Bed-Check®

Reducing the Risk of Falls Through Innovative Technology Since 1978

Depression Management: It doesn't have to be depressing!

There are many reasons that a facility must consider when looking at how to manage depression:
Clinical reasons include:

- The resident is at a higher risk for falls and complications from any existing physical ailments
- The resident's overall daily routine is compromised by his or her mood
- The resident's social relationships can become strained
- There is the potential for weight loss or gain, skin issues, cognitive decline and unmanageable pain

As the clinical identifiers of depression present, the financial and survey implications also manifest. From pharmacology considerations to care plan management, depression can be a hard diagnosis to keep in control.
Understanding how the Nursing Home Quality Initiative identifies effective depression management can help a facility develop a comprehensive plan to be pro-active in caring for residents with this condition.

The first step in this process is to recognize how depression is scored:

- The Resident's Mood Scale Score will be compared from an admission Minimum Data Set or quarterly MDS to the current MDS that is being completed
- The Mood Scale Score considers 8 depressive symptoms
  - Distress
  - Crying/tearfulness
  - Motor Agitation
  - Leaves food uneaten
  - Repetitive health complaints
  - Repetitive/recurrent verbalizations
  - Negative Statements
  - Mood symptoms are not easily altered

For a facility to show positive impact in the management of depression, it is imperative that depression is triggered as early as possible and that subsequent MDS submissions identify that the resident's condition has remained stable or even improved. This is where a facility can miss an important assessment opportunity. Quite often, the initial or admission MDS does not accurately code depression. When this happens, the first time depression does become coded, the facility runs the risk of presenting to a surveyor or state Quality Improvement Organization as not having identified the issue early enough. If a resident has had a history of falls, incontinence, weight loss or behaviors surveyors will certainly want to see how the resident was care planned for depression.

Here are some important tips to help your facility get a plan around how to properly identify depression:

1. **Do not assume that social services, nursing or therapy services understand standardized tests such as the Mini-Mental.** Take time to meet with any team members who complete these tests and ensure that you are following a standard practice in how the tests are scored and interpreted.
2. **Staff members are likely to have personal biases that will cloud judgment when completing a Resident Assessment Protocol System.** It is not uncommon to hear someone say, "You'd be tearful too, if you had to go into a nursing home" or "every resident here leaves food on his or her plate". It is important for leadership of an organization to engage and educate key staff about how personal biases can be detrimental to a facility's success.
3. **Have regular meetings with any outside Psychologists or Psychiatrists that you are using.** Ask for his/her professional judgment on the latest evidence based medical practices for managing depression. Request regular pharmacology reviews from these professionals as well as your pharmacy provider. Review his/her notes to determine that your staff agrees with the assessments that are being made and that the record reflects that agreement.

Ultimately, effective depression management starts with early detection on the MDS. The human factor which can make the assessment process feel like "labeling" a resident with an unpopular diagnosis can be uncomfortable for even the most seasoned professionals. Yet, it is in this identification that the facility and the resident get the best opportunity to take a pro-active step in helping to maximize a resident's quality of life and minimize potential future risks.

Copyright © 2008, Bed-Check ® All rights reserved.
P.O. Box 170 ● Tulsa, Oklahoma, 74101 ● (800) 523-7956 ● (918) 592-3338 ● Fax (918) 582-9828
www.bedcheck.com ● E-mail: info@bedcheck.com