

NICHE CONFERENCE

The Impact of Early Identification and Management of Depression in the Post-Acute Environment

Presence Saint Joseph Medical Center
Joliet, Illinois


APRIL 20, 2017
PODIUM PRESENTER:
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Objectives:


1. Understand the meaning and purpose of SOAR Program.
2. Describe the design, implementation and evaluation of the SOAR Program.
3. Identify the impact of early identification and management of Depression in the post-acute environment.

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Presence Saint Joseph Medical Center
 333 North Madison St.
 Joliet, IL 60435

489- bed facility
 Primary Stroke Center
 Level II Trauma Center
 NICHE designation since 2013
 Magnet designated in 2016
 Part of Presence Health Healthcare system in Illinois



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According to the National Alliance on Mental Illness

- more than 6.5 million Americans aged 65 or older are affected by depression
- mental health can negatively impact physical health, poor physical health can lead to depression
- Depression can complicate chronic conditions, leading to functional impairments, decreased treatment compliance and more frequent visits to Emergency Department and doctor's office

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Senior Outpatient Assistance & Referrals

Purpose

The SOAR program on the 8 West Acute Care for Elders (ACE) Unit assists older adults to manage their depression symptoms after discharge from the hospital.

A senior focused social worker in collaboration with nursing will follow all program members during the hospital stay and up to 6 months after discharge.

The SOAR Program is made possible by The Retirement Research Foundation.

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Benefits

- Available social worker support during and after hospital stay.
- Ongoing contact with Social Worker following hospital discharge.
- Increased access to community resources and home needs.
- Assigned healthcare contact following hospital discharge.

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Follow-up

Members will receive routine wellness telephone calls from the Social Worker on the following days after hospital discharge:

- Day 3
- Day 7
- Day 14
- Day 30
- Day 60
- Day 90
- Day 120
- Day 180

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Program inclusion and exclusion criteria

Inclusion criteria:

- Patients 65 years of age or older admitted as inpatients to 8West at PSJMC.
- Geriatric patients whose admission score indicates at least one depressive symptom is present (score of 1 or >).
- Patients whose admission score is "negative" on the Mini Cognitive Assessment
- Geriatric patients who are discharging home or discharging to an assisted living community.

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Exclusion criteria

- Patients < 65 years of age.
- Patients discharging to a Skilled Nurse Facility.
- Patients discharging to hospice, comfort care or palliative care.
- Patients with anticipated transfer to a higher level or a more critical level of care such as Intensive Care Unit.
- Patients with active suicidal ideation.
- Patients whose admission score is "positive" on the Mini Cognitive Assessment

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ACE INTERVENTIONS

GERIATRIC DEPRESSION SCALE

- + **Description:** 15 Questions to screen for depression or non-depression in the older adult
- + **Benefits:** 92% sensitivity (correctly identify depression) and 89% specificity (correctly identify non-case)
- + **Duration:** ~5 minutes
- + **Frequency:** Admission, transfer and q 2 weeks
- + **Score:**
 - 0-4 Normal
 - >4 Suggestive of depression (5-9 = Mild, 9-11 = Moderate, 12-15 = Severe)
- + **Abnormal Scores:**
 - Notify Attending Physician
 - Recommend psychiatric consult
 - Perform "Suicide Assessment" intervention in Meditech
- + **Addition depression signs and symptoms:**
 - Anxiety, withdrawal, isolation, bereavement, loss of appetite, malnutrition
 - Men 75 years old or greater

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Have you experienced weight or sleep alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lose interest in usual activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you often feel sad or empty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you lost interest in activities you usually enjoy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you often tearful or crying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have trouble concentrating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have trouble remembering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have trouble making decisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you often feel hopeless or despair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you often think about death or suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you often think about harming yourself or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about hurting others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about suicide or harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about suicide or harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about suicide or harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about suicide or harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about suicide or harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think about suicide or harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Generation: Depressive Score: Total: _____

Abnormal scores indicated by a yellow background

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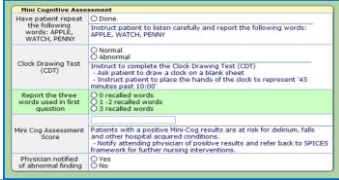
MINI COG Assessment

- + **Description:** Screens for cognitive impairment using three item recall and the Clock Drawing Test (CDT)
- + **Benefits:** Not affected by language, education or culture
- + **Duration:** ~3 minutes
- + **Frequency:** Admission, transfer and q shift
- + **Test:**
 1. Have patient repeat 3 words (*i.e.* Apple, Watch, Penny)
 2. Have patient perform clock drawing test using marker board (*i.e.* 10:45)
 3. Have patient report back 3 words from step 1
- + **Score:**
 - 0 Recalled Words = Positive (Demented)
 - 1-2 Recalled Words & abnormal CDT = Positive (Demented)
 - 1-2 Recalled Words & Normal CDT = Negative (Nondemented)
 - 3 Recalled Words & Normal CDT = Negative (Nondemented)

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- Abnormal Score**
 - Notify Attending Physician
 - Refer back to SPICES framework
 - Assess sleeping
 - Conduct pain assessment
 - Review medications for adverse drug reactions
 - Assess for malnutrition and dehydration
 - Assess for constipation
 - Perform a neurological assessment if necessary
 - Initiate ARC fall precautions



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 Laura Baine, BSN,RN



Patient admitted to ACE → RN screens patient using GDS and Mini-Cog → Patient meets all inclusion criteria

SW participates in Interdisciplinary Care Rounds to understand plan of care ← Patient enrolled in SOAR Program

SW initiates virtual care conference with patient, family, and site liaisons at patient's discharge location

Patient discharged, GDS administered

SW meets with patient to check status at 3, 7, 14, 30, 60, 90, 120 and 180 days post-discharge
 SW administers GDS at 14, 30, 60, 90, 120 and 180 days

↓	↓	↓	↓	↓
Is patient's depression score stable or improving?		Is patient compliant with Medical treatment plan?		Does patient have Questions/issues beyond SW's scope?
Y	N	Y	N	
Successful outcome	SW identifies underlying issues and refers patient to appropriate community resources	Successful outcome	SW identifies underlying issues and refers patient to appropriate community resources	SW refers patient to appropriate community resources
	↓		↓	↓
	SW follows up and documents progress until resolution		SW follows up and documents progress until resolution	SW follows up and documents progress until resolution

Interdisciplinary Progressive Care Team Members:

- Nursing
 - RN
 - Charge Nurse
- Case Manager
- Social Worker
- Dietician
- Pharmacist
- Physical Therapist
- Pastoral Services



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SOAR Program Outcome Evaluation Report

Goal:
Enroll 100 patients in SOAR Program

Results:
100 patients enrolled in SOAR Program

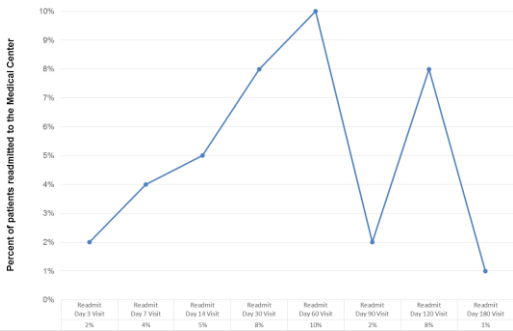
Goal:
Reduce 30-day, all-cause readmission rate for geriatric patients enrolled in SOAR Program by 50%
Initial readmission rate of 18.7% was used, leading to readmission rate goal of 9.4% for SOAR Program

Results:
30-day, all-cause readmission rate for geriatric patients enrolled in SOAR Program is 19.0%.
SOAR participant average days to readmission – 45.8 days means the intensive case management before Day 30 is positively impacting readmission rates.
2015 30-day, all-cause readmission rate for patients over 64 years was 18.4%
2016 30-day, all-cause readmission rate for patients over 64 years is 17.0%

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Readmission Trend for the SOAR Program From Day 3 Visit to Day 180 Visit





Goal:
Show improvement or stability of scores on Geriatric Depression Scale (GDS) from screening to Day 180

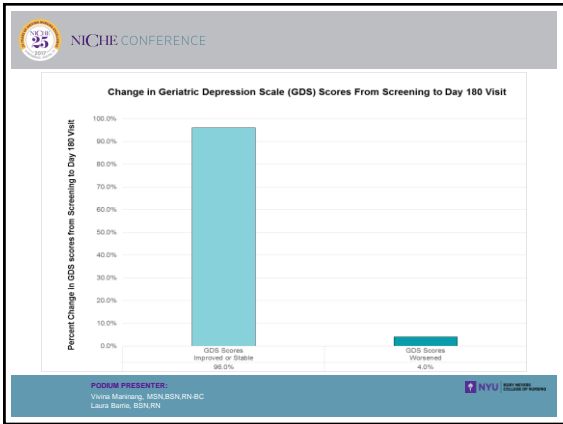
Results:
96.0% of GDS scores either improved or remained stable for 6 months
4.0% of GDS scores worsened

GDS score > 5 indicative of depression. Of those patients who have completed their 180 Day visit, 0 patients have scored > 5 on the GDS at that visit. Only 3 patients of the 100 enrolled, scored > 5 on the GDS at their last scheduled visit (not Day 180).

6% of SOAR Program population deceased
5% of SOAR Program population became ineligible
25% of SOAR Program population did not complete their final Day 180 visit

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Success Stories:

The SOAR program was able to connect a homebound, wheelchair-bound senior to a charity ramp building organization. A ramp was built free of charge.

The SOAR program was instrumental in assisting adult protective services-Guardian Angels move forward with completion of guardianship process.

Enrolled 2 patients in diabetic education program.

Helped a homeless senior woman get approval for a local subsidized senior apartment through partnership with Joshua Arms of LSSI, a senior residence apartment and supportive living community.

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The SOAR program established partnerships with various community organizations:

- Guardian Angels
- Senior Services of Will County
- Rebuilding Together Aurora
- Joshua Arms
- Senior Companions, Catholic Charities

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Barriers:

Some patients were less willing to participate in follow-up calls or to engage in the GDS assessment.

Short enrollment time frame led to difficulties in completing all scheduled visits in a timely manner

SW job duties and responsibilities at times were modified which delayed completion of follow-up calls and assessments.

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