

MDS Alert

Psychosocial Care: Get To The Bottom of Mood, Anxiety Indicators

Ask not ... and your care plan will be wanting.

Section E1 lists several indicators of depression, sad mood or anxiety. But before you jump to assumptions about whether a resident has them -- and what they mean in an individual case -- take a cue from the draft MDS 3.0 approach: Have a one-to-one with the resident.

"Sit down and chat with the resident to ask how he's doing," suggests **Rena Shephard, RN, RAC-C, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego (see the draft 3.0 questions to assess mood indicators on p. 58). You can't really know what's going on with someone if you don't ask, she says.

In fact, "get everyone in the facility involved, including housekeeping staff, in sharing their interactions with the person," Shephard suggests. The housekeeper who develops a relationship with the resident "may learn things from the person that no one else will learn, including if the person feels sad or depressed."

Assess for Suicidal Thoughts

Conducting an interview to assess mood can be life-changing or even life-saving for a resident.

Case in point: MDS nurse **Terry Raser, RN, RNAC**, found that out firsthand by completing the draft mood section for the MDS 3.0 on one particular resident, as she explained in a recent **Centers for Medicare & Medicaid Services**-sponsored Webcast that focused, in part, on the experiences of MDS nurses involved in draft MDS 3.0 field testing. When asked, the resident said she was experiencing the indicators outlined in draft MDS 3.0 Section D daily during the two-week lookback (see p. 58).

Next, the resident began to cry and told Raser: "People just don't care ... they have so much work to do and I miss my husband, who died last year." Raser took the opportunity to talk to the resident about her feelings. Then she asked the last question in draft MDS 3.0 Section D: Do you have thoughts you'd be better off dead or hurting yourself in some way? The resident again started crying again and answered, Yes. After comforting the resident, Raser reported her findings to the head nurse. The care staff had not been aware the resident felt that way and ordered a psych consult.

"If we had not taken the time to ask those uncomfortable but very necessary questions, the person would have gone on to live a stressful life in the nursing home," said Raser. Another MDS nurse participating in the Webcast reported that she didn't realize the number of residents who were depressed until staff conducted the interviews to complete the MDS 3.0.

Resource: Watch the Webcast, "Improving Nursing Home Quality and Payment," at www.cms.internetstreaming.com.