Centers for Medicare & Medicaid Services (CMS)

Psychosocial Outcome Severity Guide
Instructor’s Guide

2006

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Psychosocial Outcome Severity Guide

Notes:

- Introduce yourself and the other presenters
- Welcome the participants
- Provide logistical information such as anticipated length of presentation, location of restrooms, vending machines, etc., if appropriate.
Training Objectives

After today's session, you should be able to:

- Describe the intent of the Psychosocial Outcome Severity Guide.
- Appropriate categorize the severity of a deficiency resulting in a psychosocial outcome.

Notes: Review objectives of the training with participants.
Psychosocial Outcome Severity Guide: Components

**Message:** Today’s agenda consists of these topic areas that make up the components of the psychosocial guide. We will discuss each component in detail and discuss implementation of the guide during the survey process.
Psychosocial Outcome Severity Guide: Purpose

- The Guide is to help surveyors determine severity of psychosocial outcomes resulting from noncompliance at an F Tag.
- Psychosocial outcomes may result from a facility’s noncompliance with any regulatory requirement.
- The Guide is used in conjunction with current scope and severity grid.

Notes: Read slide.
Psychosocial Outcome Severity Guide: Overview

**Notes:** Read first bullet.

**Message:** *After reading Bullet One:* The presence of a given affect (i.e., behavioral manifestation of mood demonstrated by the resident) does not necessarily indicate a psychosocial outcome that is the direct result of non-compliance. Use this severity guide only for psychosocial outcomes resulting from the facility’s non-compliance.

Read second bullet.

*After reading Bullet Two:* This Guide does not replace the current scope and severity grid but complements it. That is why it is important to consider both the physical and psychosocial outcomes and consult both grids to determine which outcome is of greater impact on the resident.
Psychosocial Outcome Severity Guide: Instructions

Notes: Read the slide.

Message: This is the same as what surveyors are currently instructed to do in determining severity. The team always evaluates each resident mentioned in the deficiency separately and bases severity on the highest level the team selected for any of the residents.
Psychosocial Outcome Severity Guide: Instructions

Notes: Read the slide.

Message: Now we will discuss each of these situations in detail.
Psychosocial Outcome Severity Guide: Instructions

Message:  In the first bullet:
- Determination of severity for a deficient practice must take into account the resident’s reaction or outcome related to the practice. This outcome may be communicated to the surveyor verbally or non-verbally.
  - For example, a resident may report boredom, fear, anger, etc., in response to the deficient practice. The resident may communicate his or her reaction verbally, in writing, using a communication board, or by some other means.

In the second bullet:
- If the resident is unable to communicate outcome, the surveyor should be alert to non-verbal responses the resident is making.
  - For example, the surveyor observes a staff member yelling at a resident and the resident responds by cowering, crying, etc.

- The team should discuss verbal or non-verbal responses as well as observed resident reactions to the deficient practice and compared the responses and reactions to the levels of severity in the Psychosocial Outcome Severity Guide.
Psychosocial Outcome Severity Guide: Instructions

**Message:** There are two instances in which the survey team should select the correct level of psychosocial severity based on the Reasonable Person concept. This concept directs the team to decide severity based on how most people would react to the situation in question.

1. In the first case, the resident’s response cannot be determined or there is no discernable response to the deficient practice.
2. In the second case, the resident’s reaction is markedly incongruent with the reaction most people would have to the offensive practice. This sometimes happens when a resident has become institutionalized to expect this treatment by repetition of the deficient practice over time.

We’ll go over some examples of selecting severity based on the reasonable person concept after we look at the levels of psychosocial severity.
Psychosocial Outcome Severity Guide: Clarification of Terms

Notes: Demonstrate to participants where the definitions can be found.

Message: The expert panel that helped developed this new guidance provided definitions for these terms from the psychological research literature. These words are key terms in the determination of the level of psychosocial outcome.

**Anger** refers to an emotion caused by the frustrated attempts to attain a goal or in response to hostile or disturbing actions such as insults, injuries, or threats that do not come from a feared source.

**Apathy** refers to a marked indifference to the environment; lack of a response to a situation; lack of interest in or concern for things that others find moving or exciting; absence or suppression of passion, emotion, or excitement.

**Anxiety** refers to the apprehensive anticipation of future danger or misfortune accompanied by a feeling of distress, sadness, or somatic symptoms of tension. Somatic symptoms of tension may include, but are not limited to, restlessness, irritability, hyper-vigilance, an exaggerated startle response, increased muscle tone, and teeth grinding. The focus of anticipated danger may be internal or external.

**Dehumanization** refers to the deprivation of human qualities or attributes such as individuality, compassion, or civility. Dehumanization is the outcome resulting from having been treated as an inanimate object or as having no emotions, feelings, or sensations.

**Depressed mood** (which does not necessarily constitute clinical depression) is indicated by negative statements; self-deprecation; sad facial expressions; crying and tearfulness; withdrawal from activities of interest; and/or reduced social interactions. Some residents such as those with moderate or severe cognitive impairment may be more likely to demonstrate nonverbal symptoms of depression.

**Humiliation** refers to a feeling of shame due to being embarrassed, disgraced, or depreciated. Some individuals lose so much self-esteem through humiliation that they become depressed.

<table>
<thead>
<tr>
<th>Possible Psychosocial Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Anger</td>
</tr>
<tr>
<td>Apathy</td>
</tr>
<tr>
<td>Anxiety</td>
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<tr>
<td>Dehumanization</td>
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<tr>
<td>Depressed mood</td>
</tr>
<tr>
<td>Humiliation</td>
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Psychosocial Outcome Severity Guide

Message: Remember, this Guide is only used after the survey team has determined the presence of a deficiency that has psychosocial outcome. Because many nursing home residents have sadness, anger, loss of self-esteem, etc. in reaction to normal life experiences, the survey team must have determined that the psychosocial outcome is a result of the noncompliance.

Psychosocial outcomes of interest to surveyors are those caused by the facility’s noncompliance with any regulation. This also includes psychosocial outcomes resulting from facility failure to assess and develop an adequate care plan to address a resident’s pre-existing psychosocial issues, which led to continuation or worsening of the condition.
Psychosocial Outcome Severity Guide: Severity Determination

Notes: Read slide.

Message: This is true for selecting severity for all deficiencies, based on either a physical or a psychosocial response or both.
Deficiency Categorization: Severity Determination Levels

**Notes:** Read slide.

**Message:** Now we’ll discuss these levels of severity as they apply to deficiencies in which the outcome is psychosocial.
Deficiency Categorization: Severity Level 4

**Notes:** Read the slide.

**Message:** Immediate Jeopardy is a situation in which the facility’s noncompliance:

- Has allowed/caused/resulted in, or is likely to allow/cause/result in serious injury, harm, impairment, or death to a resident; and
- Requires immediate correction, as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.

All the outcomes listed on this slide, if they are outcomes related to a deficient practice, are quite serious. The survey team should select Level 4 severity. This applies whether there was an observed outcome or when the team is using the reasonable person concept.
Deficiency Categorization: Severity Level 3

Message:
Severity Level 3 indicates noncompliance that results in actual harm, and can include but may not be limited to clinical compromise, decline, or the resident’s inability to maintain and/or reach his/her highest practicable well-being.

Read examples from slide.

- These outcomes show that there has been compromise in the resident’s psychosocial functioning due to the deficient practice.

- Compromise is the key factor that determines the difference between Level 3 and outcome at Level 2 which is limited to outcome to the level of discomfort.

- Remember, the reasonable person concept cannot always be used at Level 3. The concept CAN be used when there is no discernible response or 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.

- However, the concept CANNOT be 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. In these situations, the survey team may use the reasonable person concept to evaluate the potential severity (Level 2 or Level 4) of the deficient practice.
Deficiency Categorization: Severity Level 3

Message: Here are some examples of outcomes at Severity Level 3.

*Read the bullets.*
Deficiency Categorization: Severity Level 2

Message: Severity Level 2 indicates noncompliance that results in a resident outcome of no more than minimal discomfort and/or has the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well being. The potential exists for greater harm to occur if interventions are not provided.

Read the examples from the slide.
Deficiency Categorization: Severity Level 2

**Message:** The bullets in this slide are examples of outcomes at Level 2.

*Read the bullets.*

They are a lesser level of outcome than the bullets that describe Level 3. Here the resident shows a reaction of discomfort that has not compromised functioning.
Deficiency Categorization: Severity Level 1

Message: Read the slide.

Survey teams should not select Level 1 severity for a deficient practice that has psychosocial outcomes, since Level 1 is reserved for deficiencies in which there is no outcome and there is potential for causing “no more than minor negative impact.”

The Quality of Life tags and Quality of Care tags in general concern issues of key relevance to residents and should be cited at Level 2 or above. Level 1 is intended for deficiencies such as F167 which mandates that the results of the survey must be made available for review.
Psychosocial Outcome Severity Guide: Scenarios and Examples

**Message:** Now for some examples. The following are examples of outcomes contained within deficiencies. These are not meant to contain all information that would be found in a deficiency, but are meant for discussion of severity selection. For each example we refer to only one resident, since severity needs to be determined for each resident separately.

**Examples:** What level of severity would you select for these deficiencies?

**Example 1:** A comatose resident was raped by a staff member.
- **Answer:** Level 4.
- **Rationale:** Resident’s lack of discernable response makes it necessary for the team to decide based on reasonable person concept.

**Example 2:** Staff do not toilet residents at night. They tell residents to wet the bed and they will clean them up and the bed in the morning. A resident interviewed about the lack of toileting at night says “it is just how things have to be” and he is “used to it.”
- **Answer:** Level 2.
- **Rationale:** Selecting a level of severity for this resident, the team would use the reasonable person concept since the reaction is incongruent with the offense, and shows the resident is institutionalized to expect substandard treatment. We can not select Level 3 using the reasonable person concept since we are unable to prove actual harm to this resident. If there are other residents who are part of this deficiency, each resident should be evaluated separately.
Examples: (cont.)

Example 3: The team is citing a deficiency for activities, since there are few activities and most residents are not included. One resident who is part of the deficiency is a cognitively impaired resident who does not verbalize. This resident was observed during all days of survey sitting in the hall or in her room with nothing to do.

- **Answer:** Level 2.
- **Rationale:** The team should select Level 2 which includes the potential not yet realized for compromise. Level 3 is too high, since the team would have to show evidence of actual harm (compromise).

Example 4: A deficiency is being cited in incontinence. One resident included in this deficiency reports to the surveyor that she is so upset that she has become incontinent that she cries every day and refuses to come out of her room.

- **Answer:** Level 3.
- **Rationale:** Here we have both physical and psychosocial outcome from a deficiency in Quality of Care. In this case, the physical outcome is that the resident has declined in functioning, which is Level 3 actual harm. The psychosocial outcome matches this, as the resident has become compromised in psychosocial functioning. In a deficiency in which both physical and psychosocial outcomes have occurred, the team should base severity on whichever is higher.

Example 5: A resident with severe depression when admitted, which was confirmed by appropriate medical and psychiatric evaluation, has not received any nonpharmacologic or medication interventions, despite appropriate indications and lack of contraindications for treatment, and continues to be severely depressed.

- **Answer:** Level 3.
- **Rationale:** This is a case in which the facility failed to help the resident with a serious medical condition with significant psychosocial implications. This should be cited at Level 3, actual harm, as the continuance of her severe depression is harm to the level of compromise.