Pennsylvania Depression Quality Improvement Collaborative

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Overview Learning Session:

- Challenge of Depression
- Collaborative Overview
- Data Requirements
Challenge of Depression

• What is depression?
• Why is it so significant in the nursing home setting?
• How does depression lead to increased morbidity and mortality?
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

• Appears in a number of psychiatric disorders (Major Depressive Disorder, Dysthymia, etc.) as well as other medical illnesses
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”
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
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
PA Depression Collaborative
Overview

A Decade of National Quality Improvement Efforts
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
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
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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Overview

Abramson Depression Efforts
Abramson Depression Efforts

Building on a heritage of research…
Abramson Depression Efforts

Building Upon E-RAP Study

• University of Pennsylvania (E-RAP)
  – Roughly August 2006 - February 2007
  – Depression Screening & F/U Recommendations

• Abramson Depression Identification/Prescreening Study
  – Wooley, PHQ-9, GDS
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Development of a Depression Management Program

• Regular administration of validated depression screening
• Successive Interventions
• Prevention Focus
• Utilize concept of “Behavioral Activation”
• Integrate existing resources
• Monitor resident response to interventions
• Monitor the utilization of services
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**Goals**

- Develop an efficient system to monitor and improve the effectiveness of depression management in the Nursing Home Setting

- Early identification of Residents “at-risk” for depression and deliver interventions appropriate for the level of depression indicated
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Timeline

• Identification Phase
  – Data Collection: Aug 06 – Feb 07
  – Analysis: Mar–Apr 07

• Intervention Phase
  – Program Development: May 2007
  – First Household Pilot: June 2007
  – Entire Home: September 2007
Depression Management Model

Depression Management Program

Psychology
Social Work
Recreation

Psychology & Psychiatry
Social Work
Chaplaincy Services

Behavioral Activation
Therapeutic Recreation & Exercise
& Restorative Nursing

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Level 3
Level 2
Level 1
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Program Results

- June 2007 and March 2008
- 363 residents were screened
- 22% (80/363) screened positive (at-risk)
- 67 of the 80 in program long enough to receive a follow-up screening
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Program Results (N= 67 residents)

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

Graph 1: Change in Depressive Symptoms

- Improved: 67.2%
- Unchanged: 22.4%
- Worsened: 10.4%
**Abramson Depression Efforts**

**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**

- Depression Remission: 41.8%
- At-Risk for Depression: 58.2%
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Program Results (N= 67 residents)

• GDS (Geriatric Depression Scale)
  – Initial Average Score: 7.53 (range 5-10)
  – End Average Score: 2.20 (range 0-4)
  – Points Improved: 5.33

• Cornell (Cornell Scale for Depression in Dementia)
  – Initial Average Score: 15.6 (range 12-23)
  – End Average Score: 4.69 (range 0-10)
  – Points Improved: 10.91
Depression Program Outcomes

Prevalence of Residents who have Become More Depressed or Anxious

(Szta nptrend, p < .0001)

Symptoms of Depression without Antidepressant Medications

(Szta nptrend, p < .0001)

Behavior Symptoms Affecting Others: High Risk

(Szta nptrend, p < .0001)

Behavior Symptoms Affecting Others: Low Risk

(no significant findings)
PA Depression Collaborative
Overview

Pennsylvania Depression Collaborative
Collaborative Overview

Quality Improvement Process

The Primary intervention in the PA Depression Collaborative is a continuous Quality Improvement (QI) Process that drives quality of care provided to persons in nursing homes that are depressed or at risk for depression.
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
Collaborative Overview

Random Assignment

- All homes have 50/50 chance of being randomized to phase 1 or phase 2 groups.
- Samples stratified by:
  - Size
  - Ownership of organization (e.g., Nonprofit, For Profit, County, etc.)
- When will I know which group I am in?
  - Facilities will receive notification either on the afternoon of Thursday, March 3rd, 2011 or on Friday, March 3rd, 2011.
Collaborative Overview

PA Depression Collaborative

Map of Pennsylvania showing locations across the state.
Data Requirements

- Review of Excel Data Tool
- Who, What, When & Where of data submissions
Data Requirements

Review of Excel Data Tool

Main Source of Data

• MDS 3.0
• Section D (Mood)
• Total Severity Score
  – D0300 (Resident Interview)
  – D0600 (Staff Interview)
Review of Excel Data Tool

Purpose

The purpose of the Depression Data Tool is two fold:
1) it serves as a case management tool to track residents who are “at risk” for becoming depressed as well as those who are likely to be experiencing significant symptoms of depression.
2) It serves to track and trend the population statistics (i.e., aggregate results) related to depressive symptoms of the residents in the nursing home.

Depression Data Tool

The data tool was modeled after the data tools used in the “Advancing Excellence” campaign (A National Quality Initiative lead by a Steering Committee of 28 organizations; www.nhqualitycampaign.org). It is an Excel database and has three separate tab types:

1) Instructions
2) Totals & Rates
3) Monthly Tabs
Data Requirements

Review of Excel Data Tool

Month Tabs

• The monthly tabs are designed as an easy to use case management tracking tool to keep track of residents whose Total Severity Scores (either D0300 [resident interview] or D0600 [staff interview]) fall in the 5 and above range.

• Typically, residents scoring 5-9 fall in the Mild Depression range for which prevention or maintenance is the focus.

• For residents scoring 10 and above – symptom reduction is likely the focus.

• **Total # of Assessments** in current month (Required) represents the total number of MDS Assessments for which the Mood Section (D) was completed – MDS Assessment Tally (upper right-hand corner) may be useful to keep count of MDS assessments completed throughout the month.
Data Requirements

Review of Excel Data Tool

Month Tabs

- **Room #** (Optional) as this is an internal document – facilities may use whichever identifier (s) they wish (the monthly pages are NOT to be faxed as part of facility data requirements).

- **Resident Name/ID #** (Optional) as an internal document – facilities may use name column as they would like.

- **Date** represents the date that the Mood Section (D, PHQ-9 specifically) was completed.

- **Total Severity Score** (Required) represents either the number in D0300 if a resident interview is conducted or the value in D0600 if a staff interview is conducted.
Data Requirements

Review of Excel Data Tool

*Note:* The next 4 categories are Required Fields. Please place an “X” in the appropriate box based on the interventions that the resident received. If the resident received more than one intervention, please mark all appropriate boxes.

- **No Level Intervention** - If the resident did not receive any specific level intervention.

- **Level 1 interventions** - represent any specific Level 1 intervention that the resident received (see Level Examples Table).

- **Level 2 interventions** - represent any specific Level 2 intervention that the resident received.

- **Level 3 interventions** - represent active and regular involvement by either a psychologist and/or psychiatrist.
<table>
<thead>
<tr>
<th>Level Intervention Examples</th>
<th>Examples</th>
<th>Intentionally Left Blank</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1 Interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Recreation</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Restorative Nursing</td>
<td>Works with resident to complete assigned restorative nursing programs</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>Offer regularly scheduled exercise programs (e.g., morning stretch, volunteer exercise class, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level 2 Interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td>Case management functions during admissions, readmissions and discharges and as needed. MDS Assessments</td>
<td></td>
</tr>
<tr>
<td>Chaplaincy Services</td>
<td>Invite to worship services, religious life events, religious holiday celebrations</td>
<td></td>
</tr>
<tr>
<td>Volunteer Services</td>
<td>Volunteer offers books, assists in technology room, library and at events</td>
<td></td>
</tr>
<tr>
<td><strong>Level 3 Interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Services</td>
<td>Individual and/or group psychotherapy, psychological evaluations</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>Individual psychiatric evaluations, psychotropic medication management</td>
<td></td>
</tr>
</tbody>
</table>
Data Requirements

Review of Excel Data Tool

Note: for the final 2 categories (which are optional), please place an “X” in the appropriate box if you choose to use these.

- **Suicidal Ideation** (Optional) Nursing homes may want to track whether the resident indicated any thoughts that “they would be better off dead…or harming themselves” in Mood Section question “i.”

- **Behaviors** (Optional) Nursing home may want to track residents who have had verbal, physical or other problematic behaviors toward others (Behavior Section).
Who, What, When & Where of Data Submissions

- **Who:** Fax data attention to Carol Slingsby
- **What:** A copy of the “Total & Rates” tab only
- **When:** Due by the 5th day of the month (for previous month data)
- **Where:** Fax number 215-371-3032 (to verify receipt, call Carol Slingsby at: 215-371-1806).

Technical questions related to the Excel data tool, Please contact Scott Crespy
Next Steps

Learning Session 1
- Phase 1: Thursday, March 10th, 2011, 10AM
- Phase 2: Thursday, July 14th, 2011, 10AM

Who shall I invite?
- Social Services
- Recreation
- Chaplaincy
- Restorative Nursing
- Rehabilitation
- Psychology
- Psychiatry
- Medicine

First Data Submission
- March 2011 – due April 5th, 2011
- 5th day of the month thereafter
Contact Information

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