



Oklahoma State  
Department of Health  
Creating a State of Health

NEWS YOU CAN USE

Oklahoma State Department of Health  
Quality Improvement & Evaluation Service (405) 271-5278  
Nancy Atkinson, Chief



**Special points of interest:**

- Psychosocial Well-Being—Section F—The Assessment Process
- MDS Accuracy Quick Check—Section F—Psychosocial Well-Being
- The MDS Connection
- Automation Tips, Reminders & Updates



## Psychosocial Well-Being—Section F The Assessment Process

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It's summertime again and, for many of us, our thoughts turn to outdoor get-togethers with family, friends, and neighbors. We use any excuse to fire up the grill, make homemade ice cream, and slice thick wedges of cake or watermelon. In these and similar situations, we view gatherings as something to look forward to, embrace, and celebrate. For others, however, being thrust into unfamiliar situations or large groups of people create a sense of dread, fear, and a need to withdraw. It is our responsibility, as clinicians, to assess the residents in the facility and identify their psychosocial

needs. Section F of the MDS assessment is the foundation of discovery—the discovery of both the positive and negative attributes the resident has regarding feelings about self and social relationships. In this



**GOAL**  
Highest Practicable Level of  
Functioning

issue, we will look at the various aspects of Section F—Psychosocial Well-Being.

Well-being refers to feelings about self and social relationships. Positive attributes include initiative and involvement in life; negative attributes include distressing relationships and concern about loss of status. On average, 30% of residents in a typical nursing facility will experience problems in this area, two-thirds of whom will also have serious behavior and/or mood problems. The **INTENT** of Section F is to determine the resident's emotional  
*(Continued on page 2)*

## MDS Accuracy Quick Check—Section F

**If this MDS Item is:**

- **F2b = unchecked**

Does your staff know that F2b— Unhappy with Roommate also includes the “bathroom mate” for residents who share a private bathroom? Unhappiness may be manifested by frequent requests for roommate changes, or grumbling about “bathroom mate” spending too long in the bathroom.

- **F2f = unchecked**

Does your staff know this item includes: *relocation of family member/friend to a more distant location, even temporarily (e.g., for the winter months), incapacitation or death of a significant other, or a significant relationship that recently ceased (e.g., a favorite nurse assistant transferred to work on another unit)?*

Assess staff's knowledge to assure you have accurate information when coding.

Reference: RAI Manual, Chapter 3, page 73-74

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## Psychosocial Well-Being—Section F

### The Assessment Process *(Continued from page 1)*

Information conveyed by unchecked MDS Items in Section F is no less important than information conveyed by checked items

adjustment to the nursing facility, including his or her general attitude, adaptation to surroundings, and change in relationship patterns. Section F assesses the following three areas: F1—Sense of Initiative/Involvement; F2—Unsettled Relationships; F3—Past Roles. We'll look at each of these areas independently.

**F1—Sense of Initiative/Involvement's INTENT** is to assess the degree to which the resident is involved in the life of the nursing facility and takes initiative in participating in various social and recreational programs, **including solitary pursuits**. In F1—the resident is assessed in the following six aspects: *F1a—At Ease Interacting with Others*; *F1b—At Ease Doing Planned or Structured Activities*; *F1c—At Ease Doing Self-*

*Initiated Activities*; *F1d—Establishes Own Goals*; *F1e—Pursues Involvement in Life of Facility*; *F1f—Accepts Invitations into Most Group Activities*; and *F1g—None of Above*. The selected responses should be confirmed by objective observation of the resident's behavior (either verbal or nonverbal) in a variety of settings (e.g., in own room, in unit dining room, in activities room) and situations (e.g., alone, in one-on-one situations, in groups) over the past seven days. **The primary source of the information is the resident.** It is important to

note, **none of the choices are to be construed as negative or positive.** Each is simply a statement to be checked if it applies and not checked if it does not apply. If you do not check any items in Section F1, check None of Above. For individualized care planning purposes, **remember that information conveyed by unchecked items is no less important than information conveyed by checked items.**



**At Ease Doing Self-Initiated Activities**

**F2—Unsettled Relationship's INTENT** is to indicate the quality and nature of the resident's interpersonal contacts (i.e., how the resident interacts with staff members, family, and other residents). In F2 the resident is assessed in the following seven areas: *F2a—Covert/Open Conflict with* *(Continued on page 3)*



MDS

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## The MDS Connection

### Section F—Psychosocial Well-Being



**If F1a, b, e, & f = unchecked**

**Then** review these MDS items:

- **N2 (Average Time Involved in Activities) = 0, 1**

If the resident is not at ease with others or with planned/structured activities, does not pursue life of the facility, or does not accept invitations into most group activities, is it likely the resident would be involved in this much activity? Review the activity care plan

and documentation to assure N2 is accurately coded.

**If F2g = checked**

**Then** review these MDS items:

- **AC1a-y (Customary Routine) = any item checked**
- **E1o (Loss of Interest) = 1, 2**
- **E4e—Resists Care**
- **N5a, b (Prefers Change in Daily Routine) = 1, 2**

If the resident does not adjust easily to change in routine, review Section AC (Customary

Routine) to assure the care plan has taken the resident's routine into consideration. Have clinicians focused on a daily schedule that resembles the resident's prior lifestyle? Is the resident's loss of interest linked to a change in routine? Is the resident resisting care due to a change in routine? Is the resident unhappy with the routine set by the facility and wants to return to what is normal and customary for him/her?

*Reference: RAI Manual, pages 71-75, Appendix C, pages C40-42.*



# Psychosocial Well-Being—Section F The Assessment Process (Continued from page 2)

Consider the possibility that some staff members may be biased

or *Repeated Criticism of Staff*; F2b—*Unhappy with Roommate*; F2c—*Unhappy with Residents Other Than Roommate*; F2d—*Openly Expresses Conflict/Anger with Family/Friends*, F2e—*Absence of Personal Contact with Family/Friends*; F2f—*Recent Loss of Close Family Member/Friend*; and F2g—*Does Not Adjust Easily to Change in Routines*. The assessment includes asking the resident his or her point of view about the various items, talking with family members who visit or have frequent telephone contact with the resident, observing how the resident interacts with staff mem-



**Establishes Own Goals**  
“I would like to get up early and visit the beauty parlor”

bers and other residents, and interviewing staff across all shifts and disciplines. Consider the possibility that some staff members describing these relationships may be biased. As the evaluator, you are seeking to gain an overall picture, a consensus view. You will check all that apply over the last seven days.

If none apply, check None of Above.

**F3—Past Roles INTENT** is to document the resident’s recognition or acceptance of feelings regarding previous roles or status now that he or she is living in a nursing facility. In F3, the resident is assessed in the following three areas: F3a—*Strong Identification with Past Roles and Life Status*; F3b—*Expresses Sadness/Anger/Empty Feelings Over Lost Roles/Status*; and F3c—*Resident Perceives that Daily Routine (Customary Routine, Activities) is Very Different from Prior Pattern in the Community*. Reference: RAI Manual Chapter 3, page 71-75

**ALERT!**  
MDS Manual Revision—  
Be sure to check the web for quarterly MDS Manual Revisions  
To Download Manual  
[www.cms.hhs.gov/nursinghomequalityinits/20\\_nhqimds20.asp](http://www.cms.hhs.gov/nursinghomequalityinits/20_nhqimds20.asp)

## Nursing Home Goal— Highest Practicable Level of Functioning Stay Informed—Section F—Psychosocial Well-Being



Part of the care planning process is identifying the resident’s strengths as well as weaknesses. Items **F1d**, “Establishes own goals” and **F3a**, “Strong identification with past roles and life status” trigger the Psychosocial Well-Being RAP. Both trigger elements were added in response to providers and consumer advocacy groups’ desires to use the triggers to help

staff focus on areas of resident strengths. Working the Psychosocial Well-Being RAP requires clinicians to look at various **confounding problems** associated with the resident’s sense of well-being. Additionally, several other areas such as **situational factors and resident characteristics** that may impede the resident’s ability to interact with others, the **resident’s lifestyle issues** and any

other information that may be used to clarify the **nature of the resident’s problem** should be assessed to assure appropriate care plan interventions are in place. This assessment helps in staff’s efforts to assist the resident to reach his or her highest practicable level of well-being. Reference, RAI Manual, Chapter 3, page 75, Appendix C., page C41-42.

## SCENARIO QUIZ—Section F—Psychosocial Well-Being



On 07/01/2007 you are completing Mrs. A’s Annual Assessment with an Assessment Reference Date (ARD) of 06/30/2007. For the past 6 months, Mrs. A has received, daily, 2 white pills, 1 blue pill, 1 yellow pill and 2 puffs of medication from an orange hand-

held aerosol inhaler. The drug company that makes the inhaler recently changed its packaging. When Mrs. A was given the new blue inhaler to use on 06/24/2007 and was told it is the same drug with a different color holder, she became very agitated and upset.

It took a lot of patience and reassurance by the nurse before Mrs. A used the new inhaler. This happened for several days during the past week. **Based on the above information, how will you code Section F2—Unsettled Relationships?**

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**MARK YOUR CALENDAR!**



**Upcoming MDS Training**

**August 7, 2007**  
 ADL RAP Workshop  
**September 18-20, 2007**  
 3-Day Clinical Workshop

For more, see Training Calendar at: [www.health.ok.gov/PROGRAM/qies/mds/index.html](http://www.health.ok.gov/PROGRAM/qies/mds/index.html)

# MDS Automation

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## MDS Record Submitted Late

**Oklahoma** continues to rank significantly higher than both the region and nation for late MDS submissions. On the up side however, we have made some improvement when we compare first quarter 2007 statistics to the first quarter of 2006. We need to continue improving timeliness of record submissions and I'm counting on YOU!

|           | ▶ Q1, 2006 | ▶ Q2, 2006 | ▶ Q3, 2006 | ▶ Q4, 2006 | ▶ Q1, 2007 |
|-----------|------------|------------|------------|------------|------------|
| National  | 4.43       | 5.02       | 5.07       | 4.58       | 4.99       |
| Region 06 | 6.32       | 7.64       | 7.31       | 7.15       | 7.31       |
| OK        | 9.59       | 10.16      | 9.69       | 9.42       | 8.48       |

**The Code of Federal regulations 483.20(f), Tag F287** requires facilities to transmit assessments and tracking forms within 31 days of completion. Retrieve your MDS Error Summary Report through CASPER under the MDS Provider Reports section, then select a date range of 1-2007 thru 3-2007. Locate error #377 and compare your facility to the above chart. Be aware, that CMS and States have the ability to review your facility's compliance rate. Late submissions is the #1 Automation compliance error in Oklahoma. Final Validation Reports also reflect error message #377.

**New Terminology/Acronym:**

The Medicare/Medicaid Provider Number has been renamed and is now termed the Centers for Medicare & Medicaid Certification Number (CCN).

**Answer: Scenario—Section F2 Unsettled Relationships**

**F2a**—Covert/open conflict with or repeated criticism of staff = **unchecked**

**F2b**—Unhappy with roommate = **unchecked**

**F2c**—Unhappy with residents other than roommate = **unchecked**

**F2d**—Openly expresses conflict/anger with family/friends = **unchecked**

**F2f**—Recent loss of close family member/friend = **unchecked**

**F2g** Does not adjust easily to change in routines = **checked**

**F2h**—None of Above = **unchecked**

**Rationale**

Mrs. A had difficulty adjusting to the color change of her new inhaler becoming agitated and upset over the change in routine.

## Well Being

**Well, being** that I am new at my facility, what are the “biggest bang for my buck” reports that I should review with my very busy schedule?

**First** and foremost, I recommend that you order and review your Quality Improvement/Quality Measure Reports (QI/QM) through the CASPER system. When ordering the reports make sure you order the QI/QM **package**. The report package is what the survey division reviews prior to coming to your facility. The best resource to determine what triggers all QI/QM's can be located at [www.qtso.com](http://www.qtso.com), then click MDS on the left side of the home page. This takes you to a download page. Scroll down to Guides and Manuals and locate Revised Facility Guide for the MDS QI/QM Reports. Click the drop down arrow and highlight Appendix A (technical specifications) then print. This will detail all QI/QM triggers.

**Second**, obtain your Roster Report. This report lists all current residents that are in the MDS State Repository. The report lists only the latest Admission, Annual, Quarterly, Medicare PPS only, or Reentry tracking records. Review this report to determine if all listed residents are still in your facility. Also, research residents not appearing on the report that are in your facility. Transmit the appropriate assessment, reentry, or discharge for both scenarios listed above. This report is also located in the CASPER system and is included in the category of MDS Provider Reports. Contact the MDS Help Desk for any additional assistance.

## Time Saver Tip

Many facilities complete discharge and reentry tracking forms when they are not required, i.e., completing a discharge when the resident moves from skilled to non skilled within your facility. This is not required.

An excellent one page flowchart is located on page 2-26 of the RAI manual. This flowchart describes all scenarios relating to discharge and reentry.

**Result: Much time saved.**

## Automation Tip: Security

Far too many facilities are saving passwords within your various software programs. This is placing you and your facility at risk for HIPAA and Regulatory violations.