

Depression: Facility Assessment Checklists

Following are a series of facility assessment checklists for nursing home staff to use to assess processes related to the management of depression in order to identify areas that need improvement. Use these checklists to look at your current practices more critically.

It may also be helpful to view your facility's nationally reported Quality Measure scores to help you identify areas for quality improvement and see how your nursing home compares with others in your state and across the country: <http://www.medicare.gov/NHCompare>

Directions:

- These checklists are designed for completion by a Director of Nursing (DON) or other team leader who knows the current facility practices well.
- The person completing the checklist should consult with appropriate staff and review residents' medical records to ensure the most accurate information is captured.

Use these checklists as the starting point for a quality improvement project guided by the Quality Improvement Worksheets. When answering questions on the checklists, if you are not sure or answer "no" to one of the questions, see the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Included:

Checklists on the following depression-related topics are included:

- Screening for Depression
- Evaluation of Depression
- Developing Care Plans for Depression
- Monitoring/Re-evaluating Treatment of Depression
- Assessing Depression Management Policies
- Assessing Staff Education and Training

Provided By:

Checklist: Screening for Depression

Does your facility have a process for when and how the staff will screen residents for depression?
[A screening assessment is a brief assessment using a validated tool that determines if the resident is experiencing symptoms of depression. It does not include a thorough evaluation of the residents' symptoms and does not diagnose depression. It does indicate that a thorough evaluation needs to be completed if the resident scores positive upon screening.]

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for depression screening.

_____ **This is an area we are working on.** Our target date for implementing a process for screening is: _____.

_____ **Yes.** Please continue to the questions below.

Does your facility have a process for screening that addresses all the areas listed below?

	Yes	No	Person Responsible:	Comment:
1. Does your facility have a policy and procedure for when, how, and who (identify responsible staff) will screen residents for depression?	G	G		
2. Do you routinely ask all residents (using an appropriate tool like the 15-question Geriatric Depression Scale, the Cornell, etc.) about symptoms of depression they are experiencing at the following times: - At admission - At readmission - At each MDS assessment - With each change in condition	G G G G	G G G G		
3. Does your policy identify what is considered a positive screen?	G	G		
4. If the resident's screen is positive and/or they trigger elements on the MDS suggesting clinical depression, does your facility have a process that will lead to a comprehensive evaluation to diagnose depression?	G	G		
5. Are there procedures in place for discussing screening results with the resident's physician and care team?	G	G		

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Checklist: Screening for Depression (Cont.)

If any of the above elements in your process for depression screening are missing (answered “No” to any of the questions):

- Use Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether or not implementation is successful.

If none of the above elements are missing from your facility’s processes (answered “Yes” to each question), you may either continue on to another checklist, or end here.

Checklist: Evaluation of Depression

Does your facility complete a comprehensive evaluation for depression after a resident scores positive for depression upon screening or, (if there is no screening process in place), at another time?

[Note: A comprehensive evaluation of depression is often done when someone develops new symptoms of depression or existing symptoms worsen, or the presence of depression is identified through another source, warranting a thorough assessment of the resident's status.]

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for depression evaluation.

_____ **This is an area we are working on.** Our target date for implementing a process for evaluation is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your comprehensive depression evaluation include all of the elements below?

	Yes	No	Person Responsible:	Comment:
1. Does your policy and procedure state that residents should be evaluated for depression at the following times? - At admission - At readmission - At each MDS assessment - With each change in condition	G G G G	G G G G		
2. When the evaluation for depression is conducted, are the following elements included? a. Depressed mood (Depressed mood most of the day nearly every day) b. Anhedonia (Markedly diminished interest or pleasure in almost all activities) c. Weight change (Substantial unintentional weight loss or gain and nutritional status) d. Sleep disturbance (Insomnia or hypersomnia nearly half the day) e. Psychomotor problems (psychomotor agitation or retardation nearly every day) f. Lack of energy (Fatigue or loss of energy nearly every day) g. Poor concentration (Diminished ability to think or concentrate nearly every day) h. History of depression symptoms and treatment i. Cognitive function changes j. Suicidal Ideation (Recurrent thoughts of wanting to die or commit suicide)	G G G G G G G G G G	G G G G G G G G G G		

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Checklist: Evaluation of Depression (cont.)

	Yes	No	Person Responsible:	Comment:
3. Are there procedures in place for discussing the results of depression evaluation with the resident's physician and/or care team?	G	G		
4. Does the procedure identify which components of the evaluation is the responsibility of the nursing staff, social work, physician, nurse practitioner, etc?	G	G		
5. After the depression evaluation is done, are all these elements completed and recorded on your evaluation form?	G	G		
6. Does your procedure identify when a direct referral to (or evaluation by) the mental health professional should occur (i.e. suicidal ideation with or without demonstrated or verbalized plan to harm, presence of psychotic features, etc.)	G	G		
7. If suicide risk has been identified, does your facility have a suicide risk protocol in place and a method of communicating the process to all involved staff members?	G	G		

If any of the above elements in your process for evaluation for depression are missing (answered "No" to any of the questions):

- Use Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether or not implementation is successful.

If none of the above elements are missing from your facility's processes (answered "Yes" to each question), you may either continue on to another checklist, or end here.

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Checklist: Developing Care Plans for Depression

Does your facility have a process for developing and implementing care plans for depression for residents who have been identified as having depression?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing care plans for depression.

_____ **This is an area we are working on.** Our target date for implementing a process for developing care plans for depression is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your process for developing care plans for depression address all the areas below?

	Yes	No	Person Responsible:	Comment:
1. Does your process identify goals as defined by the resident/caregiver/family member?	G	G		
2. Does your process include education of the resident and family related to these areas of depression management: a. Goal of therapy b. Side effects (if applicable) c. Overall treatment plan	G G G	G G G		
3. Does your process include consideration of psychosocial approaches to depression management (e.g. psychotherapy) and potential adjunctive strategies (e.g. exercise and activities)?	G	G		
4. Does your process include regular re-evaluation (i.e. monitoring) of residents' response to both pharmacologic and nonpharmacologic therapies?	G	G		
5. Does your process include timeframe as to when monitoring/re-evaluation of resident's depressive symptoms will be completed?	G	G		
6. Does your process identify when to refer to a mental health professional (e.g. residents with minimal or no significant improvement in depressive symptoms after 6 weeks of treatment, etc.)?	G	G		
7. Does your process outline an approach (e.g., how, by whom) and schedule (how often) for re-evaluating suicide risk?	G	G		

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Checklist: Developing Care Plans for Depression (cont.)

If any of the above elements in your process for developing care plans for depression are missing (answered “No” to any of the questions):

- Use Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether or not implementation is successful.

If none of the above elements are missing from your facility’s processes (answered “Yes” to each question), you may either continue on to another checklist, or end here.

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Checklist: Monitoring/Re-evaluating Treatment of Depression

For residents who are being treated for depression, does your facility have a process for monitoring or re-evaluating target symptoms of depression and determining if the resident’s plan of care is effective or needs revision?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for monitoring/re-evaluating treatment of depression.

_____ **This is an area we are working on.** Our target date for implementing a process for monitoring/ re-evaluating treatment of depression is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility’s process for monitoring/re-evaluating treatment of depression and reviewing the plan of care include these components?

	Yes	No	Person Responsible:	Comment:
1. Does your facility have a policy and procedure defining when a re-evaluation of the resident with depression will be completed? <i>(A complete re-evaluation should be performed for any persistent or worsening symptoms of depression.)</i>	G	G		
2. Does the re-evaluation include a review of current medications, symptoms and resident’s response to treatment?	G	G		
3. Does your facility use an appropriate method to monitor for depressive symptoms for those with cognitive impairment (e.g. re-screen with Cornell/CSDD, staff observations, etc)?	G	G		
4. Do you track in the medical record the results of your monitoring?	G	G		
5. Do you have a policy and procedure for measuring resident and family satisfaction with your processes surrounding the management of depression?	G	G		
6. Does your staff follow the policy and procedure for re-evaluating depression when the resident is exhibiting persistent depression or worsening symptoms?	G	G		
7. Do you reassess residents who are taking medication for depression to determine whether they are receiving the therapeutic doses needed to alleviate target symptoms, experiencing side effects, or showing signs of drug-drug interactions?	G	G		

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Checklist: Monitoring/Re-evaluating Treatment of Depression (cont.)

	Yes	No	Person Responsible:	Comment:
8. Do you have a CQI or QA committee that routinely audits the depression management process?	G	G		

If any of the above elements in your process for monitoring/re-evaluating treatment of depression are missing (answered “No” to any of the questions):

- Use Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether or not implementation is successful.

If none of the above elements are missing from your facility’s processes (answered “Yes” to each question), you may either continue on to another checklist, or end here.

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Checklist: Assessing Depression Management Policies

Does your facility have a policy for assessment of depression management policies?

_____ **No.** If no, this is an area for improvement. Use this checklist and current accepted clinical guidelines to create your facility's policy.

_____ **This is an area we are working on.** Our target date for revising our policy is: _____. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your revision and implementation of your facility's policy.

_____ **Yes.** Please continue to the questions below.

Does your facility's policy for assessment of depression management policies include the following components?

	Yes	No	Person Responsible:	Comment:
1. Does your facility's policy include a statement regarding your facility's commitment to management of depression (inclusion of physical, environmental, social and spiritual issues)?	G	G		
2. Does your facility's policy include screening, evaluation, and monitoring of residents for depression?	G	G		
3. Does your facility's policy include the goals of the assessment and management program for depression such as:				
a. Specification of appropriate depression screening tools for both cognitively intact and cognitively impaired residents	G	G		
b. Prompt assessment and diagnosis of depression	G	G		
c. Treatment techniques for depression based on evidence in the literature	G	G		
d. Steps to be taken in order to monitor treatment effectiveness	G	G		
e. Improving the resident's well-being and comfort by reducing the target symptoms of depression.	G	G		
f. Optimizing the resident's ability to perform ADLs and participate in activities	G	G		
g. Monitoring for side effects related to the use of anti-depressant medication (e.g. insomnia, anxiety, GI symptoms, headaches, dizziness, etc.)	G	G		

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Checklist: Assessing Depression Management Policies (Cont.)

	Yes	No	Person Responsible:	Comment:
4. Does your facility's policy address when, how and by whom the effectiveness of the depression management program should be monitored and evaluated?	G	G		
5. Does your facility's policy include a protocol for ongoing monitoring of the status of depression?	G	G		
6. Does your facility's policy include a suicide prevention protocol?	G	G		
7. Does your facility's policy include a process for communicating among staff the necessary information about steps to be taken when a suicide risk is identified?	G	G		
8. Does your facility's policy include a protocol for reporting findings of depression to the designated MDS personnel to ensure correct coding?	G	G		

If any of the above elements in your process for assessing depression management policies are missing (answered "No" to any of the questions):

- Use Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether or not implementation is successful.

If none of the above elements are missing from your facility's processes (answered "Yes" to each question), you may either continue on to another checklist, or end here.

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Checklist: Assessing Staff Education and Training

Does your facility have initial and ongoing education on evaluation and management of depression for both nursing and non-nursing staff?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to improve your processes and or staff education on depression evaluation and management.

_____ **This is an area we are working on.** Our target date for implementing an education program on depression evaluation and management is: _____. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your facility’s education program.

_____ **Yes.** Please continue to the questions below.

Does your facility’s education program for assessment and management of depression include the following components?

	Yes	No	Person Responsible	Comments
1. Are all new staff oriented in screening, evaluation and management of depression?	G	G		
2. Are current staff provided with ongoing education on the principles of depression management?	G	G		
3. Does education of staff provide discipline-specific education for evaluation and management of depression (e.g.. Activities, Dietary, Rehab, Social Services, etc.)?	G	G		
4. Is there a designated clinical “expert” available at the facility to answer questions from all staff about evaluation and management of depression?	G	G		
5. Does the education take into consideration personal, ethnic, cultural and religious beliefs surrounding depression management?	G	G		
6. Is the education provided at the appropriate level for the learner (i.e. CNA vs. RN)?	G	G		
7. Does the education include staff training on how to document the essential elements related to depression (e.g. the target symptoms that the resident exhibits, their frequency, environmental factors, goal of treatment plan)?	G	G		
8. Does staff education provide training on educating residents regarding depression and its management?	G	G		
9. Does staff education provide training on educating families regarding depression and its management?	G	G		

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Checklist: Assessing Staff Education and Training (Cont.)

If any of the above elements in your process for staff education and training are missing (answered “No” to any of the questions):

- Use Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether or not implementation is successful.

If none of the above elements are missing from your facility’s processes (answered “Yes” to each question), you may either continue on to another checklist, or end here.