

Blueprint for Measuring Social Work's Contribution to Psychosocial Care

in Nursing Homes: Results of a National Conference

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At a multidisciplinary working conference in Washington, D.C. this past December, leaders in policy, government, social work, psychiatry, and nursing met to develop a blueprint for improving psychosocial care in nursing homes, which has long been recognized as a critical component of overall nursing home quality. The time was ripe for this group of practitioners, researchers, and educators to meet with policy makers and representatives of regulatory agencies charged with measuring and monitoring quality. As all concerned search for better approaches to providing care, the discipline of social work must respond to calls for evidence-based practice and for demonstration of its effectiveness in providing psychosocial care. Achieving this goal, along with the identification of key resources and challenges, was the subject of the conference. The resulting blueprint is described below.

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Problems in Psychosocial Care

Despite improvements in nursing home care since the passage of the Nursing Home Reform Act of 1987, concerns persist with regard to both the quality of care, including psychosocial care, and the quality of life for nursing home residents. The term *psychosocial* describes a constellation of social, mental health and emotional needs and the care given to meet them. A broader but related concept, *quality of life*, focuses on the perspective of the residents themselves with respect to their total living experience in the home, not just their medical care. Multiple care providers, the management practices, resident functioning, and the overall home atmosphere contribute to meeting psychosocial needs and enhancing quality of life, making the psychosocial care domain a multifaceted one and creating challenges for measuring and monitoring accountability.

Numerous studies document the extent of nursing home resident mental health needs as well as significant gaps in provision of mental health services.

- High rates of mental health disorders in residents, including 45–51 percent with dementia (Burns, et. al. 1993; Meeks, Jones, Tikhtman, & La Tourette, 2000); 45 percent with depression

(Castle & Shea, 1997); 35 percent with personality disorders (Castle & Shea, 1997); and 17 percent with behavior disorders (Meeks et al., 2000).

- Although nursing homes are increasingly recognized as a primary provider of mental health services, there is evidence that a majority of residents with mental health disorders do not receive these services (Castle & Shea, 1997; Snowden, Piacitelli, & Koespell, 1998; Shea, Russo, & Smyer, 2000).

Lack of professionally qualified social workers is one of several factors that some critics see as potentially contributing to inadequate and inconsistent mental health and psychosocial care in nursing homes. Concerned about the negative effects on residents that might result, a group of professional, consumer and advocacy organizations filed a complaint, leading to an investigation by the Office of Inspector General (OIG) into the quality of psychosocial services in nursing homes. The major OIG findings concluded the following:

- Some 39 percent of the residents with psychosocial needs had care plans that were inadequate to meet those needs.
- Forty-one percent of those with psychosocial needs addressed in their care plans did not receive all of their planned psychosocial services, and 5 percent received none of these services.
- A total of 45 percent of social workers reported barriers to providing psychosocial services, including not having enough time, burdensome paperwork, and insufficient staff.
- A full 98 percent of the facilities with over 120 beds in the sample met the federal staffing requirement of one “qualified social worker.”

Based on their findings, the OIG recommended that the Centers for Medicare and Medicaid Services (CMS) “strengthen the oversight process associated with psychosocial service portion of the resident assessment and the resulting care plans to ensure that Skilled Nursing Facility residents receive necessary and appropriate care” (DHHS, OIG, 2003, p. iv).

Regulations and Staffing for Social Services

Current federal nursing home regulations (42 CFR 483.15) require all nursing facilities to identify the medically related social and emotional (psychosocial) needs of each resident and develop a plan to assist each resident in adjusting to the social and emotional aspects



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of his or her illness, treatment, and stay in the nursing home. The Nursing Home Reform Act (NHRA) of 1987 requires all nursing facilities to provide social services, and additionally requires nursing homes with over 120 beds to employ a full-time social worker with at least a bachelor's degree in social work or "similar professional qualifications." Facilities with 120 beds or fewer must still provide social services but do not need to have a full-time social worker on staff. The regulation leaves the staffing arrangement and qualifications for these homes unspecified. Although federal nursing home regulations have a general requirement that facilities use licensed personnel this regulation has not been enforced in the case of social work.

A recent, national study of a random sample of nursing home social service directors (n=299) in facilities with more than 120 beds found that:

- 62 percent possessed a bachelor's degree and 35 percent had master's degrees. Three percent lacked the minimum federal requirement of a B.A.
- 62 percent had a degree in Social Work, with degrees in Psychology (n=35), Sociology (n=21), Counseling (n=10), and Gerontology (n=5) also reported with frequency.
- Less than half (47 percent) were licensed or registered social workers in their home states and only 15 percent reported receiving clinical supervision by a licensed social worker.
- Caseloads averaged 90 residents per social service director (SD = 47.9; mode = 120) and nearly one-third (30 percent) were the only social worker on staff (Simons, unpublished).

A "qualified social worker" per OBRA 1987 is defined as someone with at least a bachelor's degree in social work or another human service field. This conflicts with professional standards (NASW, 2003) that define a social worker as someone with no less than a bachelor's degree in social work from an accredited school of social work. The NASW further recommends that social work staff be licensed, certified, or registered within their home states.

Social Work Roles and Functions

Previous studies have documented the varied and critical roles that social workers perform in nursing homes to address the psychosocial needs of residents and their families (Beaulieu, 2002; Vourlekis, Gelfand & Greene, 1992). Psychosocial concerns include mental health disorders such as depression, anxiety, dementia, and delirium, as well as a range of issues with more obvious social dimensions, including loss of relationships, loss of personal control and identity, and adjustment to the facility.

Greene (2004) identified six common domains in a comparison of roles, functions, skills, or competencies used by several initiatives to define the functions of social workers in long-term care. Greene compared the functions specified by the Department of Veterans Affairs, the National Association of Social Workers long term care standards, the Strengthening Aging and Gerontology Education for Social Work project's gerontological social work competencies, and a national study of social workers (Vourlekis, Greene, and Gelfand, 1992). These are the consistent domains:

- Psychosocial assessments conducted by gathering information (including mental health assessments using the Minimum Data Set (MDS) 2.0 and Resident Assessment Protocols (RAPs))
- Psychosocial interventions that enhance coping skills (using a variety of treatment modalities including, but not limited to, crisis intervention and group, individual, and family counseling).
- Care management to assist with long-term-care transitions (linkages and referrals and admissions, discharge, etc.).
- Care planning to develop plans of care for frail older adults.
- Collaboration with the nursing home team (including consultation regarding psychosocial issues).

- Individualized decision-making (eliciting and facilitating resident choice and preference).

Today, a "critical mass" of professional nursing home social workers provides a wide range of services that can form the basis for more systematic monitoring and measurement of psychosocial care. Research is needed to document and assess the links between social work activities with resident care and quality of life outcomes.

Opportunities for Improving the Measurement of Psychosocial Care

While the provision of social work services in nursing homes is a mandated component of psychosocial care, several factors currently constrict the potential to standardize, measure, and improve the contribution made by this discipline. Failure to link survey outcomes with social work psychosocial care processes, a lack of measurement strategies to routinely monitor social work processes for results, and a rudimentary professional research base that has yet to clearly demonstrate intervention effectiveness—all limit accountability, and with it, opportunities for higher quality care.

Several measures of psychosocial care have been created that can serve as a starting point in developing strategies for improvement in the measurement and monitoring of psychosocial services, including services provided by social workers.

The Centers for Medicare and Medicaid Services (CMS).

CMS has created several relevant measures and indicators, including survey F-tags, Resident Assessment Instrument (RAI) outcome data, and Quality Improvement (QI) outcome measures. Professionally generated clinical indicators for internal program evaluation of social work services are available, but not widely used. Efforts to improve the measurement of resident quality of life are ongoing.

- **F-Tags.** F-tags are best described as a line of defense against substandard care rather than as indicators of quality care. The six F-tags compiled in the CMS Online Survey Certification and Reporting (OSCAR) dataset most directly related to psychosocial care and social service provisions are the following:
 - a. Residents have the right to organize and participate in resident groups (F243).
 - b. Nursing home policies accommodate residents' needs and preferences (F246).
 - c. Nursing home provides residents with appropriate treatment for mental or psychosocial problems (F319).
 - d. Nursing home ensures that residents do not have avoidable decline in their psychosocial functioning (F320).
 - e. Nursing home with more than 120 beds employs a qualified social worker on a full-time basis (F251).
 - f. Nursing home provides medically-related social services (F250).

CMS is continuing to work on the development of additional F-Tags that address dementia and other psychosocial spheres, along with the Agency for Health Care Research and Quality.

- **Resident Assessment Instrument.** The federally mandated Resident Assessment Instrument (RAI), completed at regular intervals for every resident, consists of the Minimum Data Set (MDS) and its corresponding RAPs. It is the basis for clinical assessment and care planning, and also serves as a set of indicators of quality of care through the monitoring of resident outcomes. Social workers, as interdisciplinary team members, are typically involved in completing the MDS and RAPs, particularly sections related to cognitive, mood, and behavior patterns, psychosocial well-being, and discharge potential. The MDS is commonly the only screening tool used within facilities to assess these conditions yet, despite its utility, concerns persist regarding the ability of the MDS to accurately identify residents' psychosocial problems. Other limitations of the current assessment process include insufficient resident input, lack of evaluation of the accuracy of assessments, and, too often, no action taken despite the assessment.

- **CMS Quality Initiative Outcome Measures.** As part of an ongoing effort to improve the quality of nursing home care, CMS initiated a Nursing Home Quality Initiative (NHQI) targeting four domains: (1) regulation and enforcement; (2) consumer information; (3) community and facility-based programs including the development of quality improvement organizations; and (4) partnership and collaboration across agencies, organizations, and care providers. The development of quality indicators of residents' acute, chronic, and mental health conditions, based on MDS data, has been central to the initiative. These are published on the CMS Nursing Home Compare Website for consumer review (<http://www.cms.hhs.gov/quality/nhqi/>). Two of the NHQI measures – the percentage of residents who have become more depressed or anxious and the percent of short-stay residents with delirium – capture psychosocial constructs.

NASW Clinical Indicators. Developed by an expert panel of social workers and evaluated by a large sample of nursing home social work providers, *NASW Clinical Indicators for Social Work and Psychosocial Services in Nursing Homes* (NASW, 1993) identifies indicators for use in monitoring the performance of social work services. Each indicator reveals information that could be helpful in identifying opportunities for service improvement. The indicators offer social service providers an approach to demonstrate accountability in the nursing home that can enhance the home's broader survey and certification data collection processes and procedures. A brief summary of the indicators is provided below.

Process indicators:

- Timely psychosocial assessment. Comprehensive resident evaluation occurs soon after admission to the home.
- Comprehensive psychosocial assessment. Resident's psychological and social circumstances are assessed adequately.
- Resident involvement in care planning. The resident is included in care planning and decision-making.
- Family involvement in care planning. The wishes and thoughts of the resident's family are explored with sensitivity to cultural factors and lifestyle, and the family is aware of the care plan and decisions made by the care-planning team.

Outcome indicators:

- Resident satisfaction with choice. Residents are satisfied with the degree of choice available in everyday matters in the home.
- Problem resolution. Resident's psychosocial problems are ameliorated.

Measures to Assess Resident Quality of Life. Since the Nursing Home Reform Act (NHRA) of 1987, consumers and others have advocated for more explicit regulatory attention to quality of life and quality of care in the nursing home. Until recently, measures of quality of life as an important care outcome remained rudimentary, but recent research by Rosalie Kane and her colleagues have identified relevant domains at both the resident and facility level for which outcomes can be specified and potentially measured (Kane, 2004). A particular challenge is demonstrating connections between care processes and quality of life outcomes. Quality of life measures are focused on the resident and should address the following:

- Comfort and security.
- Enjoyment, relationships, meaningful activity, and functional competence.
- Individuality, privacy, autonomy, and dignity.
- Spiritual well-being.

Social workers can play key roles in promoting improvement in quality of life domains by building on their person-in-environment perspective; implementing environmental or culture change interventions; using knowledge of group process to build resident, staff, and family involvement; and addressing end-of-life and discharge planning needs with a resident-centered context.

Research and Practice Agendas

This conference confirms the need for a comprehensive approach to monitoring and measuring psychosocial care, specifically care provided by social workers, and quality of life in nursing homes. This working conference brought together practitioners from a variety of disciplines, policy-makers, educators and researchers whose deliberations and recommendations will serve as an excellent beginning to the work that lies ahead. The participants' action agenda for improving the monitoring and measuring of social work services is provided below.

Research Agenda

- Specify practice interventions and develop studies to test the core domains of social work practice in nursing homes.
- Build a statistical trail and track records for social workers employed in nursing homes through studies that: (1) document the extent of personnel who hold professional social work credentials; (2) demonstrate the range of resident-centered and facility-oriented roles and functions performed by social workers; and (3) assess the impact of social workers on the quality of life and quality of care.
- Undertake research using the existing CMS measures (MDS and RAI) and continue to develop new measures to assess and analyze psychosocial domains.
- Engage nursing home social workers in the use and refinement of applied measurement tools and link the use of these tools to practice outcomes at the resident and facility level.
- Develop mentorship models for facilities with social service designees to assist in monitoring and measuring services.
- Examine best-practice facilities (e.g., culture change models) and study the social work qualifications, roles, and functions at these facilities.
- Use mental health outcomes in nursing homes, for example, facilities with lower levels of depressed residents, to study social work roles in those facilities.
- Facilitate use of data available from nursing homes at the federal, state, or local level, for researchers studying social work in those facilities.

Practice Agenda

- Encourage social work input into the development of federal initiatives with respect to care plan protocols, computerized assessment tools, and surveyor guidelines.
- Provide social work input into management and system interventions that will lead to culture change and improved quality of life.
- Identify evidence-based mental health interventions for nursing home residents (reimbursable through Medicare Part B) that will increase effectiveness of care provided by professionals from outside the nursing home.
- Encourage social work field placements in nursing homes.
- Increase visibility of nursing home social workers within the profession.
- Examine attributes of social workers in leadership and management roles in nursing homes.
- Promote interdisciplinary practice with medicine, nursing, psychiatry, psychology, and paraprofessionals to build expertise and interest in nursing home care.
- Encourage involvement of such organizations as NASW and the Association for Gerontology Education in Social Work (AGE SW) to ensure that the voice of social work is heard at CMS, in workgroups, advisory committees, and through Open Door sessions hosted by CMS, which provide an opportunity to give input to CMS.

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About the Institute

The Institute for Geriatric Social Work (IGSW) is dedicated to advancing social work practice with older adults and their families. Located at Boston University School of Social Work, IGSW will build upon the School's historical commitment to the aging field and current strength in gerontological teaching, research and training.


The information in this brief is the opinion of the authors.

For more information about the meeting, background materials and the recommendations, visit the IASWR website at www.iaswresearch.org.

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R E F E R E N C E S

American Geriatrics Society and American Association for Geriatric Psychiatry (2003). Consensus statement on improving the quality of mental health care in US nursing homes: Management of depression and behavioral symptoms associated with dementia. *Journal of the American Geriatrics Society*, 51, 1287-1298.

Beaulieu, E.M. (2002). *A Guide for Nursing Home Social Workers*. New York: Springer.

Burns, B.J., Wagner, H.R., Taube, J.E., Magaziner, J., Permutt, T., & Landerman, L.R. (1993). Mental health service use by the elderly in nursing homes. *American Journal of Public Health*, 83, 331-337.

Castle, N.G. & Shea, D.G. (1997). Mental health services and the mortality of nursing home residents. *Journal of Aging and Health*, 9, 498-513.

Department of Health and Human Services, Office of Inspector General (2003). *Psychosocial services in skilled nursing facilities*. Accessed from:
<http://oig.hhs.gov/oei/reports/oei-02-01-00610.pdf>.

Greene, R. (December 2, 2004). Presentation *Roles and Functions of Nursing Home Social Workers in the Provision of Psychosocial Care*. At Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and its Measurement. Washington, DC.

Kane, R. (December 3, 2004). Presentation *Measuring Good (or Better) QOL for Nursing Home Residents: Relationship to Social Workers & Psychosocial Services*. At Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and its Measurement. Washington, DC.

Meeks, S., Jones, M.W., Tikhtman, V., & La Tourette, T. (2000). Mental health service in Kentucky nursing homes: A survey of administrators. *Journal of Clinical Geropsychology*, 6, 223-232.

National Association of Social Workers (1993). *NASW clinical indicators for social work and psychosocial services in nursing homes*. Washington, DC: NASW. Accessed from:
www.socialworkers.org/practice/standards/nursing_homes.asp

National Association of Social Workers (2003). *NASW standards for social work in long-term care facilities*. Washington, DC: NASW. Accessed from:
www.socialworkers.org/practice/standards/NASWLongTermStandards.pdf

Shea, D.G., Russo, P.A., & Smyer, M.A. (2000). Use of mental health services by persons with a mental illness in nursing facilities: Initial impacts of OBRA 87. *Journal of Aging & Health*, 12, 560-578.

Simons, K. (unpublished). *Factors affecting nursing home social workers' quitting intentions*. Unpublished doctoral dissertation, University of Maryland, Baltimore.

Snowden, M., Piacitelli, J., Koepsell, T. (1998). Compliance with PASARR Recommendations for Medicaid Recipients in Nursing Homes. *Journal of the American Geriatrics Society*, 46, 1132-1136.

Vourlekis, B.S., Bakke-Friedland, K., & Zlotnik, J. (1995). Clinical indicators to assess the quality of social work services in nursing homes. *Social Work in Health Care*, 22, 81-93.

Vourlekis, B.S., Greene, R. & Gelfand, D. (1992). Psychosocial needs and care in nursing homes: comparison of views of social workers and home administrators. *The Gerontologist*, 32, 113-119.

Websites

Agency for Healthcare Quality, Consumer Assessment of Health Plans (CAHPS).
www.ahrq.gov/qual/cahpsix.htm

Centers for Medicare and Medicaid Services, Guidance to State Survey Agency Directors and CMS Regional Offices.
www.cms.hhs.gov/medicaid/survey-cert/letters.asp

Centers for Medicare and Medicaid Services, Open Door Forum on Skilled Nursing Facilities and Long-Term Care.
www.cms.hhs.gov/opendoor/snf-ltc.asp

Centers for Medicare and Medicaid Services, Quality Initiatives.
www.cms.hhs.gov/quality

Institute for the Advancement of Social Work Research.
www.iaswresearch.org

Institute for Geriatric Social Work
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National Citizens Coalition for Nursing Home Reform
www.nccnhr.org

Nursing Home Compare
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