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

Conference Grant Executive Summary

Purpose

Leading stakeholders from diverse organizations convened April 4-5, 2011 in Washington, D.C. to provide expert interdisciplinary, research, government and industry input regarding resources and recommendations to improve psychosocial care in nursing homes. Discussion addressed next steps related to the new Minimum Data Set (MDS) 3.0 and care area assessments (CAAs) implemented October, 2010 which relate to seven targeted areas of psychosocial care (delirium, cognition, psychosocial well-being, mood state, behavioral symptoms, pain, and return to the community). The Commonwealth Fund provided funding for the conference.

Conference Participants

Forty-five interdisciplinary experts were convened who were involved in nursing home research, practice, and/or policy, and represented disciplines including social work, nursing, activity/recreational therapy, medicine, and direct care workers; and provider, advocacy, training, research, and government organizations, including eleven leaders from Department of Health and Human Services units as well as the Veterans Administration. Table 1 lists the individuals who attended the conference and their affiliated organization.

Design and Methods

Materials were sent to each invitee in advance of the conference, including relevant background literature and resources. Seven workgroups composed of individuals representing diverse disciplines and organizational affiliations were tasked to: (a) examine MDS and CAA materials (a framework guiding the review of areas that require assessment) relevant to their assigned psychosocial care area; (b) critically review existent care planning resources for that area; and (c) when available, select preferred resources and/or identify existing gaps, considering attributes including evidence-base, accessibility, specificity and interpretability, applicability to different staff roles, and availability and amount of training required. The resulting findings and next step recommendations are based on the interdisciplinary workgroup deliberations and subsequent full group discussion during which the workgroup suggestions were considered.

Key Findings

- Attention to nursing home residents' psychosocial care needs has been enhanced by the changes made to the MDS 3.0, but there are very few psychosocial evidence-based tools, guidelines and resources available to support or train nursing home staff. More evidence is needed to guide psychosocial assessment and care.
  - Psychosocial care should be person-centered and promoted as a fundamental aspect of quality of life.
  - The MDS and CAAs would benefit from more of a strengths-based perspective and cultural sensitivity.

- The experts strongly endorsed the importance of interdisciplinary psychosocial care and that nursing home staff must conduct these assessments and plan and implement care in collaboration with other members of the interdisciplinary team – ranging from the physician (who may need to consider medical issues that are complicit in care needs) to the nursing assistant (who provides the majority of care) – as well as with the resident and his/her family members.
  - They noted the need for a professional point-person to guide and oversee psychosocial care, and to ensure inclusion of families and residents in care assessment, planning, and implementation.
    - The social worker/designee is in a key position to coordinate and facilitate interdisciplinary care to address psychosocial needs on a regular basis and provide feedback to the resident and family; however, there needs to be more training and support of this role.
  - Addressing psychosocial care needs requires an interdisciplinary approach with all staff and families; currently, focus, resources, and training are limited in this area.
    - Shared-decision making, skill building, and cultural competence are indicated and might be facilitated through use of Geriatric Interdisciplinary Team Training [GITT]. (http://gittprogram.org/)

- There was widespread agreement regarding the need to promote critical thinking in relation to the psychosocial domains of the MDS and related CAA areas.
  - Psychosocial care cannot be dictated by a "checklist", but instead must be guided by the expertise of professions including social work, nursing, occupational therapy, activity/ recreational therapy, and others.
    - An example of a successful nursing home initiative promoting critical thinking is the Advancing Excellence in America's Nursing Homes Campaign pain goal, which provides a comprehensive interdisciplinary, evidence-based organizational approach to treating pain in nursing homes. (http://www.nhqualitycampaign.org/)

Next Steps

1. Use a model similar to the one of the conference to convene either by telephone or in person key stakeholders from various groups and organizations (including clinicians and direct care staff) to strengthen psychosocial nursing home care. Attention should be focused on the development of evidence-based resources for psychosocial assessment and care, and on the dissemination and training of these resources for all nursing home staff.

2. Focus industry and CMS MDS 3.0 training on psychosocial and interdisciplinary care at national, state and local levels to help all nursing home staff improve their skills and have tools to conduct more thorough assessments, develop appropriate care plans, and implement those plans. Professional training of nurses, social workers, recreational therapists, and others should include more focus in the use of specific interdisciplinary tools for psychosocial assessment and care planning.

3. Train nursing home social service staff to take the lead in promoting psychosocial well-being; similarly, the provider community, quality improvement organizations (QIOs), social work education programs, and professional associations are advised to develop focused professional development programs, addressing both social work functions as well as interdisciplinary collaboration.

For additional information about the conference, contact the organizers (Sheryl Zimmerman, Robert Connolly, Mercedes Bern-Klug, or Joan Zlotnik) at the e-mail addresses listed in Table 1.

Table 1. Conference Attendees and Organizations

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Sandra Fitzler, BSN
American Health Care Association

Nancy Flowers
The National Consumer Voice for Quality Long-Term
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Susan Frazier
The Green House Project
NCB Capital Impact

Colleen Galambos, PhD, MSW
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Susan Ganson, RN, NHA, CSP
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