

- ✓ **Community of Learning**
- ✓ **Confidential Case Sharing**
- ✓ **Practical**



- ✓ **Interdisciplinary**
- ✓ **On-line Learning**
- ✓ **Free CME and CE**

Learn and apply Leadership & Quality Improvement principles from experts!

Share and get practical tips from colleagues!

Project ECHO University of Hawaii

Long-Term Care Learning Action Network

Support & Well-being





Recognizing Depression

Aida Wen, MD

Associate Professor

Dept of Geriatric Medicine

University of Hawaii

Depression Before the COVID-19 Pandemic

- Before COVID, up to 30% of NH residents had minor or major depression.
- Although Depression can be improved with therapy, they often go un-noticed and untreated.
- Depression results in lower QOL, poor functioning, more hospitalization rates, and premature mortality.

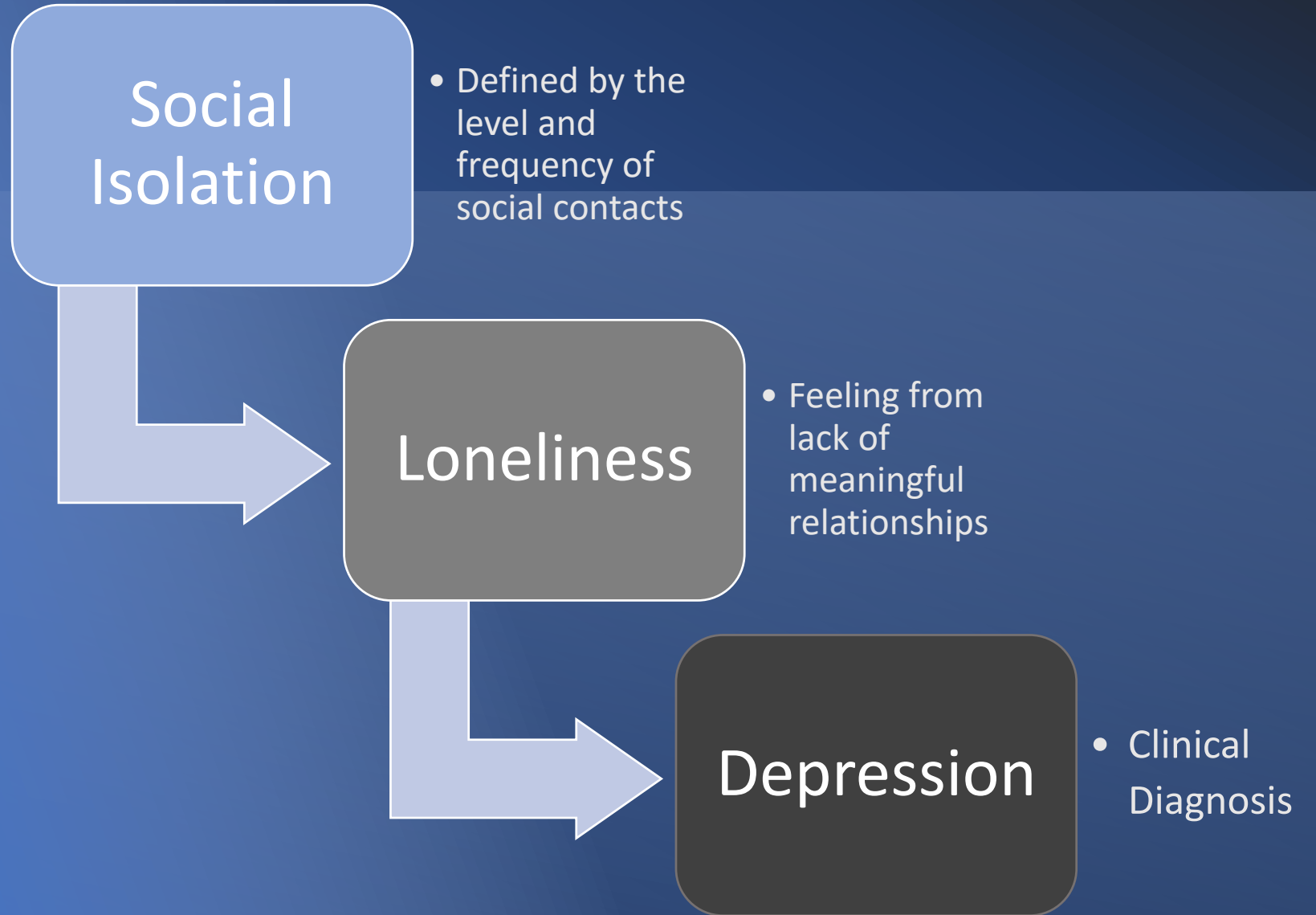
Tesky V, et al. Trials. 2019 Jul 11;20(1):424. doi:10.1186/s13063-019-3534-x

Loneliness Before the COVID-19 Pandemic

- Loneliness is common in LTC institutions
- Prevalence of severe loneliness in care homes is at least double compared to those in the community
 - 22-42% in Care Homes compared to 10% in Community Dweller
- Some activities can decrease loneliness.
- Loneliness increases risk for depression, suicidal thoughts, aggressive behaviors, anxiety, increase impulsivity, and cognitive decline.

Simard and Volicer, JAMDA 2020 Jul; 21(7):966-967. Published online 2020 May 8. doi: [10.1016/j.jamda.2020.05.006](https://doi.org/10.1016/j.jamda.2020.05.006); PMID: 3250551

Impact of the COVID-19 Pandemic



Impact of COVID-19 on Well-being

- Very large study of long stay residents in Connecticut (n= 29,097)
- MDS assessments between March and July 2020, compared to outcomes in 2017-2019
 - Prevalence of Depression (15% increase)
 - Substantial weight loss (150% increase)
 - Increase of incontinence
 - Decrease in cognitive functioning

Why is
Depression in
the Elderly
Sometimes
Hard to See?

Depression can sometimes look like
Dementia

Older persons who are depressed may not
complain of depression

Some symptoms may be seen as “just
getting old”

Older persons may not complain of
“sadness”

Let's think about your residents:

- Do you know any residents who have stopped eating or are losing weight?
- Does your resident tell you he is too tired?
- Does your resident who used to be “sharp” now have trouble thinking?
- Does your resident cry more often than before?



Let's think about your residents:

- Do residents say: “I’m no good anymore” ?
- Do residents say: “I want to die”?
- Does your resident say “sorry” all the time?
- Is your resident just grumpy?
- Is your resident having more challenging behaviors?



Look out for
these signs
and
symptoms:

Depression
causes a lot of
other symptoms
besides just
feeling sad!

- Sleep changes – sleeping all the time or not enough
- Loss of interest
- Feeling worthless
- Low energy
- Trouble thinking (more than before)
- Loss of appetite
- Moving more slowly than before
- Anxious or agitated
- Talking about death

Also ask
others if they
noticed...

Assessing Loneliness & Depression



LONELINESS

Loneliness is a reflection of how connected to and supported we feel by others.

Some items from the UCLA Loneliness Scale:

- I have nobody to talk to
- I feel as if nobody really understands me
- I am no longer close to anyone
- My interests and ideas are not shared by those around me
- I am unable to reach out and communicate with those around me
- It is difficult for me to make friends
- No one really knows me well

Russell, D , Peplau, L. A.. & Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.

DEPRESSION

Before
completing
the PHQ-9...

MDS 3.0, Section D

Assess the resident's communication & responses

- If the resident is rarely or never understood, then skip to Section D 0500
- Staff Assessment of Resident Mood (PHQ-9-OV)

Section D		Mood
D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents		
Enter Code: <input type="checkbox"/>	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-O)	



If the resident cannot answer,
ask the Staff:

Staff Informant Interview: Section D0500 (PHQ-9-OV)

- About 1/3 of long-stay nursing home residents cannot answer the PHQ-9 questions
- These residents need staff to answer the questions instead (staff informant interview)
- Interview **staff from all shifts** who know the resident best
- Ask staff in a private location (not in the hall...)
- Record the presence or absence of symptoms and frequency
- Think about these indicators when developing resident's care plan!

If they can make themselves understood, you SHOULD TRY to ask the resident directly

Complete
Section D 0200
The Resident
Mood Interview

Preparation

- Sit at eye-level position, good lighting
- Eliminate all distractions (TV, radio, etc.)
- Having a “cue card” on hand will help the resident more easily quantify the frequency.
- Take his/her hand
- Speak clearly & loudly

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)

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

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Presence of
symptoms
(column 1)

Presence of symptoms (column 1)

~~D0200. Resident Mood Interview (PHQ-9c)~~

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

Symptom
Frequency
(column 2)

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)

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 down

G. Trouble concentrating on things, such as reading the newspaper

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

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Symptom
Frequency
(column 2)

TIP:
Show cue
card with
frequency
categories

How much did it bother you in the last 14 days?

0-1 DAYS Never or 1 day

2-6 DAYS Several Days

7-11 DAYS Half or more of the days

12-14 DAYS Nearly every day

1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
		↓ Enter Scores In Boxes ↓	
A. <i>Little interest or pleasure in doing things</i>		<input type="text"/>	<input type="text"/>
B. <i>Feeling down, depressed, or hopeless</i>		<input type="text"/>	<input type="text"/>
C. <i>Trouble falling or staying asleep, or sleeping too much</i>		<input type="text"/>	<input type="text"/>
D. <i>Feeling tired or having little energy</i>		<input type="text"/>	<input type="text"/>
E. <i>Poor appetite or overeating</i>		<input type="text"/>	<input type="text"/>
F. <i>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</i>		<input type="text"/>	<input type="text"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>		<input type="text"/>	<input type="text"/>
H. <i>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>		<input type="text"/>	<input type="text"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>		<input type="text"/>	<input type="text"/>

D0300. Total Severity 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).

The PHQ-9 frequency scores are then added up



D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)

Do not conduct if Resident Mood Interview (D0200-D0300) was completed

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. Symptom Presence

0. No (enter 0 in column 2)

1. Yes (enter 0-3 in column 2)

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

↓ Enter Scores in Boxes ↓

2. Symptom Frequency

↓ Enter Scores in Boxes ↓

A. Little interest or pleasure in doing things

B. Feeling or appearing 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. Indicating that s/he feels bad about self, is a failure, or is worthless

G. Trouble concentrating on things, such as reading, watching television, or listening to the radio

H. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual

I. States that life isn't worth living, wishes for death, or attempts suicide

J. Being short-tempered, easily annoyed

D0600. Total Severity Score

Enter Score

Add scores for all frequent responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.

Safety:
 If a resident says, “I want to hurt myself” and the resident has a way to do it, you must *report this to the charge nurse right away!*

D0650. Safety Notification - Complete only if D0500I1 = 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

Levels of Depression...

MILD

⑩ **PHQ-9 = 0-9 AND**
does NOT admit
to depression or
suicidal thoughts.

MOD

⑩ **PHQ-9 = 10-14**
OR admits to
depression or
suicidal thoughts.

SEVERE

⑩ **PHQ-9 score = 15**
or higher OR
current diagnosis
of major
depression

***Thanks
for
noticin'
me***



Questions?

ROAD TRIP?

ALPACA MY BAGS

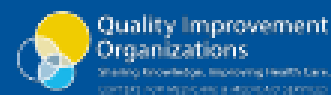
memegenerator

Your Quality Improvement Journey

(Brian Bjoern's Alpaca!)

Let's look at the Quality Measure Tip Sheet Depression— Long Stay

Quality Measure Tip Sheet: Depression—Long Stay



This measure was previously approved or given time limited endorsement by the National Quality Forum (NQF) but has been withdrawn from NQF submission.

Quality Measure Overview

- This measure reports the percentage of long-stay residents who have had symptoms of depression during the two-week period preceding the Minimum Data Set (MDS) 3.0 target assessment date.
- This measure involves a resident and/or staff interview (PHQ-9/PHQ-9OV).
- This measure will trigger if resident meets one of the following two conditions:
Condition A (Resident mood interview must meet Part 1 and Part 2.)
 - Part 1: Little interest or pleasure in doing things half or more of the days of the last two weeks OR feeling down, depressed or hopeless half or more of the days over the last two weeks.
 - Part 2: The resident interview total severity score (TSS) indicates the presence of depression.
- Condition B (Staff assessment of resident mood must meet Part 1 and Part 2.)
 - Part 1: Little interest or pleasure in doing things half or more of the days over the last two weeks OR feeling or appearing down, depressed or hopeless half or more of the days over the last two weeks.
 - Part 2: The staff assessment TSS indicates the presence of depression.
- Exclusions
 - Resident is comatose or comatose status is missing.
 - Resident is not included in the numerator (the resident did not meet the depression symptom conditions for the numerator) and both of the following are true: 2.1. D0200A2 = [^, -] or D0200B2 = [^, -] or D0300 = [99, ^, -]. 2.2. D0500A2 = [^, -] or D0500B2 = [^, -] or D0600 = [^, -].

Minimum Data Set (MDS) Coding Requirements

In the MDS, refer to section D:

- Conduct resident interview (PHQ-9).
- Conduct staff member interview (PHQ-9OV) if resident is unable or unwilling to complete (PHQ-9).
- Include a 14-day look back period.
- Ask interview questions as written per Resident Assessment Instrument (RAI) requirements.
- Record code 99 if resident is unable to complete the interview process.
- Record TSS based on the interview questions.

Note:

- Coding the presence of indicators in Section D does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis in Section D; they simply record the presence or absence of specific clinical mood indicators.
- TSS can be interpreted as follows: 1–4: minimal depression; 5–9: mild depression; 10–14: moderate depression; 15–19: moderately severe depression; 20–27: severe depression.

Let's look at the Quality Measure Tip Sheet

Depression— Long Stay

Consider These Questions...

- Was the MDS coded per RAI requirements?
- Was the timing of the interview individualized to the resident's behavior patterns (i.e., if resident is normally in a bad mood in the morning, was interview conducted in the afternoon)?
- Are hunger, thirst, boredom, rest, sleep, warmth, cold, continence, pain being managed?
- Is the resident dealing with adjustment disorders?
- Is the resident's family involved and supportive?
- Is the resident involved in daily decision-making related to care and preferences?
- Are religious preferences and spiritual needs being met?
- Are activities developed based on the resident's individual needs and preferences?
 - Does the resident have cultural or ethnic traditions or practices that are important to him or her?
 - What are the resident's hobbies or interests?
 - What are the resident's likes and dislikes?
- Does the resident understand his or her illness/ disease and reason for admission?
- Are psychological services offered when needed?
- Is there a behavior tracking process in place and are possible adverse side effects of medications monitored?

QualityPaymentHelp@mnaahf.org • <https://www.mnaahf.org/QIO/quality-tools-resources/>



Regulatory & COVID-19 Updates

Healthcare Association of Hawaii

