

Implementing an Anxiety Screening Process in a Skilled Nursing Facility During a Pandemic

Maureen Casey BSN, RN

Doctor of Nursing Practice Candidate



School of Nursing
UNIVERSITY OF WISCONSIN-MADISON

Background

- Anxiety disorders in older adults are under diagnosed and inadequately treated [1-3]
- The current pandemic climate and disabling impacts of anxiety requires a need for systematic anxiety screening process within skilled nursing facilities to provide access with appropriate and timely mental health care

Purpose

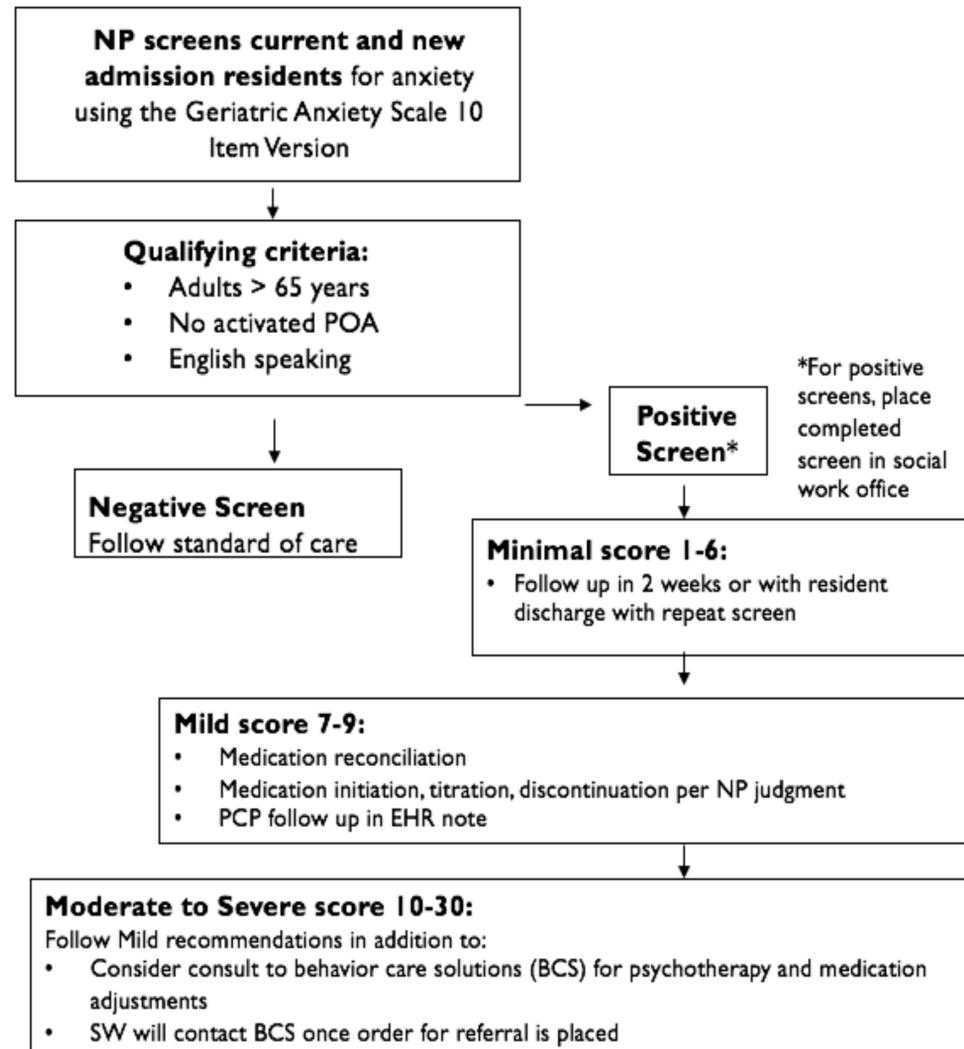
- The purpose of this evidence-based practice project was to improve the detection and treatment time of anxiety by increasing screening rates using an anxiety screening process in adults ages 65 and above at Four Winds Manor skilled nursing facility in Verona, WI

Evidence Based Practice Recommendations

- The anxiety screening process was guided by Kotter's Change Model and A3 methodology to achieve change
- The decision to utilize the Geriatric Anxiety Scale-10 Item Version was based on its strong psychometric properties among older adults
- Literature supported recommendations in the workflow process included provider assessment of resident medications and lifestyle factors, increased documentation for symptoms of anxiety, collaboration with primary care providers, and referral to mental health specialists for residents with moderate to severe anxiety [1-2, 4, 5]

References

1. Drageset, J., Eide, G. E., Ranhoff, A. H. (2013). Anxiety and depression among nursing home residents without cognitive impairment. *Scandinavian Journal of Caring Sciences*, 27, 872-881. doi: 10.1111/j.1471-2012.01095.
2. Goddard, A. W. (2017). Morbid anxiety: Identification and treatment. *Focus*, 15(2), 136-143. doi: 10/1176/appi.focus.20160046
3. Ramos, K., & Stanley, M. A. (2018). Anxiety disorders in late life. *Psychiatric Clinics of North America*, 41, 55-64. doi: 10.1016/j.psc.2017.10.005
4. Creighton, A. S., Davison, T. E., & Kissane, D. W. (2018). The prevalence, reporting, and treatment of anxiety among older adults in nursing home and other residential care facilities. *Journal of Affective Disorders*, 227, 416-423. doi: 10.1016/j.jad.2017.11.029
5. Aggarwal, R., Kunik, M., & Asghar-Ali, A. (2017). Anxiety in later life. *Focus*, 15(2), 157-161. doi: 10.1176/appi.focus.20160045



Approach

- Project implementation started 10/19/2020 and continued through 2/5/2021
- The project lead nurse practitioner screened new residents upon admission and existing residents for anxiety using the Geriatric Anxiety Scale-10 Item Version
- Anxiety was measured quantitatively and conceptualized into descriptive categories that aligned with the anxiety workflow process to provide evidence-based treatment recommendations for resident care

Outcomes

- Prior to project implementation 7/22/20-9/25/20, Four Winds Manor had an anxiety screening rate of 0% (n=9)
- During project implementation, there was an 86% attempted screening rate (n=6) with a completed screening rate of 43% (n=3)
- Of the completed screens, 100% (n=3) were screened positive for anxiety, 67% (n=2) did not have a prior diagnosis of anxiety.
- Documentation for PCP follow up 100% (n=2), consult to mental health services 67% (n=3)

Implications for Practice

- The anxiety screen and screening process, when conducted face to face, resulted in the identification of resident anxiety- the screening process can be adapted to more closely mimic the workflow of the Minimum Data Set
- Primary care provider communication through the electronic health record and mental health specialist referrals increased for qualifying residents
- A decrease in completed anxiety screens correlated with COVID-19 mandatory telehealth visits
- As telehealth continues to become more prevalent, screening tools must be evaluated for use with this format with special attention drawn to individuals with sensory impairments and older adult populations