



10 Ways to Improve Your Depression Quality Measure Score

1. **Understand the quality measure.** The quality measure looks at the worsening of eight symptoms from one MDS assessment to the next. These eight behaviors could be symptoms of depression, anxiety, dementia, pain, or another cause. Review how this measure is calculated. This depression quality measure does not tell you the percentage of residents in your facility who are depressed, or that every resident who triggers the quality measure should have a diagnosis of depression.
2. **Screen all residents for depression and anxiety on admission.** All new nursing home residents are at risk for depression and anxiety due to recent and significant changes in autonomy and health status. Use validated screening tools, including a separate tool for residents with cognitive impairment.
3. **Take the full time to complete the admission MDS assessment.** Behaviors are likely to change in the first week or two after admission as a resident settles into a new home and new routine. If you don't code all behaviors accurately on the admission MDS, you are likely to see an increase in behaviors (due simply to having more time to notice them) on the next MDS assessment.
4. **Address triggers individually.** Because the eight behaviors that make up the mood scale score could result from multiple causes, your team needs to address each resident who triggers this measure individually. Find out why that person was exhibiting more behaviors during this period than the previous period.
5. **Educate staff.** All staff that has contact with residents (nurses, aides, housekeeping, dietary, activities, etc.) should be on the lookout for symptoms of depression and anxiety, and should know the process to follow to report those symptoms.
6. **Educate physicians.** Explain your facility's commitment to identifying and treating depression and anxiety. Help nurses prepare to communicate with physicians about symptoms and medications related to their patients.
7. **Educate residents and families.** Family members and residents should know what symptoms to look for and who to talk to if they notice symptoms of depression or anxiety in another resident. Work to minimize the stigma associated with mental illnesses, discuss the benefits of treatment and encourage reporting of symptoms.
8. **Implement person-directed care practices.** Engaging residents in their care and creating a home for them in the nursing facility can help alleviate some symptoms of depression and anxiety by creating a safe, comfortable space.
9. **Involve contracted services, state organizations and community groups.** Pharmacists, counselors and mental health professionals, hospice organizations, local chapters of mental health organizations and other groups can provide education and tools to improve your recognition and treatment of the symptoms of depression and anxiety in your residents. Volunteers can be trained in distraction therapy and reminiscence to help deal with behaviors.
10. **Include pharmacological and non-pharmacological treatments in the care plan.** Some symptoms of depression and anxiety can be addressed without medication through counseling and other therapies. Engage the resident and family in the development of the care plan and plan to re-evaluate the resident on a regular basis to determine effectiveness of the treatments.