

# DECISION SUPPORT SOFTWARE FOR TREATMENT OF GERIATRIC DEPRESSION IN HOME HEALTH CARE

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This project is proceeding successfully, with preliminary data collected and presented through several mechanisms (manuscript and conference presentations). The specific use of software to implement decision support guidelines is proceeding more slowly than anticipated, although based on our work with agency partners in the past 6 months, this change of pace is appropriate. In particular, it became clear to our group that the development and implementation of “paper-based” guidelines should precede their use in an information technology based system. Thus, the focus of this project has been to facilitate the development of adequate clinical care guidelines, with an emphasis on improving organizational factors associated with the feasible uptake and implementation of such guidelines.

My research activities have centered on two projects: 1) at the Visiting Nurses Association of Hudson Valley (VNA-HV), studying organizational factors that may facilitate or impede the implementation of “Depression Care Paths”; and 2) at the Visiting Nurses in Westchester (VNSW), identifying an association between depression and fall risk and assisting the agency with the development of a fall prevention program. In my work with the VNA-HV, I have conducted chart reviews, administered “needs assessment” and “organizational opinion” surveys to staff nurses, and accompanied medical and psychiatric nurses on home visits to collect qualitative data on process-of-care problems that they encounter. The data collected from these activities has been used in my K01 Mentored Research Scientist Development Award, which will be submitted to the NIMH on June 1 of this year <sup>1</sup>.

In my work with the VNSW, we have conducted an analysis of their existing clinical/administrative (OASIS) data and established a correlation between depressive symptoms and fall risk. Specifically, patients demonstrated an almost threefold relative risk of suffering an adverse fall event if they had depressed mood or anhedonia on admission to the agency. These results were not only included in my K01 grant application, but also were recently published in a peer-reviewed journal <sup>2</sup>, presented as a poster at the American Association of Geriatric Psychiatry <sup>3</sup>, and will be presented as a symposium at the 2004 NIMH conference, “Complexities of Co-occurring Conditions.” <sup>4</sup>

This developmental work has laid the foundations for the central focus of my grant, **organizational process improvement** to support implementation of 1) evidence-based protocols (EBP’s) for depression care at the VNA-HV, and 2) EBP’s for fall prevention at the VNSW. In the past month, I and my colleagues have begun meeting with our agency partners to plan for these interventions, and the work is scheduled to begin more intensively in June of this year, following submission of my K01 grant application.

Expenditures on this project have been modest to-date (approximately \$1,000), primarily because software programming has not been necessary, agencies have not yet billed for their time, and only limited consultations with my Quality Improvement Consultant (Abraham Dorph of Aspire Consultants) have been needed to-date. However, expenditures are expected to increase significantly in the coming months, as we involve more active involvement of agency nurses and I begin significantly more frequent consultations with Mr. Dorph.

## References

1. Sheeran T. Quality Improvement Methods in Geriatric Mental Health. K01 Mentored Research Scientist Development Award, submitted to the National Institute of Mental Health 2004.
2. Sheeran T, Brown EL, Nassisi P, Bruce ML. Does depression predict falls among home health patients? Using a clinical-research partnership to improve the quality of geriatric care. *Home Healthcare Nurse* 2004; 22:3-7.
3. Sheeran T, Brown EL, Nassisi P, Bruce ML. Does depression predict falls among home health patients?, Poster Session Presented at the Annual Meeting of the American Association of Geriatric Psychiatry, Baltimore, MD, 2004.
4. Sheeran T, Brown EL, Nassisi P, Bruce ML. The link between depression and fall risk in home healthcare: Using a clinical-research partnership to improve the quality of geriatric mental health services, Symposium Presentation at the NIMH Conference on Complexities of Co-occurring Conditions, Baltimore, MD, June, 2004.