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Long-Term Care Survey Alert

Psychosocial Care: Try this Combo Of Strategies To Improve Psychosocial And Survey Outcomes

Tap this winning trio of care planning, protocols and survey management.

Looking for some surefire ways to meet residents' psychosocial needs and sidestep higher level survey citations for psychosocial harm related to a deficient practice?

Step No. 1: Get an individualized psychosocial care plan for each resident in place from the get-go. Perform a psychosocial assessment on each resident at admission or before, stressed **Molly Morand, RN, BSN**, in a presentation at the fall 2007 **American Association of Nurse Assessment Coordinators** conference in Las Vegas. As part of the assessment, Morand suggested asking residents or their significant others these key questions:

What are three things that bring you comfort? If the resident can't tell you, the family may be able to do so, Morand noted. The answers might be watching movies, eating a snack, chocolate, alcohol or taking a warm bath.

What was your daily life like before you came to the facility?

What tends to cause you stress?

What angers you?

Use the information to put psychosocial interventions in place just as you'd get an IV pole in place for a person you know has an IV, Morand advised. Also try to identify the person's baseline personality. Other- wise, the care team may spend a lot of effort on trying to change a longstanding personality trait, such as chronic complaining or unhappiness, Morand advised.

Tip: Integrate psychosocial and quality-of-life issues into care conferences, advised Morand, noting that care planning usually focuses mostly on physical care issues.

Step No. 2: Implement systemic strategies that preempt and address psychosocial issues. For example, evaluate residents' and their families' perception of how well the facility meets their dignity and psychosocial needs before surveyors beat you to the task, Morand advised AANAC conferees.

Ask residents: "Do you feel you are treated with dignity?" Keep in mind that what one person finds undignified may not bother another person, Morand emphasized. Also ask family members: "Are we caring for your resident like you want and would at home?" she suggested.

Tip: Watch out for unintentional dehumanizing actions. Being called a "feeder" or even a diabetic can feel dehumanizing, Morand cautioned. Instead, say a "person who has diabetes" or whatever disease. A person may also feel dehumanized if staff talk over him during his care or while they are feeding him.

Five more tactics will help prevent psychosocial harm:

• When residents resist care, always look at pain as a potential cause. A cognitively impaired person may reason that when he sees a caregiver he feels pain and if he strikes out at the person, she will go away, Morand pointed out. If a resident battles care, try acetaminophen around the clock for two weeks to see if that helps, she suggested.

• Assess for boredom and loneliness or overstimulation as a source of behavioral symptoms. If the resident's behavioral

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symptom occurs only in a quiet setting, the resident may be bored or lonely, she pointed out. Then the person gets rewarded for the behavior by getting some attention.

Conversely, if the behavior occurs in a noisy or busy environment, overstimulaton may be the culprit. And staff unwittingly rewards the behavior by moving the person to a quiet place. Instead, try to preempt those patterns by making sure the resident receives individualized levels of stimulation and companionship to meet his needs.

• Preempt anger by giving residents more choices. A facility can, for example, give residents more choices through buffet dining -- or if not that, dessert and juice carts, Morand noted.

Tip: She noted that you can't make a person be happy about his clinical condition or make him not angry about being incontinent. But you can refer the person to the urologist for a workup and put him on a toileting program, she said. Then take credit for that intervention in the psychosocial realm.

• Identify the cause of a person's seeming apathy, an affect that surveyors may try to tie to a deficiency. Lack of choices and monotony can cause someone to become apathetic. But certain conditions can also cause someone to appear that way, such as Parkinson's disease, stroke, certain medications, dementia, depression -- or someone may be naturally apathetic, Morand pointed out.

• **During the survey, explain resident behaviors that surveyors might otherwise view as a red flag for an unaddressed psychosocial issue or one resulting from a deficient practice.**

Examples: In a facility where Morand worked, one resident with cognitive impairment wore pink slippers and bows. The resident donned the items, which had belonged to his deceased wife, because it helped him feel close to her. Without that information, surveyors might have questioned the situation as a potential dignity issue, Morand cautioned.

If a resident is crying or calling out during the survey, be prepared to show surveyors how the behavior has actually improved due to the facility's interventions -- and how the team continues to evaluate and update the care plan.

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