Psychosocial Care in Nursing Homes in the Era of the MDS 3.0: Perspectives of the Experts


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Purpose of article

To report recommendations derived from a conference of stakeholders representing diverse disciplines and organizations regarding next steps following MDS 3.0 screening.
Psychosocial needs of nursing home residents

- In over 16,000 nursing homes in the US where over 1.5 million older adults reside:
  - An estimated 50% of residents have dementia at the time of their admission
  - More than 1/3 of residents are affected by depression
  - For most residents, the nursing home represents the last place they will live before death

Complicating matters is the fact that most healthcare workers and nursing home staff do not receive much training on ways to insure that the psychosocial needs of nursing home residents are met.
What is the MDS 3.0?

The Resident Assessment Instrument Minimum Data Set (MDS 3.0)

- Is a nationally-mandated screening instrument that Medicare and Medicaid funded nursing homes are required to use, which came out in updated form in 2010
- Requires initial and ongoing screening of resident delirium, cognition, psychosocial well-being, mood state, behavioral symptoms, pain, and ability to return to community
- Is intended to inform treatment planning for individual nursing home residents
- Provides collected aggregated information that determines reimbursement rates for nursing homes and serves as an indicator of quality of care
How the MDS 3.0 works

• If one of the areas screened is positive, meaning it needs attention, it generates a Care Area Trigger (CAT)
• When a CAT is identified, nursing home staff members conduct a more thorough Care Area Assessment (CAA) in which they:
  • Develop the resident’s plan of care
  • Implement the plan of care
  • And monitor the plan of care
Focus of the Conference

- To determine the effectiveness of the MDS 3.0 in assessing and treating the psychosocial health of individuals in nursing homes by
  - Convening an interdisciplinary group of expert stakeholders from diverse organizations
  - Obtaining input from the experts regarding resources to guide psychosocial care
  - Making recommendations and identifying next steps to improve psychosocial care in nursing homes
Methods

Conference attendees:

• were experts involved in nursing home research, practice, or policy from disciplines including social work, nursing, activity & recreational therapy, medicine, direct care workers & also from governmental organizations

• Were split into groups and asked to address three specific things:

1. To examine MDS materials relevant to their assigned psychosocial care area
2. To critically review existent care planning resources for that area
3. To select preferred resources, and to identify existing gaps
Identified gaps and recommendations

• MDS 3.0 lacks a strengths-based perspective & culturally sensitive approach
• MDS 3.0 is a positive step towards promoting and requiring competence in nursing home psychosocial care, but more evidence in its effectiveness in assessing and treating psychosocial problems is necessary
• Training in psychosocial assessment and care should include all staff levels
• Psychosocial care for residents in nursing homes is imperative and must be promoted and assessed by all staff members
Identified gaps & recommendations (continued)

• A professional point-person (social worker) should be in charge of guiding and overseeing the administration of psychosocial care assessment, planning, and treatment implementation
• More evidence to guide psychosocial assessment & care is needed
• All staff members & families should be involved in the assessment and care process
• Examples of specific recommendations made regarding each psychosocial area assessed by the MDS 3.0 are identified on the following chart. For a complete list of recommendations and an identification of potential resources, see pages 451-453
<table>
<thead>
<tr>
<th>Psychosocial area</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium</td>
<td>Urgency is paramount in prevention and treatment</td>
</tr>
<tr>
<td>Dementia</td>
<td>Behavioral symptoms rather than cognition often drive care, which impedes a focus on cognition</td>
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<tr>
<td>Psychosocial well-being</td>
<td>The social worker may be the best individual tasked with oversight</td>
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<tr>
<td>Mood state</td>
<td>Professionals should be responsible for goal-setting, and could identify individualized, person-centered activities from a clearly-defined menu of interventions that other staff members can promote</td>
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<tr>
<td>Behavioral symptoms</td>
<td>Care Area Assessments might best be revised in terms of a strength-based perspective, rather than focusing on resident deficits/challenges</td>
</tr>
<tr>
<td>Pain</td>
<td>There is a need for more attention to specificity in staff roles and cultural competency related to assessment and treatment</td>
</tr>
<tr>
<td>Return to community</td>
<td>Inconsistent interpretation, disincentives, and lack of clarity may impede assessment and care</td>
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</tbody>
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Implications for policy and practice

• MDS 3.0 is a promising tool that can promote better psychosocial care and outcomes in nursing homes, but
  • Long term staff members must have the skills, clinical training, and tools to use the MDS screens to conduct thorough assessments, develop appropriate care plans, and implement plans
  • Staff must conduct assessments and plan and implement care in collaboration with other members of the interdisciplinary team
  • Thus, policy must better prepare and support long-term staff in these efforts in order to improve practice
Psychosocial well-being must be afforded as much attention in nursing and home care as are the medical components of care.

“We may know we have reached this point when changing a resident’s soiled undergarments is seen as much an effort focused on preserving dignity as it is on preventing skin breakdown, or when administering medications is seen as much an effort focused on providing social engagement as it is on managing disease” (455).
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