Pennsylvania Depression Quality Improvement Collaborative

Sponsored by

Southeastern Pennsylvania Association for Healthcare Quality (SPAHQ)

in partnership with the Abramson Center for Jewish Life

Polisher Research Institute

Learning Session 1

Depression Screening & Interventions

Presenters:

Scott Crespy, Ph.D., Vice President of Quality Improvement
Sarah (Telthorster) Humes, CTRS, Director of Therapeutic Recreation
Susan Barker, RN, Director of Nurses
James Pye, PT, Director of Operations, Rehab-Care Group
Marilyn Frazier, MSW, LSW, Director of Social Services
Rabbi Joshua Zlochower, LMSW, Director of Chaplaincy Services
David Payne, Psy.D., Senior Psychologist

Depression Screening & Interventions

- Depression Screening
- Depression Interventions
  - Level 1: Recreation, Restorative Nursing, Exercise
  - Level 2: Social Services, Chaplaincy Services
  - Level 3: Psychology, Psychiatry

Depression Screening

- Characteristics of Depression Screeners
- Specific Example: PHQ-9

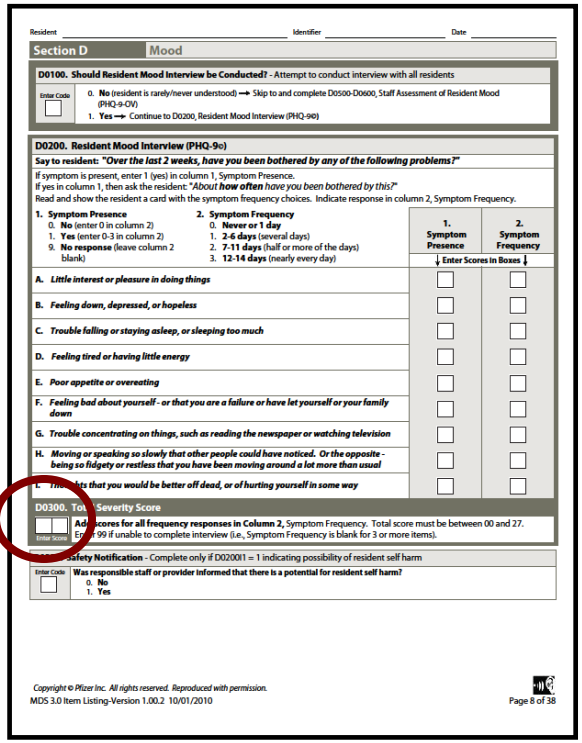
Characteristics of Depression Screeners

- Distinct Cut-off Points
- Measure of Depression Severity
- Indicator of Treatment Response

Patient Health Questionnaire – 9 (PHQ-9)

PHQ-9 Total Severity Score – Cut-off Suggestions (Range 0-27)

- 1-4 Minimal Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression



Resident _____ Identifier _____ Date _____

Section D Mood

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

Enter Code
0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9®)

D0200. Resident Mood Interview (PHQ-9®)

Say to resident: "*Over the last 2 weeks, have you been bothered by any of the following problems?*"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)
9. **No response** (leave column 2 blank)

2. **Symptom Frequency**
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *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*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

D0300. Total Severity Score

Enter Score
Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code
Was responsible staff or provider informed that there is a potential for resident self harm?
0. **No**
1. **Yes**

Patient Health Questionnaire – 9 (PHQ-9)

Score, Interpretations & Possible Actions Table

- In Toolkit on page 20
- Total Severity Score is a starting point
- Doesn't take the place of clinical judgment

Total Severity Score	Depression Severity	Actions Needed
1-4	Minimal depression	**Initial Assessment** – This score suggests the patient, at this time, may not need depression treatment. **Ongoing Monitoring** – Reduction of score to this level implies remission of depression. Provide ongoing treatments as they appear to be working well.
5-9	Mild depression	**Initial Assessment** – Use clinical judgment in deciding the appropriate treatment. If no symptoms of suicidality, consider referral to level 1 intervention. **Ongoing Monitoring** – A 5-point reduction in score or greater indicates a solid response to treatment. Continue to provide ongoing treatments.
10-14	Moderate depression	**Initial Assessment** – Use clinical judgment in deciding the appropriate treatment. If no symptoms of suicidality, consider referral to level 1 and/or level 2 interventions. **Ongoing Monitoring** – A 5-point or greater reduction indicates a solid response to treatment. A Reduction of less than 5 points within 12 weeks indicates a lack of response. Treatment plan change may be considered at this time. Consider additional levels of treatment.
15-19	Moderately severe depression	**Initial Assessment** – Treatment for depression using level 3 interventions: Psychiatry (antidepressant), referral for Psychology or a combination of treatment with or without Levels 1 and 2. **Ongoing Monitoring** – Indicates poor or no response unless score has decreased 5 or more points. Lack of response within 12 weeks may require medication change, additional medication or augmentation or referral to a psychiatrist.
20-27	Severe depression	**Initial Assessment** – Warrants treatment for depression using antidepressants or a combination of antidepressants and psychotherapy and other treatments as well. **Ongoing Monitoring** – Indicates severe depression that would require psychiatric referral for consultation and/or management.

Patient Health Questionnaire – 9 (PHQ-9)

2011 At Risk Depression Tracking Tool
March Assessments

Facility Name: _____

Provider Number: _____

Contact Name: _____

Total # of Assessments in current month	

MDS Assessment Tally

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 Intevention	Level 1	Level 2	Level 3	Suicidal Ideation	Behaviors
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Patient Health Questionnaire – 9 (PHQ-9)

- Consider Scoring Context
  - Initial, Ongoing
  - Response (within 12-weeks)
    - 50% and/or
    - 5-point reduction
- Clinical Discretion (esp. in Mild Range)
- Mild Range - Prevention Services
- Special Cases:
  - Suicidal Ideation
  - Psychotic Symptoms

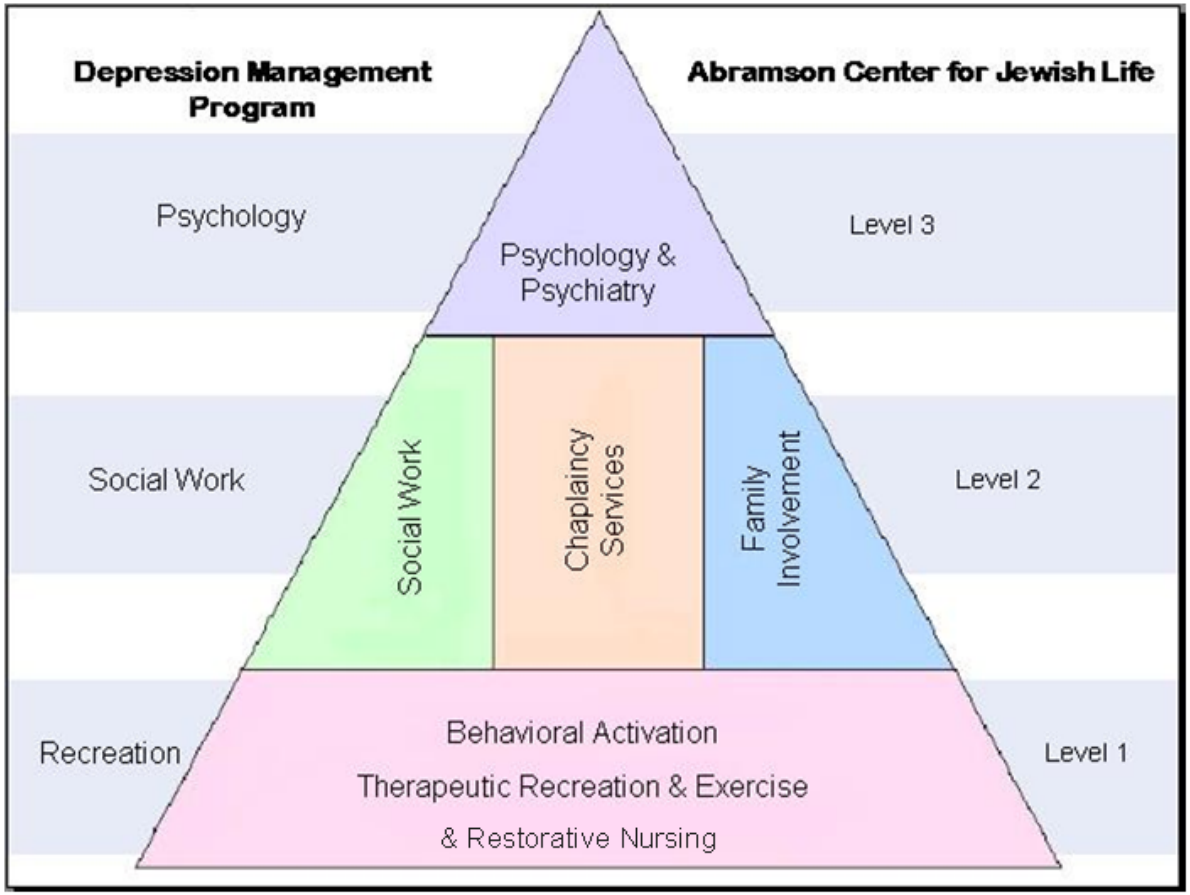
Intervention Levels

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

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 idenfied 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**	Individiual and/or group psychotherapy, psychological evaluations	
	Psychiatric Services	Individual psychiatric evaluations, psychotropic medication management	

Level 1


Depression Management Program
Abramson Center for Jewish Life
Psychology
Level 3
Psychology & Psychiatry
Social Work
Level 2
Social Work
Chaplaincy Services
Family Involvement
Recreation
Behavioral Activation
Therapeutic Recreation & Exercise
& Restorative Nursing
Level 1

Level 1 Overview

- Depression Symptoms
  - Social withdraw, lack of motivation and interest
- Principles of Behavioral Activation
  - Establish Goals
  - Emphasis on Preference-based Activities
  - Easiest Tasks First
  - Monitor Progress
  - Reinforce Success

Therapeutic Recreation

- Scores of 5 and above
- Cluster of depression symptoms
  - Some areas of the PHQ-9 are not related to leisure: poor appetite or overeating.
- Is recreation appropriate?
  - Example:
    - the resident is already highly involved
      AND
    - their symptoms are not directly resolved through leisure

Therapeutic Recreation

Activating Recreation

- Assess the residents preferences
- Determine the type of programming that is most appropriate: small group, large group, 1:1, etc.
- Additions to care plan for a more specific plan of care:
  - Add “level one depression prevention program”
  - Add specific strategies or tips needed for involvement

Therapeutic Recreation

- Interventions
  - Any modality that fits the residents preference is appropriate
  - Engage the resident in as much of the program as possible: the planning, spreading the word, gathering supplies, instructing the group, etc.
- Specialized Modalities
  - If you have any certified therapists, utilize them for the depression management program:
    - CTRS (certified therapeutic recreation specialist) – Sec. O of 3.0
    - MT-BC (music therapist board certified)
    - HTR (horticulture therapist registered)
    - Certified Pet Therapy animals

Restorative Nursing

- Benefits of restorative nursing (RN)
  - Keep depressed residents moving
- Creative Reinforcement of Staff
  - Regular reinforcement
  - Promote professional pride
- Share knowledge of RN benefits

Restorative Nursing

- Tips for Depressed Residents:
  - Achievable goals
  - Reinforce success
  - Motivation
  - Supportive communication
- Motivated staff = motivated residents

Exercise

- Physical Benefits of Exercise
  - Regulates blood glucose levels
  - Stimulates catecholamines
  - Improves sleep patterns
  - Improves cardiovascular endurance
  - Enhances safe mobility

Exercise

- Psychological Benefits of Exercise
  - Improves relaxation
  - Decreases stress hormones
  - Improves cognition
  - Improves motor and skill learning
- Social Benefits of Exercise
  - Improves self confidence
  - Increases self esteem
  - Formation of new friendships

Exercise

Assessment Phase

- Skilled Therapy
- Active Life Program
  - Rehab evaluation to determine functional abilities, inclusion criteria include:
    - Cooperative and follows commands
    - Transfers/Ambulates with assist of one person
    - Sits in a regular chair safely

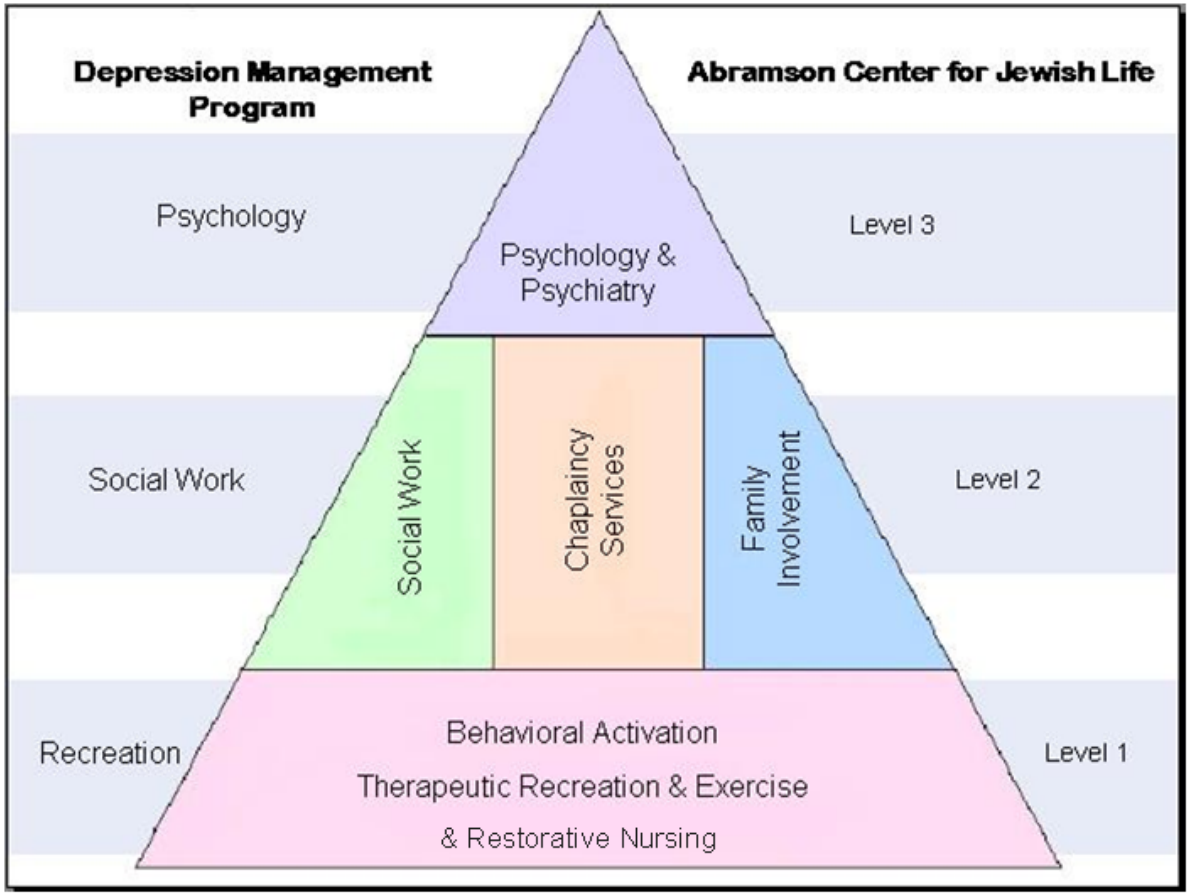
Exercise

- Active Life Intervention Phase
  - Exercise Program
    - Strength Training
    - Balance Activities
    - Cardiovascular activities
      - » NuStep, walking, ergometers, bikes
    - Flexibility activities

Exercise

- Lessons Learned
  - Small groups work best to develop camaraderie
  - Documentation
    - Attendance Log
    - Written exercise program to follow for consistency
    - Functional mobility status
  - Focus should be on exercise and activity, not modalities

Level 2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Level 1

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.

Social Services

- Social Services play a key Management Role
- Assessment Process
  - Listen/observe
    - formal (screening)/Informal
    - resident, family, staff
  - Formulate
    - What is the nature of the depression?
    - What are the sign and symptoms?
      - Response: better, worse, same?
    - What might be keeping the resident stuck?
  - Act
    - Which intervention/s are likely to be needed?

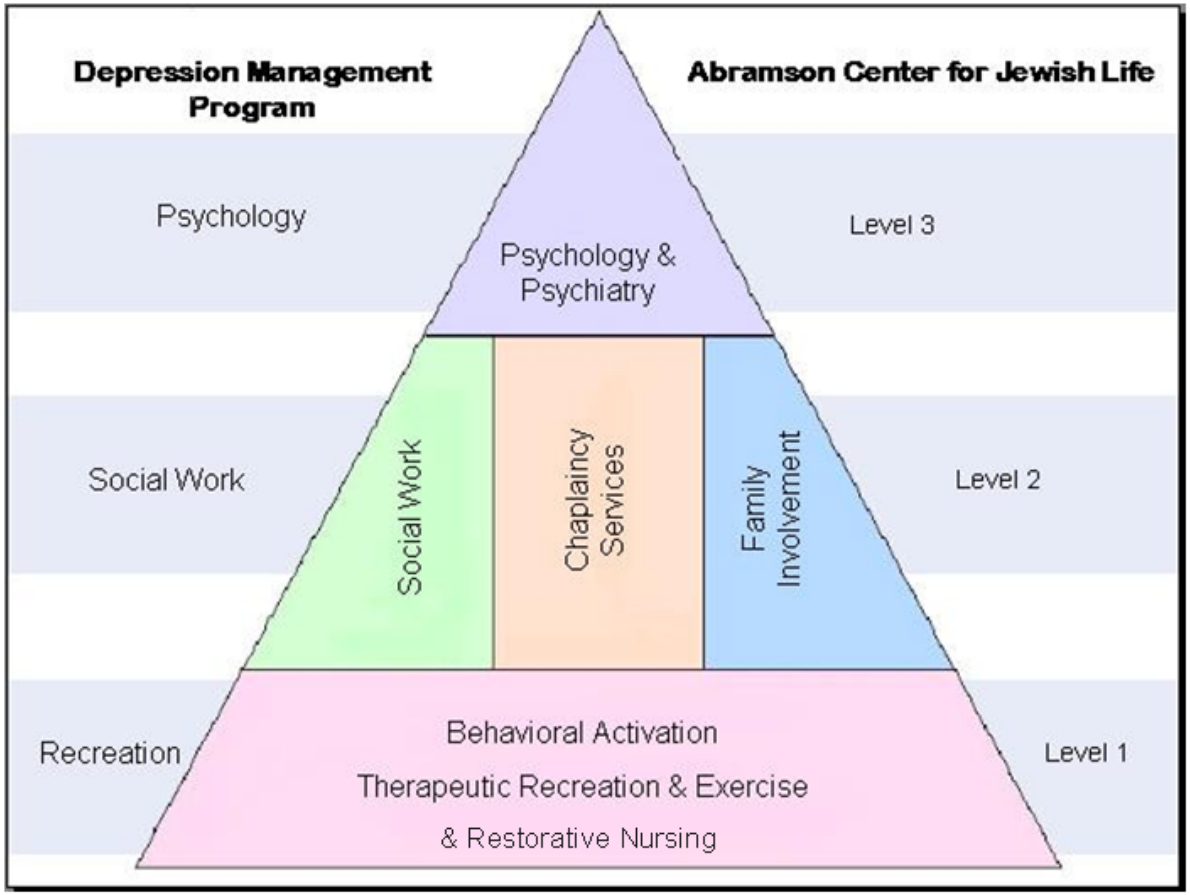
Social Services

- Intervention Phase
  - Connect resident needs with resources
  - Facilitate social network building
  - Provide social support
  - Address adjustment needs

Chaplaincy Services

- The Chaplain is an empathic presence for the person challenged by depression
- The Chaplain “gets in the boat” with the person and “rows” with them
- Prayer, Storytelling, Meditation, and Song help to transcend despair and hopelessness
- Spiritual care also helps a person feel loved, supported, and worthy of being embraced by a caring community

Level 3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Level 3 Overview

- Industry Standard
- Evidenced-based

Psychology Services

- Residents with significant depressive symptoms can be referred for psychology evaluation
- Residents with adequate cognitive abilities can benefit from individual or other psychotherapies
- Psychologists can collaborate with staff to design other interventions as well

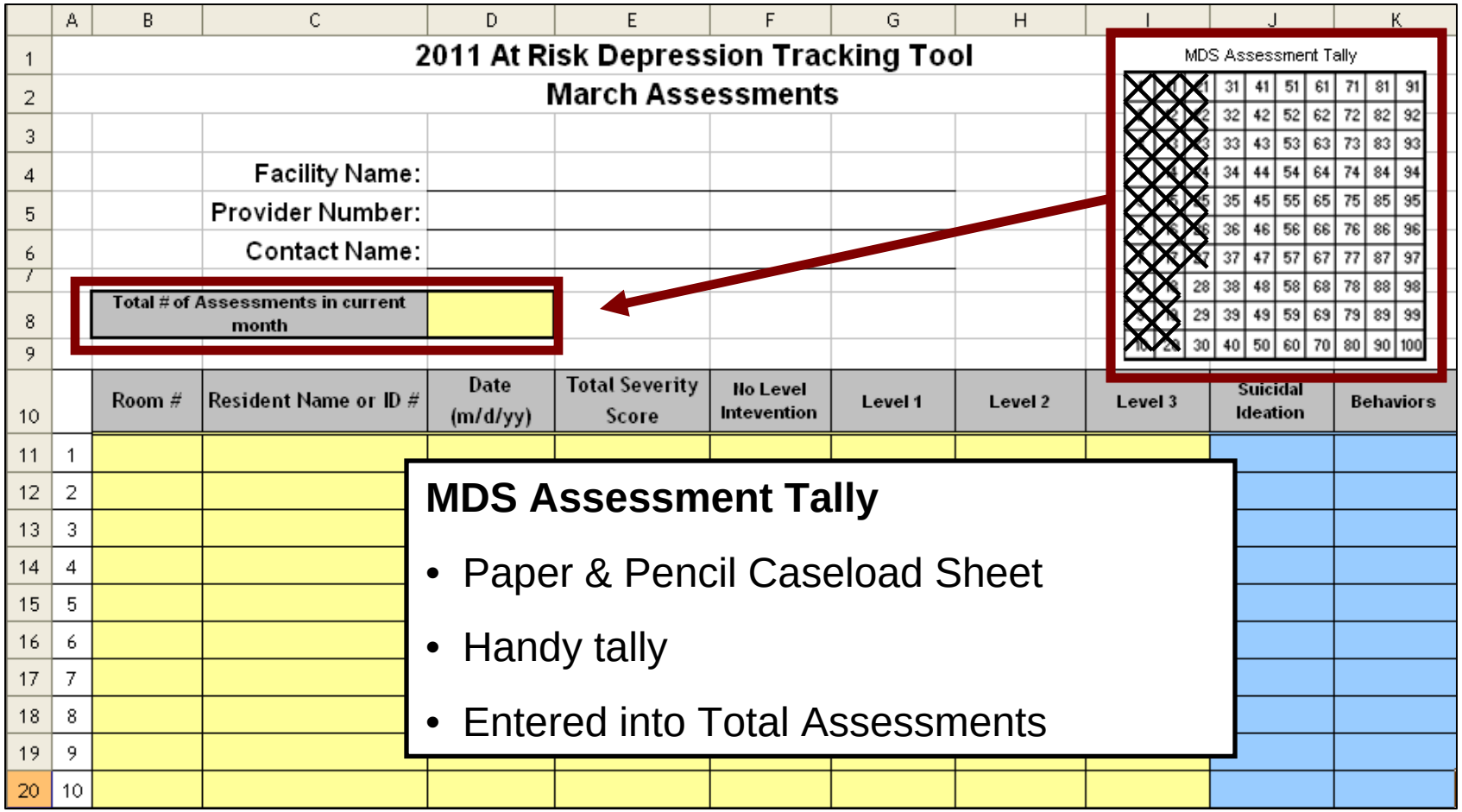
Psychiatry Services

- Residents with significant depressive sxs. can also be referred for psychiatry eval
- Psychiatrist may start or change dosages of medications
- Psychiatrist may refer residents for psychotherapy, or for more intensive psychiatric treatments. Psychiatrist may also make medical recommendations as well.

Questions & Answers

Depression Screening?
Interventions?
Data Requirements?
Others?

Patient Health Questionnaire – 9 (PHQ-9)



2011 At Risk Depression Tracking Tool

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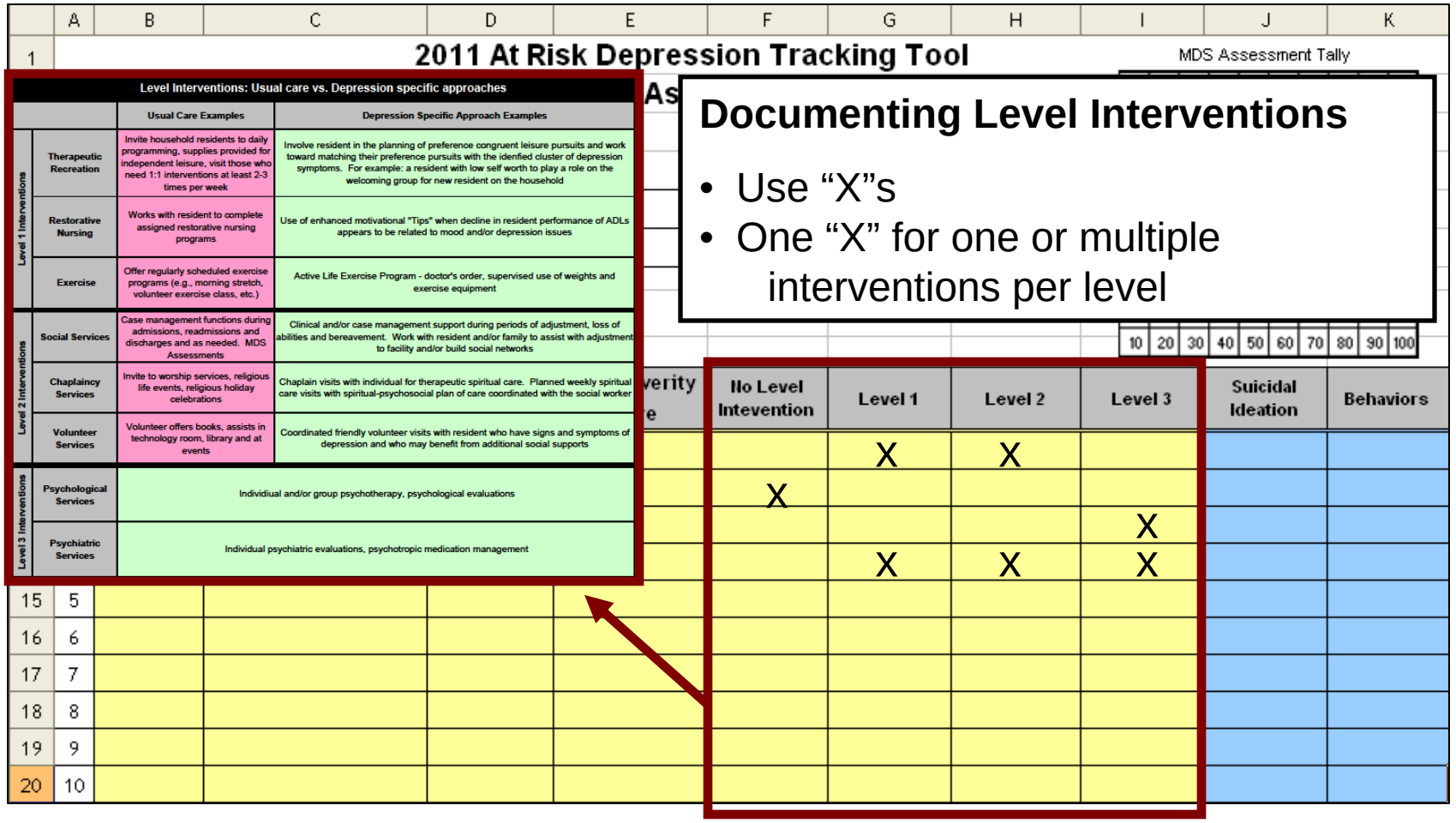
20	10										

MDS Assessment Tally

- Paper & Pencil Caseload Sheet
- Handy tally
- Entered into Total Assessments

Patient Health Questionnaire – 9 (PHQ-9)



Next Steps

Learning Session 2

Topic: Integrating Treatment Disciplines, Tools, Forms, Role of Medical Director & Tracking Outcomes

When: Thursday, July 21th, 2011, 10AM

Who shall I invite?

- Social Services
- Recreation
- Chaplaincy
- Restorative Nursing
- Rehabilitation
- Psychology
- Psychiatry
- Medicine
- Quality Improvement

First Data Submission

- 5th day of the month thereafter

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

Contact Information

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

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