

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. This depression quality measure does not tell 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. New admission MDS assessments are not calculated in the quality measure score.
- 2. Screen all residents for depression and anxiety on a regularly scheduled basis.** All new nursing home residents are at risk for depression and anxiety due to the significant changes in their autonomy and health status. Use validated screening tools, such as the Geriatric Depression Screening (GDS) tool and/or the Cornell Scale for Depression, a tool for residents with cognitive impairment.
- 3. Take the full time to complete the admission MDS assessment.** Behaviors may 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. Know which residents trigger this Quality Measure.** Run your Resident Level Reports in your QIES program so you know specifically who is qualifying for depression so you can address each of the eight symptoms individually. The eight behaviors that make up the mood scale score could result from multiple causes and your team needs to address each resident individually. Find out why that person is exhibiting more behaviors during this period than the previous period.
- 5. Educate staff.** All staff that have 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.** Use template forms to help nurses communicate with physicians about their patients' symptoms and medications. Discuss the Quality Measure during your QI/QA meetings where the physician is involved to increase understanding of the facility's commitment to addressing depression.
- 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-centered 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. 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 re-evaluate the resident on a regular basis to determine effectiveness of the treatments.

Visit The Illinois Foundation for Quality Health Care's Web site at www.ifqhc.org for resources to assist with your Quality Improvement efforts.



ILLINOIS FOUNDATION FOR
QUALITY HEALTH CARE

2625 Butterfield Road, Suite 102E
Oak Brook, Illinois 60523-1234
(800) 386-6431 • FAX (630) 571-5611
www.ifqhc.org