



Quality Measure Tip Sheet: Depression—Long Stay

Quality Measure Overview

- This measure reports the percentage of long-stay residents who have had symptoms of depression during the two-week period preceding the MDS 3.0 target assessment date.
- This measure involves a resident and/or staff interview (Patient Health Questionnaire [PHQ]-9/PHQ-90V).

This measure will trigger if resident meets one of the following two conditions.

Condition A (Resident mood interview must meet Part 1 AND Part 2.)

- Part 1: Little interest or pleasure in doing things half or more of the dates of the last two weeks OR feeling down, depressed, or hopeless half or more of the days over the last two weeks.
- Part 2: The resident interview total severity score indicates the presence of depression.

Condition B (Staff assessment of resident mood must meet Part 1 AND Part 2.)

- Part 1: Little interest or pleasure in doing things half or more of the days over the last two weeks OR feeling or appearing down, depressed, or hopeless half or more of the days over the last two weeks.
- Part 2: The staff assessment total severity score indicates the presence of depression.

Exclusions:

- Resident is comatose or comatose status is missing.

MDS Coding Requirements

In the MDS:

- Conduct resident interview (PHQ-9).
- Conduct staff member interview (PHQ-90V) if resident is unable or unwilling to complete (PHQ-9).
- Include a 14-day look-back period.
- Ask interview questions as written per *Resident Assessment Instrument* (RAI) requirements.
- Record code 99 if resident is unable to complete the interview process.
- Record Total Severity scores based on the interview questions.



Ask These Questions ...

- Was the MDS coded per RAI requirements?
- Was the timing of the interview individualized to the resident's behavior patterns (i.e., if resident is normally in a bad mood in the morning, was interview conducted in the afternoon)?
- Are hunger, thirst, boredom, rest, sleep, warmth, cold, 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 related to care and preferences?
- 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 his or her likes and dislikes?
- Does the resident understand his or her illness/disease and reason for admission?
- Are psychological services offered when needed?
- Is there a behavior tracking process in place and are possible adverse side effects of medications monitored?

