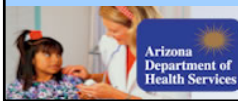


The Psychosocial Outcome Severity Guide

Presented By:
Kay Huff, RN
Clinical State RAI Coordinator/Team Lead for
Training LTC
Arizona Department of Health Services



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



Psychosocial Outcome Severity Guide

- Implemented on June 8, 2006
- Overview
 - Psychosocial outcomes (i.e., mood and behavior) may result from a facility's noncompliance with any regulatory requirement. Although a resident may experience either a negative physical outcome or a negative psychosocial outcome, some may experience or have the potential to experience both types of negative outcomes.



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



Psychosocial Outcomes

A psychosocial outcome may also result from a facility's failure to assess and develop an adequate care plan to address a resident's pre-existing psychosocial issue, which led to continuation or worsening of the condition.



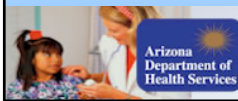
Psychosocial Outcomes (continued)

- Possible Psychosocial Outcomes include
 - Anger
 - Apathy
 - Anxiety
 - Dehumanization
 - Depressed mood
 - Humiliation



Psychosocial and Physical Outcomes

- Psychosocial outcomes and physical outcomes are equally important in determining the severity of noncompliance, and both need to be considered before assigning a severity level.
- The severity level assigned should reflect the most significant negative outcome or highest level of harm/potential harm.



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



Application Of The Guide

- The Guide may be applied to four situations:
 - When a resident can verbally express an outcome.
 - When a non-verbal resident can express an outcome.
 - When a resident has no discernable response.
 - When a resident's response is incongruent with a response a reasonable person would have.



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



The Reasonable Person Concept

- Is a tool used by surveyors to determine the severity of the psychosocial outcome or potential outcome the deficiency may have had on a reasonable person in the resident's position (i.e., what degree of actual or potential harm would one expect a reasonable person in a similar situation to suffer as a result of the noncompliance).



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



The Reasonable Person Concept (continued)

- Used when the resident's reaction to a deficient practice is markedly incongruent with the level of reaction the reasonable person would have to the deficient practice.



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



The Reasonable Person Concept May Also Be Used . . .

- When circumstances obstruct the direct evaluation of the resident's psychosocial outcome. Such circumstances may include, but are not limited to, the resident's death, subsequent injury, cognitive impairments, physical impairments, or insufficient documentation by the facility.



Activities F248 Revised June 1, 2006



The Regulation

- The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.



F-248 (continued)

- Requires the facility's activities program to accommodate the interests and well-being of each resident.
- To gain awareness of each resident's activity preferences as well as any current limitations that require adaptation in order to accommodate these preferences.



F-248 (continued)

- Residents' views on activities:
 - Relevant and valuable to their quality of life and considered a part of their dignity.
 - Activities need to amount to something and be meaningful to the residents' lives.
 - Residents with dementia are happier and less agitated in homes with many planned activities for them.



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



The Process

- Facilities should start with the MDS Assessment.
- Create a care plan designed to meet each resident's needs.
- Implement the care plan.
- Revise the plan as appropriate.



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



Minimum Data Set (MDS)



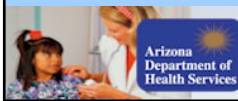
Activity Pursuit Patterns Section N

- Time awake
- Average time involved in Activities
- Preferred Activity settings
- General Activity preferences
- Preferences change in daily routine



Mood & Behavior Patterns Section E

- Indicators of Depression, Anxiety, Sad Mood
- Mood persistence
- Change in Mood
- Behavioral symptoms
- Change in behavioral symptoms



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



Psychosocial Well-Being Section F

- Sense of Initiative/Involvement
- Unsettled relationships
- Past roles



"Leadership for a Healthy Arizona"

Arizona Department of Health Services



Arizona Nursing Home Work Group
Learning Session 5

Questions?



Contact Information

Kay Huff, RN
Clinical State RAI Coordinator
Team Lead for Training LTC
huffk@azdhs.gov
602-364-3878

