POLICY and PROCEDURE

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| ***Title: Psychosocial Wellness******Monitoring for Changes in Mood State***  |
| ***Issued By:***  |
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Psychosocial: Involves both the Psychological and Social conditions experienced by residents. Psychosocial health covers a resident’s mental, emotional, social, and spiritual health. Psychosocial Outcomes related to experiences include various domains such as feelings, behavior, self-esteem, body image, social interactions, sexual activities, relationships, and social cognition. Residents that experience abuse, mistreatment or neglect are at high risk to experience negative psychosocial outcomes. The IDT has the responsibility to monitor residents for changes in mood state after an incident and/or allegation has occurred that is related to abuse, mistreatment of neglect. The IDT must put in place interventions that will mitigate negative responses and provide the resident with the needed support to maintain/regain a stable mood state.

CMS Definitions that describe the Negative Psychosocial Outcomes that a resident may experience related to facility non- compliance.

***“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.*

***“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.*

***“Fear”*** *is defined as an unpleasant often strong emotion caused by anticipation or awareness of danger*

Procedure:

1. Al residents that experienced an untoward event should be reviewed at the morning QA Meeting.
2. This includes but is not limited to:
* Residents involved in Accidents and Incidents
* Residents that make a Grievances
* Residents that have Complaints
* Residents that may have been victims of a crime
* Residents that have been abused or have made an allegation of abuse, mistreatment, or neglect
* Residents that have experienced a delay in the delivery of services
1. The IDT members are responsible to monitor these residents for any signs of negative psychosocial outcomes and report back to the Social Worker and DNS.
2. The Social Worker is responsible to meet with the resident after untoward event occurs and identify the presence of anger, depression, fear, anxiety, dehumanization, and/or apathy as a result of the experience.
3. The resident’s Mood State CCP will be updated accordingly by Social Service.
4. Residents that experience negative psychosocial outcomes will be reviewed by the IDT and interventions will be put into place as indicated. These include but are not limited to:
* Social Work Visitation on a regular basis
* Therapeutic Recreational activities to promote calmness
* Psychological services
* Psychiatry Consult
* Representative involvement
* Enhanced Monitoring by staff
1. The facility will train all staff members to recognize and report changes in resident mood state after an untoward event has occurred. These changes and symptoms include but are not limited to:
* Expressions of feelings of hopelessness, worthlessness or guilt
* Withdrawal from former social patterns, such as isolation from staff, friends and family.
* Depressed mood that may be manifested by verbal and nonverbal symptoms
* Decreased engagement in social activities; apathy; tearfulness; crying; moaning
* Psychomotor movements (e.g., inability to sit still, pacing, hand-wringing, or pulling or rubbing of the skin, clothing, or other objects)
* Psychomotor retardation (e.g., slowed speech, thinking, and body movements; increased pauses before answering)
* Distress (e.g., under stimulation as manifested by fidgeting; restlessness; repetitive verbalization of not knowing what to do, needing to go to work, and/or needing to find something), unrelated to medical diagnosis.
* Sadness, as reflected in facial expression and/or demeanor, or verbal/vocal disappointment.
* Feelings and/or complaints of discomfort or irritability
* Complaints of boredom and/or reports that there is nothing to do.
1. The facility will review all Residents that display newly manifested behaviors to identify if they are the result of an untoward incident, or related to the resident’s medical conditions/diagnosis.