Level 3 Intervention</td>
<td>2.93%</td>
<td>1.26%</td>
<td>4.57%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.09%</td>
<td>0.84%</td>
</tr>
</tbody>
</table>
Facility-based Tracking Tool

Year to Date Percentages

- 10.01% screened scoring positive in 5-9 range
- 3.88% screened scoring positive in 10+
- Interventions utilized

<table>
<thead>
<tr>
<th>% of Residents With Score Positive</th>
<th>No Intervention</th>
<th>Level 1 Intervention</th>
<th>Level 2 Interventions</th>
<th>Level 3 Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td># RES. 5-9</td>
<td># RES. &gt;10</td>
<td># RES. 5-9</td>
<td># RES. &gt;10</td>
<td># RES. 5-9</td>
</tr>
<tr>
<td>10.02%</td>
<td>3.88%</td>
<td>2.18%</td>
<td>0.46%</td>
<td>7.59%</td>
</tr>
</tbody>
</table>
Facility-based Tracking Tool

At-Risk for Depression Graph

- 11.7% screened scoring positive in 5-9 range
- 6.1% screened scoring positive in 10+ range
Next Steps

Learning Session 3

Topic: Suicidal Ideation
When: Thursday, July 28th, 2011, 10AM

Who shall I invite?
- Social Services
- Chaplaincy
- Psychology
- Psychiatry
- Medicine

Data Submission
- 5th day of the month
Association Contacts
 Confirmation - Feedback

Beth Greenberg, MPA
Regulatory Affairs and Research Manager
beth@panpha.org

Gail D. Weidman
Director of Policy and Regulatory Affairs
gweidman@phca.org

Michael J. Wilt
Executive Director
mwilt@pacounties.org

Melissa A. Dehoff
Director, Post Acute Care Services
mdehoff@haponline.org
Questions & Answers

Continuous Quality Improvement Model?
Clinical Work Flow?
Wellness Rounds?
Role of Medical Director?
Tracking Outcomes?
Contact Information

Scott D. Crespy, Ph.D., Principal Investigator
screpy@abramsoncenter.org
Phone: 215-371-1810

Carol Hann, RN, MSN, CPHQ, Collaborative Manager
cjhann@msn.com
Phone: 610-996-1182