

Quality Measure Tip Sheet

Percent of Residents Who Have Depressive Symptoms

MDS Coding Requirements

- Look-back period is 14 days. Conduct the interview preferably the day before or the day of the ARD.
- Attempt to complete the interview if the resident is at least sometimes understood and an interpreter is present or not required.
- If administering the PHQ-9 in paper form, be sure the resident can see the print.
- Read each item as it is written. Use cue cards with the response choices.
- Each question must be asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question.
- Record the resident's responses as they are stated, regardless of whether the resident or assessor attributes the symptom to something other than mood.
- If the staff interview needs to be completed, interview staff from all shifts who know the resident best.

Coding Tips

- Do not provide definitions because the meaning must be based on the resident's interpretation.
- If the resident uses his or her own words to describe a symptom, this should be briefly explored. If you determine that the resident is reporting the intended symptom but using his or her own words, ask him or her to tell you how often they were bothered by that symptom.
- Select only one frequency response per item. If the resident has difficulty selecting between two frequency symptoms, code for the higher frequency.
- Residents may respond to questions: verbally, by pointing to their answers on the cue card, OR by writing out their answers.

Ask These Questions

MDS

- Was the resident or staff interview completed per the RAI manual requirements?
- Does the staff that perform the PHQ-9 interviews understand the RAI interview instructions?
- Is the timing of the interview individualized to the resident's patterns (i.e. if normally in a bad mood in the morning, is the interview completed in the afternoon)?

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Assessing Mood

- Are hunger, thirst, boredom, 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 regarding their care and preferences?
- Does the resident understand their illness/disease and reason for being in the nursing home?

Improving Mood

- 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?
- Are psychological services offered when needed?
- Is there a behavior tracking process in place and are possible adverse side effects of medications monitored?