

# Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement

**A Report to the Profession and  
Blueprint for Action**

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*Connecting policy, practice, and  
education through  
advancement of research*

Institute for the Advancement of Social Work Research

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# CONTENTS

ii	Foreword
iii	Executive Summary
1	Introduction
2	Background
3	Summary Findings
8	Conclusion and References
10	Appendix A. Conference Agenda
12	Appendix B. Summaries of Presentations
27	Appendix C. Presenter and Discussant Biographies
30	Appendix D. Conference Participants
33	Appendix E. Internet Resources

# FOREWORD

This *Report to the Profession and Blueprint for Action* is the result of the vision and hard work of several people over a more than 2-year period. The Institute for the Advancement of Social Work Research (IASWR), a private, non-profit organization in Washington, DC, took on this initiative in keeping with our mission to advance the knowledge base of social work practice and to promote the use of research to improve practice, program development, and policy. However, it has its roots in the hopes and goals that many of us had for the nursing home reform legislation that passed in 1987. It was the vision of the legislation that each nursing home resident would receive the quality of care and have the quality of life to “attain or maintain their highest practicable physical, mental and psychosocial well-being.” The December 2004 conference *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement* provided an opportunity to take stock of what has been accomplished, e.g., standardized assessments and assessment tools, commitment to interdisciplinary practice, increased attention to quality improvement, a growing body of quality-of-life research, and the development of the culture change movement. It also provided an opportunity to outline a range of ways that the social work role in nursing homes could be more fully measured and implemented, to improve quality of care and quality of life.

It was an exciting endeavor to bring together a group of practitioners, educators, researchers, advocates, consumers, and policy makers to address an area that previously had not been so fully explored: social work contributions to quality psychosocial care in nursing homes. It was an interdisciplinary endeavor, with collaborators from federal agencies, national organizations, and academia. The Agency for Healthcare Research and Quality (AHRQ) of the Department of Health and Human Services (DHHS) awarded a conference grant to IASWR, and I want to thank AHRQ staff Charlotte Mullican and Judy Sangl for their input and guidance. I also want to thank Bob Connolly from the DHHS Centers for Medicare and Medicaid Services for his input, feedback, and guidance. IASWR is grateful to the Institute for Geriatric Social Work (IGSW), Boston University School of Social Work (funded by Atlantic Philanthropies) and IGSW’s director, Scott Geron, in providing support for practitioners to attend the symposium and the development of an issue brief “Blueprint for Measuring Social Work’s Contribution to Psychosocial Care in Nursing

Homes: Results of a National Conference,” Winter 2005, [www.bu.edu/igsw](http://www.bu.edu/igsw)) that summarizes the background information and recommendations from the meeting.

IASWR’s partnership with the University of Maryland was the key to being able to undertake the grant writing as well as the planning, implementing, and follow-up to the symposium. Betsy Vourlekis provided expertise, knowledge, and conceptual thinking in the development of the grant, in organizing of the symposium, and in the development of this *Blueprint for Action*. Kelsey Simons was able to use her nursing home experience and her own developing research career toward a new direction by serving as a graduate assistant to assist in writing the grant and developing the background “Briefing Book” (available at [www.iaswresearch.org](http://www.iaswresearch.org)), the literature review, and the summaries of the presentations. Each of the symposium speakers and discussants shared important expertise and perspective to stimulate rich discussion and assist in constructing an agenda for action. IASWR staff (Barbara Solt, senior program associate, and Brenda Bustos, administrative coordinator) played a key role in making this happen and Rebecca Toni, IASWR’s intern, organized materials and the key web resources that will be useful to the field.

This *Blueprint* should be useful, not only to those who attended the symposium, but also to individual practitioners, researchers, administrators, educators, and consultants. It is also intended to be a source of information and action for national professional and provider organizations and advocacy groups, as well as to foundations, policy analysts, and funders. There are broad arrays of actions that can be taken that will weave a path to better outcomes for those who live and work in nursing homes. These recommendations can also be useful in the development of guidelines and evaluation tools for other long-term care settings, such as assisted living, an expanding residential option for meeting the needs of our aging society.

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# EXECUTIVE SUMMARY

Despite improvements in the quality of nursing home care since the passage of the Nursing Home Reform Act of 1987 (NHRA), concerns persist with regards to both the quality of care, including psychosocial care, and the quality of life for nursing home residents (Wiener, 2003). Social work services, a federally mandated provision, are a key contributor to meeting residents' psychosocial needs yet current federal and state regulatory processes do not routinely assess more than the structural absence or presence of a social service provider. The contributions and impact of the social worker are not systematically examined or assessed. In December 2004, the Institute for the Advancement of Social Work Research (IASWR), in collaboration with the University of Maryland School of Social Work and the Institute for Geriatric Social Work at Boston University, and supported by the Department of Health and Human Services Agency for Healthcare Research and Quality (1R13HS015505-01), convened a national working conference to examine the provision of social work services and the relationship of the social worker's role and functions to improving psychosocial care in the nursing home.

The meeting brought together practitioners, researchers, policy makers, and educators across several disciplines to address three major aims:

1. Clarify and specify realizable role, function, and intervention expectations for social work personnel along with their operational links to resident and facility psychosocial care and quality of life outcomes;
2. Examine existing and potential measurement approaches for increased accountability (in process and outcomes) and quality-of-care enhancement of social work services and psychosocial care/quality of life (QOL) at the home, survey, and national data base levels;
3. Recommend strategies to improve the monitoring and measurement of quality psychosocial care and of social work services that address resident and family members' psychosocial needs.

In preparation for the symposium an extensive briefing book (available at [www.iaswresearch.org](http://www.iaswresearch.org)) was developed to provide background information to the participants

so they would come prepared to address the symposium's aims. The presentations and discussions led to a set of recommended action steps that can guide professional social workers, funders, provider organizations, professional associations, educators, regulators, and researchers. Highlights of recommended action steps are described below:

*Specify practice interventions and develop studies to test the core domains of social work practice in nursing homes.*

- Examine best practice facilities (as defined through high performance on national data base quality indicators or those who are pioneering culture transformation approaches) for further study of traditional and nontraditional social work involvement, roles, and practices.
- Conduct systematic reviews of the relevant evidence base and develop practice protocols and guidelines for high prevalence, high-priority practice processes.
- Develop/identify practitioner-friendly practice evaluation tools for facility-level applied research (quality monitoring and improvement), and promote their wider dissemination and use.
- Encourage field practice that involve nursing homes, providing opportunity for practice-academic partnerships to build the empirical base for practice.
- Contact and collaborate with academic nursing and medical colleagues focused on nursing home practice and research to identify common areas of concern, such as interdisciplinary team functioning and care planning, diagnosis of emotional and behavioral disorders, end-of-life care.
- Identify, examine, and promote successful models of complementary and collaborative psychosocial care provision by nurses and social workers.
- Continue to build the statistical trail for professional social work in nursing homes through examining the extent of deployment of professionally prepared personnel in both staff and contractual capacities.

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**What is culture change?** Culture change in long-term care is an ongoing transformation based on person-directed values that restores control to elders and those who work closest with them. This transformation includes changing core values, choices about the organization of time and space, relationships, language, rules, objects used in every-day life, rituals, contact with nature, and resource allocation. This definition is from the Pioneer Network ([www.pioneernetwork.net](http://www.pioneernetwork.net)).

*Enhance research endeavors related to nursing home practice and outcomes.*

- Convene a small working group of social work researchers and practitioners to develop a detailed research agenda for professional practice in nursing homes.
- Pursue opportunities for collaboration with large-scale multidisciplinary research efforts in NHs where a social work practice component could be conceptualized and tested as part of the overall effort (e.g. depression-care improvement; end-of-life care improvement).
- Undertake research using existing Centers for Medicare and Medicaid Services (CMS) measures and federal and state data bases (for example numbers of depressed residents as a mental health outcome) to study social work practice.
- Use reliable, state-of-the-art QOL measures (e.g., Kane, 2003) for intervention research on social work practice at both the resident (micro) and overall facility (macro) levels.
- Conduct comparison analyses of social work practice in “culturally transformed” environments versus “traditional” homes.
- Conduct needs assessment research on the true extent of unmet psychosocial need in NHs and identify the most prevalent barriers.

*Increase social work involvement in federal processes and initiatives and national reform efforts recognizing that social work’s contribution to care rests in part on increasing the visibility of social work’s expertise and viewpoint in the wider deliberations and conversations that surround policy decisions, including those promoted by the nursing home industry.*

- Create a national virtual network of social work nursing home experts to improve the visibility of existing NH practitioner networks and social work researchers, strengthen their collaboration, and facilitate their identification and involvement in CMS initiatives, including modifications to care-planning protocols, computerized assessment tools, and enhanced surveyor guidelines for assessing adequacy of psychosocial care and social services.
- Strengthen organizational social work involvement in nursing home practice improvement (e.g. NASW, As-

sociation for Gerontology Education in Social Work) at CMS, AHRQ, the Department of Veteran’s Affairs, and the Health Resources and Services Administration, by providing expertise to national advisory committees and panels, and other national forums and meetings.

- Create a National Social Work Center on Long Term Care that would be a clear place of focus and consolidation for a range of professional information and effort and that would provide social work leadership for national strategies to promote culture transformation and stronger federal requirements for QOL that have the potential to improve nursing home care in fundamental ways.

## Conclusion

According to the Centers for Medicare and Medicaid Services, there are currently close to 17,000 nursing homes in the United States. The challenges of strengthening social work’s contribution to improving care arise on many fronts. There is a continuing need to ensure that gerontological practice options, including nursing home practice, are attractive to students. University–field collaborations can be the foundation for practice enhancement efforts in developing practice guidelines, evaluation tools, and conducting effectiveness research.

Partnership strategies and interdisciplinary collaboration are also crucial, and some initiatives will require funding, whether from foundations or government. Other disciplines, such as nursing, share social work’s workforce and quality-of-life concerns and can be allies. Social work’s practitioners and educators must connect and contribute to the programs and initiatives of organizations representing the nursing home industry as well as those representing consumers. Federal agencies and social workers within these agencies can be important partners in the profession’s efforts.

The path and cause of cultural transformation of “nursing homes” is rooted in the centrality and defining nature of resident and family perceptions of the quality of their psychosocial reality. The profession’s contribution to care improvement must be forward looking, and demonstrate a courage to undertake the necessary strengthening of its effectiveness in carrying out the fundamental tasks of psychosocial service provision.

# Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement

## A REPORT TO THE PROFESSION AND BLUEPRINT FOR ACTION

### Introduction

Despite improvements in the quality of nursing home care since the passage of the Nursing Home Reform Act of 1987 (NHRA), concerns persist with regards to both the quality of care, including psychosocial care, and the quality of life for nursing home residents (Wiener, 2003). A 2003 federal Department of Health and Human Services (DHHS) Office of Inspector General (OIG) scrutiny of psychosocial care revealed that 39% of reviewed resident charts had inadequate plans and 46% with care plans did not receive the planned services. The reasons that residents do not get their needs met are not known because there is no comprehensive approach to monitoring and measuring psychosocial care and quality of life in nursing homes in the United States. This lack is an interdisciplinary and inter-organizational concern that requires the combined efforts of regulators, administrators and providers charged with quality monitoring and measurement in the nursing home, and key research and practitioner expertise in the area of psychosocial care. To this end the Institute for Advancement of Social Work Research (IASWR), in collaboration with the University of Maryland School of Social Work and the Institute for Geriatric Social Work at Boston University, and supported by the federal government's Agency for Healthcare Research and Quality (1R13HS015505-01), convened a national working conference in December 2004: *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement*.

The meeting focused on the provision of social services and the relationship of the social worker's role and functions to improving psychosocial care in the nursing home. It is evident that psychosocial care is far broader than social services/social work, and that all providers as well as the overall home environment play a part. It is also the case that social workers contribute to care in the home through a wide range of roles beyond that of social service provider. However, as a federally mandated and regulated component of nursing home care, social services provided by professionally prepared social workers can be clearly identified and examined. This therefore can lead to more effective practice monitoring and evaluation measurement efforts.

Enhancing and demonstrating the quality and impact

of social work services is a priority responsibility of the profession. Furthermore, social work expertise and worldview can make important contributions to research on nursing home care and quality of life. In studying provision of psychosocial care, social work's person-environment perspective is especially important in investigating the impact of both resident-level interventions and home-as-a-whole interventions and their interactions. Social work's expertise in group and family process adds a critical dimension to both psychosocial care provision and effectiveness research that can significantly expand the understanding of what contributes to highest quality care.

In deliberations over 2 days participants at the December 2004 conference addressed the following three aims:

1. Clarify and specify realizable role, function and intervention expectations for social work personnel along with their operational links to resident and facility psychosocial care and quality of life outcomes;
2. Examine existing and potential measurement approaches for increased accountability (in process and outcomes) and quality-of-care enhancement of social work services and psychosocial care/quality-of-life (QOL) at the home, survey, and national data base levels;
3. Recommend strategies to improve the monitoring and measurement of quality psychosocial care and of social work services that address resident and family members' psychosocial needs.

The following sections present relevant background information and summarize key ideas, issues, and resources that emerged from the meeting for each of the three conference aims. The information has been distilled from formal presentations by invited speakers, remarks by invited discussants, comments and questions from participants, small group deliberations, and the final group-as-a-whole discussion that concluded the conference. The conference agenda (Appendix A), summaries of presentations (Appendix B), presenter and discussant biographies (Appendix C), list of participants (Appendix D), and resource list (Appendix E) provide additional information. An extensive briefing book that was provided to the participants prior to the meeting is available on the IASWR website at [www.iaswresearch.org](http://www.iaswresearch.org).

## Background

### The Need

Social work practice in nursing homes faces the imperative for evidence-based practice at the same time as consumers and regulators search for better approaches to delivering and assuring quality care. Yet even the necessary national statistical profile for the profession's presence in nursing home care is lacking. Current federal and state regulatory processes do not routinely assess more than the structural absence or presence of a social service provider. The contributions and impact of the social worker are not systematically examined nor assessed in survey and certification processes, leaving no visible track record. The interplay of several factors currently constricts the potential to standardize, measure, and improve the contribution made by the discipline of social work, limiting accountability, and with it, opportunities for higher quality care. These constraints include:

- Social service staffing inconsistencies (to which current federal regulations contribute) dilute expectations for a consistent set of services.
- Professional practice standards are broadly inclusive of role and processes, but are not supported with protocols and guidelines that would promote performance consistency and its measurement.
- The absence of conceptual and operational links between social work psychosocial care processes in nursing homes and surveyed outcomes leads to invisibility and diminished expectations.
- There are few measurement strategies (internal or external to the nursing home) to routinely monitor social work processes for results.
- A rudimentary professional research base has yet to clearly demonstrate intervention effectiveness for social work practice in the nursing home.

Despite these realities, a “critical mass” of professional NH social workers exists—it is estimated that 60–66% of social service staff have degrees in social work (Kruzich & Powell, 1995; Quam & Whitford, 1992; Simons, 2005; Vinton, Mazza, & Kim, 1998; Vourlekis, Bakke-Friedland, & Zlotnik, 1995)—providing a consistent set of services that can be the basis of more systematic monitoring and measurement and intervention research. A feasible blueprint needs to be crafted to guide the development of evidence for a set of consistently implemented social work roles and functions, guidelines for expected “best practice” in those

roles, and demonstration of the link between practice and valued resident and home-as-a-whole outcomes.

### Federal Regulation and Social Work

Current federal NH regulations (CMS, 1989, 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 of his or her illness, treatment, and stay in the nursing home. Towards this end, the NHRA requires all nursing facilities to provide social services, but additionally requires nursing homes 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 staffing arrangement and qualifications are left unspecified by regulation for these homes. Although NH regulations require facilities to use licensed personnel, this obligation has not been applied or enforced in the case of social work.

### Psychosocial Care and Social Work

The term “psychosocial” describes a constellation of social and emotional needs and the care given to meet them. Psychosocial concerns in nursing homes from the perspective of the social work provider include recognition, diagnosis, and treatment of mental health disorders such as depression, anxiety, dementia, and delirium, all measured by the MDS (federally mandated Minimum Data Set completed for each resident). Studies document the extent of NH resident mental health needs (Burns et al., 1993; Castle & Shea, 1997; Meeks, Jones, Tikhtman, & LaTourette, 2000), and problems in mental health care delivery, including ineffective diagnosis, lack of follow-through with needed services, and over-reliance on pharmacological interventions, including over-medication, in lieu of psychosocial in-home interventions (AGS & AAGP, 2003; Shea, Russo & Smyer, 2000; Snowden, Piacitelli & Koepsell, 1998).

In addition, psychosocial care addresses a range of issues with more obvious social dimensions, including loss of relationships, loss of personal control and identity, adjustment to the facility, continuity of care, and end-of-life care. Support to the resident's family, including involvement in the resident's care and attention to their concerns and needs forms another component of psychosocial care. A broader but related concept is quality of life (QOL) focused

on the perspective of the residents themselves with respect to their total living experience in the home, not just their medical care. Kane and colleagues (2003) delineated 11 domains for QOL, including autonomy, functional competence, privacy, dignity, meaningful activity, individuality, enjoyment, security, relationships, spiritual well-being, and comfort. QOL is increasingly viewed as an essential outcome of good NHs, and the contributions of social work processes in the home to this outcome are assumed, but unproven. Also of concern are how inhospitable nursing home environments and routines can be for the well-being of residents, leading to comprehensive considerations of total “culture transformation” (Fagan, Williams, & Burger, 1997). The social work contribution to psychosocial care potentially focuses on aspects of the home environment that affect all residents.

### Summary Findings

The following provides an overview of the key issues addressed by the presentations and discussions at the symposium, which were organized by the three aims stated above. The summary findings include a specification of suggested recommendations and actions steps.

*Aim #1: Clarify and specify role, function, and intervention expectations for social work personnel and link these operationally to resident and facility psychosocial care and QOL outcomes.*

- Social work roles in nursing homes are varied, including staff social service provider, member and psychosocial advisor to the interdisciplinary team, social work consultant (an external provider to a home that is without a “qualified” social service professional), and psychotherapist (external provider of mental health services to a resident under Medicare Part B). Furthermore, social workers function as administrators, unit heads, and department directors. There are social worker home administrators and owners of nursing homes. The extent of social work involvement in many of these roles is unknown. In addition, the potential exists for new social work roles within reconfiguring care environments that are responsive to the culture change

movement. While recognizing the actual and possible diverse social work roles, the December 2004 meeting focused primarily on the roles and functions of staff social work provider of social services and member of the interdisciplinary care team.

- Improvement in practice evaluation and more rigorous practice effectiveness studies of social work service provision depend on the consistent performance of a set of social work functions, within and across settings. A convergence of agreement emerges from the comparison of empirical studies (Vourlekis et al., 1995; Vourlekis, Gelfand, & Greene, 1992;), practice guidelines (National Association of Social Workers [NASW], 1993, 2003; Department of Veterans Affairs, 2001), and a recent statement of practice competencies (Rosen, Zlotnik, & Singer, 2002), revealing six broad functional areas (Greene, 2004) that form the core of social work practice in the nursing home setting.
  1. Conduct psychosocial assessments through information gathering (this would include mental health and involve the completion of related portions of the MDS 2.0 and related Resident Assessment Protocols).
  2. Provide psychosocial interventions that enhance coping skills for residents and their families (variety of treatment modalities including, but not limited to crisis intervention, mediation, and group, individual, and family counseling).
  3. Assist with long-term care transitions through case management (linkages and referrals and admissions, discharge, etc.).
  4. Participate in care planning.
  5. Collaborate with the nursing home team (including consultation re: psychosocial issues).
  6. Attend to individualized decision-making (eliciting and facilitating resident choice and preference, including end-of-life decisions).
- Further specification of the actual and most appropriate scope, tasks, strategies, and procedures used in implementing these six functions is needed to map accountability for a consistent set of services across facilities. For example, specification of a “best practice” or guideline-based approach to mental health screening

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**What is culture change?** Culture change in long-term care is an ongoing transformation based on person-directed values that restores control to elders and those who work closest with them. This transformation includes changing core values, choices about the organization of time and space, relationships, language, rules, objects used in every-day life, rituals, contact with nature, and resource allocation. This definition is from the Pioneer Network ([www.pioneernetwork.net](http://www.pioneernetwork.net)).

and diagnosis, prior to completion of the MDS, would be necessary to measure the social worker's contribution to improved accuracy in MDS or in efforts to distinguish between residents' reactions to poor quality NH environments versus true depression. What are the psychosocial interventions most commonly provided by social workers to enhance coping (for example, orientation sessions for residents and family members) or to facilitate resident choice?

- Specification of interventions within the six functional domains that are presumed to influence critical outcomes (process–outcome links) can be done at the level of an individual home as part of an overall facility internal approach to quality improvement and to “quantify” the value added of the social service provider. Demonstrating “worth” to administrators requires linking interventions to problem reduction, such as fewer family complaints, less demand on staff from agitated patients, and higher bed occupancy rates.
- The OIG report (cited above) as well as other data sources point to a significant gap between psychosocial needs identification and actions actually taken. The social work provider should be central to (1) identification of psychosocial needs (assessment function); and (2) specification of services/actions (care planning), even when not responsible for providing all indicated services. Moreover, monitoring by social workers for follow-through of all planned psychosocial services would contribute to identifying barriers and improving accountability in the facility.
- The problems in mental health care delivery in the home are a priority area for social work practice improvement, including specification of intervention strategies. Prevention activities, non-pharmacological treatments for milder conditions, and follow-through and bridging with external care providers (case management) for severe disorders are all reasonable functional expectations for staff social workers, highlighting the need for practice guidelines and protocols for these practice functions.
- Research documents multiple care provision/care environment influences on resident self-reported QOL, including many that would be within the functional domains of social work, e.g., social circumstances, untreated depression, involuntary moves, continuity of care, meaningful activity, maximization of independence, and fostering relationships (see Kane Summary, Appendix B). However, knowledge and specification of effective interventions, including those of social workers, and their optimal “dosage” lags behind the ability to satisfactorily measure QOL outcomes.

*Aim #2: Examine existing and potential measurement approaches for increased accountability (in process and outcomes) and quality care enhancement of social work services and psychosocial care/QOL at the home, survey, and national data base levels.*

#### *Federal Regulatory Approaches and Initiatives*

Existing CMS measures of psychosocial care quality serve as starting points in developing strategies for improvement in the measurement and monitoring of psychosocial services, including services provided by social workers. Federal data sources include survey F-tags, RAI (Resident Assessment Instrument) outcome data, and QI (Quality Initiative) outcome measures. While current federal measures are problematic in many ways, and do not currently provide clear-cut connections to social service provision, they are the essential platform for designing workable social work evaluation and measurement approaches.

F-tags are best described as a line of defense against substandard care rather than as indicators of quality care. Tags refer to specific sections of the regulations and, when cited by surveyors, indicate deficient care (out of compliance with regulatory standards) in that area. The six F-tags compiled in the CMS Online Survey Certification and Reporting (OSCAR) data set currently viewed as most directly related to psychosocial care and social service provisions are as follows:

- Residents' right to organize and participate in resident groups (F243)
- NH policies that accommodate residents' needs and preferences (F246)
- NH provides residents with appropriate treatment for mental or psychosocial problems (F319)
- NH ensures that residents do not have avoidable decline in their psychosocial functioning (F320)
- NH over 120 beds employs a qualified social worker on a full-time basis (F251)
- NH provides medically-related social services (F250)

#### *Severity of F-tag Deficiency*

CMS has underway currently a project to upgrade surveyor guidelines for establishing the level of severity of the care deficiency that has been identified in a facility. As a part of the upgrade, evidence concerning psychosocial severity (impact of deficient care on psychosocial well-being) as well as medical severity is now being examined so that psychosocial severity can be assessed as a component of any deficiency.

### *Resident Assessment Instrument*

The federally mandated Resident Assessment Instrument (RAI), completed for every resident on a regular interval, consists of the Minimum Data Set (MDS) and its corresponding Resident Assessment Protocols (RAPs). The RAI is the basis for clinical assessment and care planning in nursing homes, and also serves as an additional set of indicators of quality of care in nursing homes through the monitoring of resident outcomes as described briefly below. Social workers, as members of the interdisciplinary team, are typically involved in completing the MDS and RAPs, particularly sections related to cognitive, mood and behavior patterns, psychosocial well-being, and discharge potential (Beaulieu, 2002).

- Concerns persist regarding the ability of the MDS to accurately identify residents' psychosocial problems. The American Geriatrics Society/American Association for Geriatric Psychiatry Consensus Statement (2003) stated that the MDS is not an adequate tool for screening residents with depression and behavioral problems related to dementia. Yet, the MDS is commonly the only screening tool used within facilities to assess for these conditions. Other suggested limitations of current systematic assessment processes include data sources (too little of the resident's input and perceptions), absence of checks for assessment accuracy, and disconnect between assessment and actions taken (Kane & Kane, 2000). Practitioners at the symposium noted that social work involvement in MDS and care planning is often not "meaningful," with a reliance on check-lists, computer generated care plans, and an absence of interdisciplinary conversation based on a more enriched understanding of individualized psychosocial circumstances.
- The "engagement" items of MDS could be useful in connection with social work interventions. There are scales available that could provide reliable measures for these items.
- Practitioners do not view current MDS items related to "discharge" as useful. Yet there is a need to link the social work function of transitional care (case management, discharge planning, community referrals, follow-through on care referrals) to a meaningful measure.

### *Quality Initiative (QI) Outcome Measures*

As part of a more comprehensive quality improvement initiative, CMS has developed a set of quality indicators, based on MDS data, which are used for aggregate and comparison purposes of nursing homes nationally. Data

for the QIs 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 percentage of short-stay residents with delirium capture psychosocial constructs. However, these facility-level measures also raise questions concerning the "origin" of the assessed problems to begin with. To what extent are the documented residents' depression, anxiety, and delirium related to the facility QOL and QOC rather than individual underlying medical and behavioral disorders?

### **Measuring Quality of Life**

Nursing home quality of life has been an important construct of quality improvement efforts and is explicitly addressed in federal regulations. CMS has funded research to improve quantification and measurement of QOL in the nursing home as a necessary precursor to enhancements of survey and certification processes or collection of national outcome data. Sampling in 100 NHs across five states, Kane, Kling et al. (2003) and Kane, Bershadsky et al. (2004) measured the outcome of resident QOL in 11 domains. They tested for influences and indicators (aspects of the home or care that may be related) that were associated with better QOL.

#### *Research Findings*

Important conclusions from the 5-year QOL Kane and colleagues' (2003, 2004) study include:

- QOL is multidimensional and subjective and is measured by asking the resident directly, thus allowing for individual and cultural differences.
- QOL could be reliably measured for 60% of NH residents (i.e., they could answer the questions themselves), including many whose MDS data suggested considerable cognitive impairment.
- Facility level aggregate QOL data showed patterns (generally good or bad across all domains).
- The relationship between many hypothesized indicators (care processes, facility structure, etc.) was not demonstrated because of the difficulty of consistency in measurement. This does not mean that these indicators have been shown to be irrelevant. Work is needed at the individual facility level to demonstrate relationships.
- Having a single room was identified as one structural variable that was related to multiple QOL domains.

### *QOL and Social Work Research*

There are many possible structures and pathways to excellent nursing home care that is characterized by a better quality of life. The feasible and reliable measurement of resident QOL provides social work research with an important opportunity to link a variety of practice interventions and goals to an outcome that is central to regulatory, policy making, culture-change principles, and consumer-activist efforts to improve care.

*Aim # 3: Recommend strategies to improve the monitoring and measurement of quality psychosocial care and of social work services that address resident and family members' psychosocial needs.*

The following provides a set of strategies and recommendations for action that can result in enhanced demonstration of the outcomes of social work services and the improvement in meeting the psychosocial care needs of residents and their families. Construction of the evidence base to support high quality professional social work practice in nursing homes, and with it, efforts to improve quality of life and care will require labor on several fronts. These needed efforts are complementary, mutually reinforcing, and ask for direction and leadership from different sectors of the professional community. Social work practice, policy, advocacy, and research expertise in nursing home life ranges across a rich landscape of issues. There are several important initiatives underway in the profession with great relevance for nursing home practice and care. However, the profession's voice and potential contributions are currently limited by the lack of a national structure to provide visibility and focus to nursing home social work services, the absence of regular opportunities for communications and collaborations among professionals and the absence of organized linkages to professional initiatives in this domain. The recommendations outlined below encompass three areas:

- A. Develop practice guidelines and practitioner-friendly practice evaluation tools;
- B. Conduct intervention/effectiveness research; and
- C. Increase social work involvement in federal measurement and quality improvement processes and in national care improvement initiatives.

#### *A. Develop practice guidelines and practice evaluation tools.*

This work requires practitioner direction and leadership, in partnership with academic research colleagues. The goal is to connect delineated best practices (processes) in the

six functional domains (outlined above) with federal, state, and Joint Commission on Accreditation of Healthcare Organizations current and evolving measurement approaches in ways that can be measured meaningfully. It involves applied research that can be carried out in just a single facility, but provides the necessary building blocks for systematic investigation of social work across multiple facilities whether for accountability or research on effectiveness.

Recommended actions include the following:

- Convene a working group of practitioners in collaboration with academic social work gerontologist(s) to (1) further specify "normative" practice processes in the six domains (see Greene summary, Appendix B); (2) select the highest prevalence and highest priority practice processes for protocol/guideline development; and (3) confirm through further research the validity of the choices. For example, while some assessment processes are already clearly identified and case management processes have been standardized, the interventions that are most typically used to promote individualization, choice, and preference are unclear.
- Examine best practice facilities (as defined through high performance on national data base quality indicators or those who are pioneering culture transformation approaches) for further study of traditional and nontraditional social work involvement, roles, and practices. Of particular interest are social work managers and the factors contributing to their achieving positions of leadership.
- Conduct systematic reviews of the relevant evidence base (e.g. best depression screening tools for use with the elderly; ethical and practical pitfalls in working toward advance directives; group interventions that promote involvement of the most cognitively impaired; interventions that promote constructive family involvement in care) and develop practice protocols and guidelines for high-prevalence, high-priority practice processes.
- Develop/identify practitioner-friendly practice evaluation tools for facility-level applied research (quality monitoring and improvement), and promote their wider dissemination and use, providing assistance to NH social workers in their use through continuing education and special workshops.
- Schools with Hartford Funded Geriatric Enrichment Projects or enriched field placements through the Practicum Partnership Program that involve nursing homes should provide leadership for practice-academic partnerships to build the empirical base for practice. The established "partnership" structures offer impor-

tant opportunities for organized social work interaction with other groups to further the applied research agenda. For example,

- > Contact and collaborate with federally supported regional Quality Improvement Organizations for technical support in facility-level QI efforts and for increased visibility for social work processes in the home.
- > Contact and collaborate with academic nursing and medical colleagues in the nursing home practice and research communities to identify areas of common concern such as interdisciplinary team functioning and care planning, diagnosis of emotional and behavioral disorders, and end-of-life care.
- Identify, examine, and promote successful models of complementary and collaborative psychosocial care provision by nurses and social workers.
- Continue to build the statistical trail for professional social work in nursing homes through examining the extent of deployment of professionally prepared personnel in both staff and contractual capacities. The Federal Social Work Workforce Taskforce could be the catalyst for designing an approach to capture this information in an ongoing process.

#### *B. Conduct intervention/effectiveness research.*

Social work researchers in partnership with nursing home social work practitioners and research colleagues of other discipline should begin rigorous studies of the impact of social work care processes to demonstrate the contribution of social work interventions to valued resident and home outcomes.

- Convene a small working group of social work researchers and practitioners to develop a detailed research agenda for professional practice in nursing homes.
- Pursue opportunities for collaboration with large-scale multidisciplinary research efforts in NHs where a social work practice component could be conceptualized and tested as part of the overall effort (e.g. depression care improvement; end-of-life care improvement).
- Undertake research using existing CMS measures and federal and state data bases (for example numbers of depressed residents as a mental health outcome) to study social work practice. To illustrate, the process of monitoring the continuity and impact of mental health treatment in transitional care for sub-acute patients has been identified as problematic and implicated in

persistent morbidity. This process could be the target of social work case management to test for increased effectiveness.

- Use reliable, state-of-the-art QOL measures (e.g., Kane, 2003) for intervention research on social work practice at both the resident (micro) and overall facility (macro) levels.
- Conduct comparison analyses of social work practice in “culturally transformed” environments versus “traditional” homes.
- Conduct needs assessment research on the true extent of unmet psychosocial need in NHs and identify the most prevalent barriers.

#### *C. Increase social work involvement in federal processes and initiatives and national reform efforts.*

This is a multi-faceted effort, potentially involving all the components of professional social work. Recognition of social work’s contribution to care rests in part on increasing the visibility of social work’s expertise and viewpoint in the wider deliberations and conversations that surround policy decisions, including those promoted by the nursing home industry. Social work practitioner and researcher expertise is needed for federal measurement initiatives and modifications to better capture data relevant to psychosocial concerns and interventions. Political advocacy for stronger standards for social work and psychosocial care in nursing homes is needed and must draw upon credible evidence for the value of professional personnel. Finally, social work involvement in shaping, testing, and ultimately advocating for transformations to care is as critical as efforts to influence what now exists.

- Create a national virtual network of social work nursing home experts to improve the visibility of existing NH practitioner networks and social work researchers, strengthen their collaboration, and facilitate their identification and involvement in CMS initiatives, including modifications to care planning protocols, computerized assessment tools, and enhanced surveyor guidelines for assessing adequacy of psychosocial care and social services.
- Strengthen organizational social work involvement in nursing home practice improvement (e.g. NASW, Association for Gerontology Education in Social Work) at CMS, AHRQ, the Department of Veterans Affairs, and the Health Resources and Services Administration, by providing expertise to national advisory committees and panels, and other national forums and meetings.

- Create a National Social Work Center on Long Term Care that would be a clear place of focus and consolidation for a range of professional information and effort. For example, a Center would promote links between Hartford Foundation initiatives, NASW's Center for Workforce Studies, NASW sections, the Association of Veterans Affairs Social Workers, the Institute for Geriatric Social Work, American Society on Aging, and the National Citizens Coalition for Nursing Home Reform. A Center would provide social work leadership for national strategies to promote culture transformation and stronger federal requirements for QOL that have the potential to improve nursing home care in fundamental ways.

## Conclusion

According to the Centers for Medicare and Medicaid Services, There are currently close to 17,000 nursing homes in the United States. The challenges of strengthening social work's contribution to improving care arise on many fronts. Educational opportunities to prepare for nursing home practice could be made more attractive to students through the gerontological practice enrichment initiatives that are now underway, but require sustained attention and creativity similar to that exercised on behalf of child welfare. Realistically, many smaller and rural area homes will be unable to attract and employ a full-time trained social worker. Field education and practice models for high quality social work consultation roles are needed. The university-field collaboration around nursing home care is a natural point of exchange and partnership, one that could potentially draw in additional partners such as long term care ombudsmen and consumer advocates to build a comprehensive view of care delivery and improvement. Such partnerships could be the foundation for practice enhancement efforts in developing practice guidelines, evaluation tools, and conducting effectiveness research, if schools and long term care settings would undertake partnership initiatives that go beyond the training mandate.

Partnership strategies are crucial to successful action in all arenas. Many needed initiatives require funding, whether from foundations or government. Interdisciplinary collaboration is essential for success. Other disciplines, such as nursing, share social work's manpower and quality of life concerns and can be allies. Social work's practitioners and educators must connect and contribute to the programs and initiatives of organizations representing the nursing home industry as well as those representing consumers. Federal agencies and federal social workers within these agencies

can be important partners in the profession's efforts.

Social work expertise in nursing home practice is scattered and currently no national organizational structure in the profession offers a platform or dedicated resource to coalesce and maintain a working "interest group." However, there are state-level groups that could perhaps be the foundation of a "building from the bottom up" approach. The mechanism for achieving a national critical mass of interest and expertise, involving practitioners and academicians, must be found.

The path and case for cultural transformation of "nursing homes" is rooted in the centrality and defining nature of resident and family perceptions of the quality of their psychosocial reality. This radical re-definition, focusing on resident-centered care, has the striking effect of placing the social work perspective in the forefront, and carries with it the potential for social work roles and functions unfettered by current policies and regulations pertaining to social service delivery. But the necessary work remains of practice specification that promotes consistency, guideline development to assure that consistency is "best practice," and investigation into the effects of consistent best-practice interventions on actual quality in the home. The profession's contribution to care improvement must be forward looking, and include the courage to undertake the necessary strengthening of its fundamental tasks in psychosocial service provision.

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## APPENDIX A

### *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement*

#### Conference Agenda

December 2–3, 2004

Vista Ballroom B, Wyndham Hotel

1400 M Street NW, Washington, DC

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#### Thursday, December 2, 2004

8:30–9:00

Registration and Continental Breakfast

9:00–9:30

Welcome, Introductions and Overview of the Meeting Purposes and Planned Outcomes

Joan Levy Zlotnik, Institute for the Advancement of Social Work Research

Charlotte Mullican, Agency for Healthcare Research and Quality

Jesse Harris, University of Maryland, School of Social Work

Scott Miyake Geron, Institute for Geriatric Social Work, Boston University

9:30–10:45

Roles and Functions of Nursing Home Social Workers in the Provision of Psychosocial Care

Presenter: Roberta Greene, University of Texas, Austin, School of Social Work

Discussant: Patricia Gleason-Wynn, Baylor University, School of Social Work

Break

11:00–11:20

DHHS OIG Report on Psychosocial Care in Nursing Homes

Ellen Vinkey, Office of Inspector General, U.S. Department of Health and Human Services

11:20–1:00

Regulatory Approaches to Measuring Psychosocial Service Quality

Bob Connolly, Anita Panicker, and Jeane Nitsch, Centers for Medicare & Medicaid Services

Discussant: Betsy Vourlekis, University of Maryland

1:00–2:00 PM

Working Lunch: Roundtable Exchanges and Discussion

2:15–3:30

Meeting the Mental Health Needs of Nursing Home Residents Using an Outcomes Approach

Ira Katz, University of Pennsylvania, School of Medicine

Discussant: Margaret Adamek, Indiana University, School of Social Work

Break

3:45–5:00

Small workgroups: Identifying barriers to measuring and monitoring psychosocial and social work service quality

#### Friday, December 3, 2004

8:30–9:45

Working Breakfast (provided) and Presentation

Measuring the Quality of Life in Nursing Homes and Its Relationship to Psychosocial Services

Presenter: Rosalie Kane, University of Minnesota, School of Public Health

Discussant: Rhonda Montgomery, University of Wisconsin, Milwaukee, Helen Bader School of Social Welfare	1:30-2:15
Break	Small workgroups: Implementation and dissemination action steps
10:00-11:00	Break
The Philosophy and Strategic Implementation of Culture Transformation: Implications for Psychosocial Care Measurement in Nursing Homes	2:30-3:45
Presenter: Christa Hojlo, Veterans Health Administration	Workgroups report: Developing an action plan for measuring, monitoring, and research on psychosocial service quality
11:15-12:15	3:45-4:00
Small workgroups: Recommendations for measuring and monitoring psychosocial and social work service quality	Concluding statements/response
12:30-1:30	Joan Levy Zlotnik, IASWR
Working lunch	

## APPENDIX B

### *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement*

#### Summaries of Conference Presentations

**Roles and Functions of Nursing Home Social Workers in the Provision of Psychosocial Care (p. 13)**

Presenter: Roberta Greene, University of Texas, Austin

**DHHS OIG Report on Psychosocial Care In Nursing Homes (p. 15)**

Presenter: Ellen Vinkey, Office of Inspector General, U.S. Department of Health and Human Services

**Regulatory Approaches to Measuring Psychosocial Service Quality (p. 17)**

Presenters: Bob Connolly, Anita Panicker, and Jeane Nitsch, Centers for Medicare & Medicaid Services

**Meeting the Mental Health Needs of Nursing Home Residents Using an Outcomes Approach (p. 21)**

Presenter: Ira Katz, University of Pennsylvania, School of Medicine

**Measuring the Quality of Life in Nursing Homes and Its Relationship to Psychosocial Services (p. 23)**

Presenter: Rosalie Kane, University of Minnesota, School of Public Health

**The Philosophy and Strategic Implementation of Culture Transformation: Implications for Psychosocial Care Measurement in Nursing Homes (p. 25)**

Presenter: Christa Hojlo, Veterans Health Administration

## Roles and Functions of Nursing Home Social Workers in the Provision of Psychosocial Care

Roberta R. Greene, PhD

University of Texas, Austin, School of Social Work

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### Overview

This presentation examined the congruence of psychosocial functions among five sources and related the resulting common functions to the Council on Social Work Education (CSWE), Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) project's Gerontological Social Work Competencies (CSWE SAGE-SW, 2001). Dr. Greene suggested that the resulting matrix be used (1) to establish a common framework for practice and education and (2) to operationalize measurement of key social work activities in the nursing home (NH) in relation to key patient and total home outcomes.

### Sources for NH Social Work Functions

- Educational needs and practice realities of NASW members working in nursing homes (Greene, Vourlekis, Gelfand, & Lewis, 1992)
- Psychosocial needs and care in nursing homes (Vourlekis, Gelfand, & Greene, 1992)
- Social worker functions in long-term care settings (Codified VA social worker practice standards, VA, 2001)
- Standards for social work services in long-term care facilities (NASW standards, NASW, 2003)
- University of Texas Nursing Home Study (Greene et al., 2004)
- CSWE SAGE-SW Gerontological Social Work Competencies: 65 gerontological social work competencies, developed through a literature search and input from national experts, were fielded in 2000 through a large, national survey of practitioners and academics with aging and non-aging interests. Survey respondents were asked to rank the level of specialization (1=all social workers, 2=advanced practitioners, and 3=aging specialists) needed across three domains: (1) knowledge about older people and their families; (2) professional skill; and (3) professional practice. Each competency was rank ordered according to its mean level of specialization. Results of this work can be found at: <http://www.cswe.org/sage-sw/resrep/competenciesrep.htm>

## Common Functions and Related Educational Competencies

1. Conduct assessments through information gathering.
  - Knowledge of normal physical, psychological, and social change in later life
  - Knowledge of models of biology and social aging
  - Skill to gather information regarding social history including social supports, culture, and social involvement
  - Skill to gather information on mental status, history of any past or current psychopathology, life satisfaction, coping abilities, affect, and spirituality
  - Skill to gather information on physical status including disabilities, chronic and acute illness, medications, mobility and activities of daily living
  - Skill to conduct a comprehensive biopsychosocial assessment
  - Skill to assess short-term memory, coping changes, socialization patterns, behavior, and appropriate mood and affect
2. Provide psychosocial interventions that enhance coping skills.
  - Skill to assist individuals and families in recognizing and dealing with issues of grief, loss, and mourning
  - Skill to enhance the coping capacities of older adults
  - Skill to assess psychosocial factors that have an effect on the physical health of older adults
  - Skill to use empathetic interventions such as reminiscence or life review, support groups, and bereavement counseling (total congruence)
  - Engage and mediate with angry, hostile, and resistant older adults and family members
3. Assist with long-term care transitions through case management.
  - Skill to use social work case management strategies such as brokering, advocacy monitoring, and discharge planning to link elders and families to resources and services
  - Skill to assist older persons with transitions to and from institutional settings
  - Conduct long-term care planning with older per-

sons and their families to address financial, legal, housing, medical, and social needs

4. Participate in care planning.

- Skill to develop service plans that incorporate appropriate living arrangements and psychosocial supports for older persons
- Skill to set realistic and measurable objectives based on functional status, life goals, symptom management, and financial and social supports of older adults and their families
- Skill to reevaluate service or care plans for older adults on a continuing basis, incorporating physical, social, and cognitive changes and adjusting plans as needed
- Skill to develop service plans that include intergenerational approaches to the needs and strengths of older persons, their families, or significant other

5. Collaborate with the nursing home team.

- Skill to collaborate with other health, mental health, and allied health professionals in delivering services to older adults

6. Attend to individualized decision making.

- Skill to accept, respect, and recognize the right and need of older adults to make their own choices and decisions about their lives within the context of the law and safety concerns

- Skill to identify ethical and professional boundary issues that commonly arise in work with older adults and family members

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## Psychosocial Services in Skilled Nursing Facilities

Ellen Vinkey

Office of Inspector General, U.S. Department of Health and Human Services

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### Overview

This presentation reviewed the Office of Inspector General's findings from their recent inspection related to psychosocial services in skilled nursing facilities (SNFs). Suggestions were made for research to further identify barriers to psychosocial care.

### Review of Regulations (OBRA, 1987—Nursing Home Reform Act of 1987)

1. All SNFs must provide “medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident”
2. Facilities with over 120 beds are further required to employ a minimum of one full-time social worker with
  - “At least a bachelor’s degree in social work or another human service field”
  - “1 year of supervised social work experience in a health care setting working directly with individuals”

### OIG Study

#### *Data Sources*

1. Random sample (N=299) recently admitted Medicare beneficiaries
  - Social work credential review
  - Medical record review of assessment and provision of psychosocial services
2. Stratified random sample (N=84) Medicare certified SNFs
  - Telephone interviews with social work directors and nursing home administrators
3. Small purposive sample (N=32) state surveyors from eight states
  - Monitoring of psychosocial services

4. Review of Online Survey and Certification Reporting System (OSCAR) data
  - Psychosocial deficiency data
5. National Ombudsman Reporting System (NORS) data
  - Complaints about psychosocial services

### Major Findings

- Almost all the residents whose charts were reviewed had a psychosocial need.
  - > 39% of those with needs had inadequate care plans to address those needs
  - > 46% of those with psychosocial care plans did not receive all planned services
  - > 5% received none of their plans psychosocial services
- 15% of facilities were cited for psychosocial deficiencies.
  - > F-246 and F-250 the most cited (lack of provision of medically-related social services)
- 1% of NORS complaints related to psychosocial services
- 98% of larger facilities (those with over 120 beds) met the “120-bed rule.”
- 45% of social workers reported barriers to the provision of psychosocial services.
  - > not having enough time
  - > burdensome paperwork
  - > insufficient staff (social workers and others)
  - > role ambiguity—performing roles that they were not trained to do

### OIG (2003) Recommendation

“We recommend that the Centers for Medicare and Medicaid Services (CMS) strengthen the oversight processes associated with the psychosocial service portion of the resident assessment and the resulting care plans to ensure that SNF residents receive necessary and appropriate care (p. iv).”

### Possible Areas for Future Research

- Compare graduate by undergraduate social work preparation using the random sample (N=84) social workers interviewed.

- Develop additional means of measuring unmet psychosocial needs.
- Investigate the causes of the problem: What needs to be changed?
- Follow-up on the barriers to psychosocial service delivery as reported by the 45% of social workers.

## Reference

Department of Health and Human Services, Office of Inspector General. (2003). *Psychosocial services in skilled nursing facilities*. Retrieved May 9, 2005, from <http://oig.hhs.gov/oei/reports/oei-02-01-00610.pdf>

## Regulatory Approaches to Measuring Psychosocial Service Quality

Bob Connolly, MSW, LCSW-C

Jeane Nitsch, MS, MSW, LCSW-C

Anita Panicker RN, MSW, LCSW

Centers for Medicare & Medicaid Services (CMS)

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### Overview

This presentation reviewed federal regulations relative to nursing home (NH) psychosocial services and described the barriers to social work participation in quality improvement efforts. It further discussed Centers for Medicare and Medicaid Services (CMS) quality improvement initiatives and suggested the need for social workers to play a larger role in the development of NH regulation and quality measures.

### Barriers to Improving NH Psychosocial Competencies and Skills

- Focus is more on the medical model rather than psychosocial and psychiatric concerns
- A need to evolve psychosocial measures and assessment tools
- Lack of professional training and research skills among NH social work staff
- Staff turnover
- There are few social work, nursing, etc. students interested in NH careers
- There is no body of evidence that level of education makes a difference in the quality of psychosocial services (e.g., having a BA in a human service field versus a bachelor's degree in social work [BSW] or a master's in social work [MSW])

### Barriers to Social Work Involvement in Strengthening Psychosocial Care

- No national story about the social work role and contributions to the quality of care
- Social work role definition in NHs can be unclear
- Social workers need to better connect clinical process to resident outcomes (i.e., lack of evidence of clinical accountability)
- Limited visibility of social worker as a stakeholder

- Schools of social work can do more to train students for gerontological practice, which speaks to the need for curriculum development and development of NH field placements

### Review of Long-Term Care Regulations 42 CFR 483 Related to Social Services Requirements at:

*Sec. 483.15 Quality of life.*

1. The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
2. A facility with more than 120 beds must employ a qualified social worker on a full-time basis.
3. Qualifications of social worker. A qualified social worker is an individual with
  - (i) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and
  - (ii) One year of supervised social work experience in a health care setting working directly with individuals.

### Guidelines (State Operations Manual)

*Intent §483.15(g)*

- To assure that sufficient and appropriate social services are provided to meet the resident's needs.

*Interpretive Guidelines §483.15(g)*

- Regardless of size, all facilities are required to provide for the medically-related social service needs of each resident. This requirement specifies that facilities aggressively identify the need for medically-related social services, and pursue the provision of these services. It is not required that a qualified social worker necessarily provide all of these services. Rather, it is the responsibility of the facility to identify the medically-related social service needs of the resident and assure that the needs are met by the appropriate disciplines.

### Examples of Social Work Involvement in NH Regulatory Change

- Advocacy through Congress regarding CMS changes in conditions of participation or staffing requirement

- Initiation of the DHHS Office of Inspector General (2003) study: Psychosocial Services in Skilled Nursing Facilities
- A DHHS national meeting on long-term care social work (September, 2002)
- Report to Congress: The future supply of long-term care workers in relation to the aging baby boom generation (DHHS Assistant Secretary for Planning and Evaluation, 2003)
- AHRQ-funded, 2004 interdisciplinary meeting: Evaluating social work services in nursing homes: Toward quality psychosocial care and its measurement.
- John A. Hartford Foundation funding (Hartford Geriatric Social Work Initiative)

### CMS NH Social Work Best Practice Study

*Hypothesis.* Social workers in “best-practice” NH are included in more interdisciplinary care, have better defined roles and make quality contributions to resident psychosocial care

*Best-practice nursing home selection based on*

- 2001 CMS Environmental Scan
- Recommendations from CMS NH experts
- Amount of survey and certification deficiencies
- Publicly reported quality measures

*Survey sample*

- National telephone interviews were conducted using a standardized survey tool
- Participants of the survey consisted of 25 best-practice nursing home social workers or social service providers
  - > 1 social work consultant
  - > 1 nursing home administrator
  - > Average facility bed size=97.48 beds
  - > Mostly middle-to-small nursing homes

*Education credentials*

- All best-practice nursing homes had a social service provider. Most of these providers (85%) were qualified social workers.
  - > 9 BSW
  - > 1 BA
  - > 12 MSW
  - > 3 designees (associate’s degree or less)

*Most common roles (social worker’s self-report)*

- \* Supportive care (72%)
  - > Family support
  - > Residents’ rights
  - > Quality of life issues
- Documentation (69%)
  - > Completion of MDS, care plans, etc.
- Direct social services (56%)
  - > Individual
  - > Family
  - > Groups

*Roles ranked most important to medically related social services (n=26)*

- Care planning (73%)
- Family Support (73%)
- Psychosocial Assessment (69%)
- Training Staff (62%)
- Counseling (39%)
- Discharge planning (39%)

*Interdisciplinary roles*

- Care planning with nursing, activities coordinator, MDS coordinator, and physician
- Discharge planning with nursing, activities coordinator, MDS coordinator, dietary, therapy, and physician
- 90% of best-practice social workers led or co-led most family and resident counsel groups with the activities coordinator (46%), administrator (36%), nursing (18%)

*Minimum Data Set (MDS) documentation*

- Most best-practice social workers (85%) took part in the initial MDS

*Most frequently answered social work MDS questions*

- Section F. Psychosocial well-being
  - > Question 1. Sense of initiative and involvement (96%)
- Section E. Mood and behavior
  - > Question 1. Indicators of depression, anxiety, sad mood (67%)
  - > Question 3. Mood persistence (89%)
  - > Question 4. Behavioral symptoms (89%)

- Section Q. Discharge potential
  - > Question 1. Discharge potential (74%)
- Section B. Cognitive patterns
  - > Question 5. Indicators of delirium/period of disordered thinking (52%)

#### *Qualitative findings*

- Best-practice social workers appear satisfied and well utilized
  - > They are very satisfied with their roles and functions
  - > Feel needed and valued as members of interdisciplinary team
  - > Feel respected for the skills and services they provide

#### *Evidence*

- Consistent role definition for social work across 26 NHs
- Involvement in all aspects of care planning
- Social workers reported being satisfied and well utilized

#### *Study Limitations*

- Small sample
- Study focused on medium-sized facilities only
- There were no specific “data” that could point to the social worker’s contribution to improved quality of care or facility performance on pain, pressure ulcer, or restraints quality measures.

#### **Proposed MDS 3.0 Revisions Relevant to Social Work ([www.cms.hhs.gov/quality/mds30/DraftMDS30.pdf](http://www.cms.hhs.gov/quality/mds30/DraftMDS30.pdf))**

##### *Delirium. Section B*

- New yes/no standardized delirium questions based on the Confusion Assessment Method (CAM)
  - > CAM is a valid, reliable, and quick way for non-psychiatric clinicians to detect delirium (Inouye et.al., 1990) and is also recommended by the 2002 Mood/Behavioral Expert Panel

##### *Quality of Life (QOL). Section F*

- CMS contract 1998–2003 with University of MN
- Developed 11 domains of QOL

- See also: [www.cms.hhs.gov/quality/mds30](http://www.cms.hhs.gov/quality/mds30)

#### *Select Current CMS Quality Measures With Psychosocial/Psychiatric Components*

- Depressed/anxious mood worsening
  - > Percent of residents who have become more depressed since the last time they were assessed
- Moderate/severe pain
  - > Percent of residents with moderate or severe pain during a 7-day assessment period
- Delirium
  - > Percent of recently admitted residents from a hospital who have symptoms of delirium, defined as: sudden problems with attention, problems with thinking and communicating, loss of a sense of time and place, changes in sensation and perception, changes in level of alertness, changes in sleep patterns, loss of short-term memory, restlessness and changes in personality.
    - > See also: [www.cms.hhs.gov/quality/nhqi](http://www.cms.hhs.gov/quality/nhqi)

#### **Conclusions: Social Work Opportunities in NH Regulatory Change**

- 29 Current CMS MSWs are using the following approach to nursing home improvements that could be a model for the social work profession.
  - > Promote NH social work using macro skills on a policy level and not just on a direct-practice level.
  - > Focus on improving the quality of life psychosocial and psychiatric nursing home residents need, as nursing home social work roles are not well defined and have produced limited data.
  - > Seek solutions to upgrade the practice and training of social workers in nursing homes including non-MSW and non-BSW nursing home social workers. (It will take years to supply BSW and MSW manpower to over 17,000 nursing homes and more work is needed on the social work role definition and qualifications.)
  - > Network and collaborate with nurses, physicians, therapists, activities professionals, and others to push for improved care, as nursing home quality of care and quality of life concerns are common to all professions. (Social work skills are most needed, appreciated, and dynamic in an interdisciplinary model.)

- > Be a voice/advocate for nursing home resident needs at national, state and local forums because policy and decision making are often based on provider, legislative, or payer needs.
- Work with other professions to address NH workforce issues.
  - > Nursing schools are having the same problems attracting students, faculty and long-term-care (LTC) researchers.
- Accountability and interdisciplinary care
  - > There is a need for social research and technical expert panels to better define the social work role, interdisciplinary tasks and the processes, outcomes and contributions that this profession makes in nursing facilities.
- Conduct LTC quantitative and qualitative research through academic centers.
  - > Schools of social work are not focused enough on LTC in terms of curriculum, faculty interest, field placements, and research.
  - > Identify and provide CMS with roster of LTC social work experts
  - > Use CMS quality measures that are updated quarterly for close to 17,000 Medicare/Medicaid-certified nursing homes: <[www.medicare.gov/NHCompare/Home.asp](http://www.medicare.gov/NHCompare/Home.asp)> and <[www.cms.hhs.gov/quality/nhqi](http://www.cms.hhs.gov/quality/nhqi)>
- Work with other disciplines/agencies (e.g., National Institute of Mental Health and Department of Veterans Affairs) to study depression.
- Become involved in LTC monthly open-door forums: <<http://www.cms.hhs.gov/opendoor/snf-ltc.asp>>.
- Present at multidisciplinary NH stakeholder meetings and partner with NH organizations (i.e., American Association of Homes & Services for the Aging for non-profit NHs, American Health Care Association for-profit NHs, American Hospital Association for hospital-based NHs).
- Comment on drafts of MDS, Interpretive Guidelines, Federal Register Notices, Consumer Assessment of Health Plans Survey drafts, etc.
- Promote regulations and State Operations Manual guidelines to NH social work practitioners: <<http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp>> and <[http://www.cms.hhs.gov/manuals/107\\_som/som107\\_appendixtoc.asp](http://www.cms.hhs.gov/manuals/107_som/som107_appendixtoc.asp)>.

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## Meeting the Mental Health Needs of Nursing Home Residents Using an Outcomes Approach

Ira R. Katz, MD, PhD

University of Pennsylvania, School of Medicine

### Overview

This presentation defined conceptual models of the mental health and nursing home (NH) care systems in relation to psychosocial services, described the impact of these care systems on the treatment of residents with depression and dementia, and challenged current treatment protocol relative to these two mental health conditions.

### Application of the Two-System Model (Table 1)

- The intrinsic system is critical for prevention, as a sole treatment for milder conditions, and as a vehicle for implementing specific care plans. *Within the facility, services must almost always be mediated through the intrinsic system.*
- The extrinsic system is more likely to be necessary with more severe disorders.
- All residents are dependent and all are vulnerable to

the NH environment. The more impaired a resident may be, the more likely s/he is affected.

### Interactions Between Intrinsic and Extrinsic Systems

- For psychotherapy/behavioral treatment, staff and programs are part of the solution or part of the problem
- For pharmacotherapy, facility staff is critical for:
  - > Screening and referral
  - > Evaluation of target symptoms and assessment of outcomes
  - > Evaluations of side effects

### Role of Social Work

- Is critical for the inner mental health system
- Should be an important part of the outer system (e.g., by providing Part B services)
- Is the best candidate for bridging between the two systems and supporting their interactions

**Table 1. Two-System Model of Nursing Home Systems and Mental Health Systems for Nursing Home Residents**

Two Nursing Home Systems	
Long Term Care	Subacute Care
Accounts for most beds	Accounts for most people
Emphasizing person-environment fit	Transitional care issues
Addressing mental health conditions as key determinants of quality of life	Addressing mental health conditions as barriers to rehabilitation, recovery, and readjustment
Two Mental Health Systems for NH Residents	
Intrinsic/Inner	Extrinsic/Outer
Universal services	Specialty services
All aspects of NH life and care should be informed by knowledge of the mental disorders of late life and of older people's vulnerabilities to them	Focused on diagnosed mental disorders
Interface between quality of care and quality of life	Interface between psychosocial care and general medical care
Mental health services are provided by all staff	Provided by mental health specialty professionals
Medicare "Part A"	Medicare "Part B"

## Depression

*Definition of depression.* A lack of positive affect

*Prevention.* Is there less depression in facilities with higher quality of care/quality of life?

*Question.* How can we deliver effective treatment for depression to real people in real nursing homes?

### Conclusions

- The rapid rise in antidepressant use in NHs corresponds with a decrease in antipsychotics use.
- There is an overall lack of effective diagnosis and follow-up and an over-reliance on pharmaceutical interventions for depression in NHs.
- The efficacy of antidepressants on minor depressions has yet to be established among this population of older adults. There is more evidence of efficacy for major depression.
- There is a need to distinguish between reactions to poor quality NH environments versus true depression.

## Dementia

*Major concern.* Problematic behaviors that cause serious problems

*Question.* How should we combine/ prioritize psychosocial and biomedical care for dementia?

### Two nursing home treatment cultures

- Behavioral/environmental
- Biomedical/pharmacological

### Causes of agitation

- Unmet physical and psychosocial needs: Pain/discomfort and boredom/loneliness
  - > The environment may be too demanding or stimulating
  - > The environment may not be demanding or stimulating enough

### Conclusions

- There are no simple answers to managing behavioral symptoms with dementia.
- Simple models are inadequate.
- Our research needs new conceptual models and designs.
- Our care systems must be reinvented.

## Measuring the Quality of Life in Nursing Homes and Its Relationship to Psychosocial Services

Rosalie A. Kane, PhD

University of Minnesota, School of Public Health

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### Overview

This presentation defined the concept of quality of life (QOL) as it relates to nursing homes (NHs), described and presented results of a study sponsored by the Centers for Medicare & Medicaid Services (CMS) to develop NH QOL measures, and provided suggestions for measuring and improving NH QOL.

*QOL is not just lack of bad outcomes.*

- It allows for older person's voice (individual and cultural differences)
- It is multidimensional and subjective
- It includes physical, psychological, social, economic, and spiritual aspects

*When measuring QOL*

- It is critical to ask the resident about their QOL directly before asking proxies or gathering data through observation. Even people with substantial dementia can tell you about their QOL.

### Domains of quality of life measures for residents in care settings (proposed hierarchy of needs)

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

### CMS QOL Study: 1998–2003

- Developed measures and indicators of QOL in NHs
- Studied how physical environments affect QOL
- Paved the way for QOL improvement efforts
- Sampled more than 3,000 residents in 100 NHs across five states
- Conducted 45–90 minute interviews with residents

- Measures:
  - > 56 items
  - > 3–6 items per domain
  - > Mostly 4-point Likert scales with a dichotomous (yes/no) fall-back

### *Brief findings*

- The researchers were able to reliably measure QOL domains for an average of 60% of NH residents.
- Minimum Data Set (MDS) cognition questions were a poor predictor of the ability to interview.
- Many hypothesized indicators did not work because of the measuring strategy (across multiple facilities). It may be more feasible to measure indicators (program/facility aspects) and resident outcomes at the facility level.
- The reliability of the scales was good.
- Facility-level QOL showed patterns (generally good or bad across all domains).
- Family and staff proxies significantly correlated with resident self-report, though these correlations were weak.
- Responses to staff interviews were highly correlated to research interviewer's responses and there were no significant differences between nurse and social work interviews.
- Having a single room related to multiple QOL domains.
- Personality has some effects on QOL, after controlling for functional status and cognition.

### Internal and External Influences on QOL

- Health status including functional and sensory losses
- Social circumstances
- Personality (extroversion/introversion, neuroticism, creativity, etc.)
- Care provision/neglectful care
  - > Uncontrolled pain, hunger, sleep problems
  - > Untreated depression
  - > Excess disability due to lack of dentures, hearing aides, eyeglasses, foot care
- Care environment
  - > Involuntary moves (should be the last resort)
  - > Continuity of care
  - > Meaningful activity
  - > Maximization of independence

- > Fostering relationships
- Public and professional attitudes
  - > Ageism
  - > Low expectations and pessimism

### Select Questions to Identify Resident Strengths

- What makes a day a good day for you?
- What are the things you do each day or each week because you really prefer or choose, not because you must? What makes you get so involved that time seems to move quickly?
- What do you do well? What kinds of things did you previously do well? What has always given you confidence or made you proud?

### Implications of Culture Change for Social Work Practice

Much of what social work stresses already fits with culture-change perspectives and presents an opportunity for social work leadership.

- The person–environment perspective
- Focus on environmental interventions
- Knowledge of group process (which is important in Greenhouse environments that have 8–10-person houses instead of large units)
- Focus on family systems
- End of life and discharge planning
- Continuous quality improvement efforts

### Implications of Culture Change for Psychosocial Measurement

- Measures for psychosocial outcomes are available. It's just a matter of using them.
  - > There is an over-concern regarding resident burden.
- Measures for independent variables (i.e., psychosocial interventions and level of dose) are not as easy to come by and will need to be developed.
- It is important not to confuse indicators (facility process) with outcomes (resident well-being).

## The Philosophy and Strategic Implementation of Culture Transformation: Implications for Psychosocial Care Measurement in Nursing Homes

Christa M. Hojlo, DNSc, NHA  
Veterans Health Administration

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### Overview

This presentation introduced the concept of nursing home (NH) culture change and described how it has been applied in the Department of Veteran's Affairs (VA) nursing home care units (NHCUs). It also related culture change to psychosocial care processes and cited opportunities that have emerged in VA NHCUs as a result of cultural transformation.

### The culture of health care in the United States

- *Shaped by:* funding/payment systems, specialization, institutionalization, medicalization (over-medicalization)
- *Strengths of system:* interdisciplinary, attention to quality

### Characteristics of the traditional VA nursing home care unit (NHCU)

- Medically driven by diagnosis
- Language is indicative of medical model—"patient"
- The environment is hospital based
- Length of stay tends not to be well defined
- Care regimens vary
- Prescribed expectation/norms of behavior for residents (must get dressed, etc.)
- Strong commitment to serving veterans

### Culture change defined

Culture change is not merely changing policies, procedures, and functions. It is the redefinition of care systems and our ways of understanding and interacting within them: "not only of what we do, but how we do it; how we think about how and what we do."

### Characteristics of new culture

- The driver of care is improvement in quality of life (QOL) and in maintaining residents' highest practicable functional level.
- Care is resident focused. Discipline-specific boundaries are blurred to meet residents' needs. ("It doesn't matter who does it. All of us need to do it.")
- Care is based on assessed needs and resources allocated to meet those needs in accord with resident wishes.
- The interdisciplinary team clearly understands its role in relationship to facilitating achievement of resident goals, determined on or prior to admission. Every member of the interdisciplinary team is responsible for achievement of these goals.
- The environment is more home-like and speaks to wellness.
- Greater attention is paid to costs and service quality via resident satisfaction.
- At the heart of the transformation is changing the driver of care from the medical model to a model driven by nurturance, comfort, and love.

### The symbolism of language change

- From "patient" to "resident"
- From "illness" to "highest practicable functional level"

### Admission considerations

Three critical questions that help to identify the reason for admission, long- and short-term goals, and to start immediate discharge plans:

1. Why is the resident here/coming here?
  - S/he lacks social or other structures/supports to facilitate achieving goals for improved function, in order to return to the community, or to receive comfort and care in dying. It is the role of the facility and the interdisciplinary team to provide the structure to achieve this goal.
2. For how long will the resident need placement?
  - If you know that the resident should achieve his/her functional goal in 30 days, then set up the supports in the NHCU to discharge the resident in 30 days.
  - Short term goals are measures of progress toward goal attainment.

## 3. Where will s/he go from here?

- Home
- Community NH
- Death
- Long-term stay

- > Provide an approach where there is meaningful use of time: No time to wander aimlessly; TV as a personal preference; Engagement in life so there is no time for problematic behaviors.

**Why is this important?**

These are critical questions that design and shape the culture of care relative to service delivery.

- Out of nurturance, comfort, and love, services are provided for the resident to improve function/health or to die with dignity.
- Resident preferences are at the center of care.
- The philosophy guiding this model is one where rehab principles intersect to provide the highest quality of care based on assessed resident needs:
  - > The challenge is to find that one tiny area of wellness that can be enhanced, regardless of diagnosis, which also discourages the sick role.
  - > Provide safety while encouraging independence, responsibility, and participation.

**Summary and Conclusions**

The development of culture change (e.g. Eden Alternative, Pioneer Network, and Wellspring) has presented many opportunities for the VA NHCUC:

- Opportunity to understand and manage quality and costs in a systematic way
- Opportunity to shape the reconstruction of the MDS 3.0 through partnering with CMS
- Social work participation in MDS development is important.
- Opportunity for applied research from a culture-change perspective (e.g., the meaningful use of time)
- Opportunity to shape nursing home delivery for the VA and beyond
- Opportunity to let creativity out of the bag through a focus on well-being

## APPENDIX C

### *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement*

#### Presenter and Discussant Biographies

##### **Margaret E. Adamek, MSW, PhD**

Margaret Adamek is the director of the PhD program in social work at Indiana University in Indianapolis, IN. As a member of the first cohort of Hartford Geriatric Social Work Faculty Scholars, she conducted a study focusing on depression among long-term care residents. Her other research interests include suicide among older adults and mental health policy.

##### **Robert Connolly, MS, LCSW-C**

Bob Connolly has worked primarily with quality measurement and quality improvement in nursing homes, hospitals, and home health agencies since beginning his government service in 1988. Since 2002, Bob has been the co-task leader for the Minimum Data Set, Version 3.0 (MDS 3.0) design and development team. At CMS he has developed partnerships with the Department of Veterans Affairs and the Agency for Healthcare Research and Quality to enhance the MDS development. Prior to coming to CMS, Bob was the assistant director at the Johns Hopkins Oncology Center, director of social work geriatrics at Union Memorial Hospital in Baltimore, and clinical social work lead at Children's Hospital in Oakland, California.

##### **Patricia Gleason-Wynn, PhD, LCSW**

Pat Gleason-Wynn is currently a lecturer in the School of Social Work at Baylor University, Waco, Texas. Her primary area of interest is gerontology with a particular focus on nursing home social work where she has practiced for over 25 years. She has provided, and continues to provide, consultation to numerous nursing homes and social workers in Texas. She is the current chair of the Committee on Aging-National Association of Social Workers Texas Chapter, and the aging delegate from Texas for the 2005 NASW Delegate Assembly.

##### **Roberta Greene, PhD**

Roberta Greene is professor and the Louis and Ann Wolens Centennial Chair in Gerontology and Social Welfare at the School of Social Work University of Texas at Austin. She previously was professor and dean at the Indiana University School of Social Work and has worked at the Council on Social Work Education and the National Association of Social Workers. Dr. Greene has authored numerous publications including *Resiliency Theory: An Integrated Framework for Practice, Research, and Policy*; *Social Work With the Aged and Their Families*; and *Human Behavior Theory and Social Work Practice*.

##### **Christa M. Hojlo, RN-C, DNSc, NHA**

Christa Hojlo has been employed by the Department of Veterans Affairs since 1993. Currently she serves as chief of nursing home care for the Department of Veterans Affairs, responsible for national policy, quality, planning, and programming for the VA's 133 nursing home programs. Currently she has initiated and provided leadership for the transformation of the culture of nursing home care in VA nursing homes. Prior to working at the VA she was a nursing home administrator in Maryland and taught at the Catholic University of America School of Nursing. She has taught the Nursing Home Administrator course in Maryland and provided consultation and feedback on the use of the MDS for payment to the state of Maryland.

##### **Rosalie A. Kane, PhD**

Rosalie A. Kane is a professor of public health at the University of Minnesota, and a faculty member in the Center for Biomedical Ethics and the School of Social Work. Her research focuses on long-term care and she served on the Institute of Medicine's Committee on Quality of Long-

Term Care (1998–2000). She led a 5-year national study on Measurement, Indicators, and Improvement of the Quality of Life in Nursing Homes (funded by the Centers for Medicare & Medicaid Services) and a national study on the Home Care/Assisted Living Connection (funded by the Home Care Resource Initiative of the Robert Wood Johnson Foundation).

### **Ira R. Katz, MD, PhD**

Dr. Ira Katz is a professor of psychiatry and director of geriatric psychiatry at the University of Pennsylvania Medical Center, as well as director of the Mental Illness Research Education and Clinical Center of the Philadelphia VA Medical Center. He conducts research into the causes and treatment of depression and other psychiatric illnesses in the aged, especially among those institutionalized in long-term care settings. He has also explored issues related to delirium and acute cognitive changes among the institutionalized aged. He is principal investigator of an NIMH-supported Center for Interventions and Services Research that is investigating depression in late life and psychiatric-medical comorbidity. He also serves on numerous professional and scientific societies including the Aging Committee of the Group for the Advancement of Psychiatry, and is past president of the American Association of Geriatric Psychiatry. He is an associate editor for the American Journal of Geriatric Psychiatry.

### **Rhonda J. V. Montgomery, PhD**

Rhonda Montgomery holds the Helen Bader Endowed Chair in Applied Gerontology at the University of Wisconsin–Milwaukee where she is a professor in the School of Social Welfare and in the Department of Sociology. Prior to joining the faculty of UWM, she was the director of the Gerontology Center at the University of Kansas where she also served as the director of the Doctoral Program in Gerontology. Throughout her career, Dr. Montgomery has conducted numerous regional and national studies focused on public policy, the role of family, and the role of staff in providing long-term care. She has been the principal or co-principal investigator for more than 20 studies that have been supported by private foundations, the Alzheimer's Association, the Administration on Aging, the National Institutes of Health, and the Health Resources Services Administration.

### **Jeanne Nitsch, MS, MSW, LCSW-C**

Jeanne Nitsch works in the Division of Nursing Homes at the Centers for Medicare & Medicaid Services. Her primary role is the development and implementation of national policies for nursing homes in areas such as physical and chemical restraints use, abuse and neglect, and other quality-of-life issues pertaining to survey and certification. Prior to coming to CMS in 1998, she worked as the director of admissions and social work in a hospital-based subacute unit. Her experience has primarily been in nursing homes, as well as continuing care retirement communities, and assisted living facilities. Ms. Nitsch earned a master of social work degree specializing in aging from the Maryland School of Social Work, and she holds a master of science degree in Health Care Management from the University of Maryland University College.

### **Anita G. Panicker, RN, MS, LCSW, MSW**

Anita G. Panicker works in the Office of Clinical Standards and Quality at the Centers for Medicare & Medicaid Services (CMS). She is a Licensed Certified Social Worker and Registered Nurse. She brings her management and clinical experience from the hospitals, nursing homes, and residential treatment centers where she worked prior to joining CMS. She has master's degrees in nursing and social work. At CMS she is the lead analyst for nursing homes. She has experience in writing regulation for nursing homes, hospitals, hospice, and other providers. This includes researching, evaluating and analyzing the aspect of care, evaluating existing rules, and identifying needs for new regulations. She has been the project officer for the respiratory therapy study in nursing homes.

### **Ellen Vinkey, MS**

Ellen Vinkey is a team leader in the U.S. Department of Health and Human Services Office of Inspector General. Her team is currently beginning an evaluation of wound-care services to Medicare beneficiaries. In addition to their recent work on Medicare psychosocial services, she has performed evaluations on a number of Medicare-related topics including the following: the medical review process utilized by Medicare carriers, the role of the physician in overseeing home health services, and access to post-acute services after hospital discharge. She has been with the OIG for 8 years. Prior to joining the OIG, she served as a manager in New York City government. She holds a master of science degree in urban policy analysis from the New School for Social Research.

**Betsy Schaefer Vourlekis, PhD**

Betsy Vourlekis is professor emerita of social work at the University of Maryland School of Social Work. She is currently co-principle investigator on intervention research projects testing case management, including screening and brief treatment for depression and anxiety, to improve adherence to diagnostic follow-up and adjuvant treatment in breast and cervical cancer screening and treatment, funded by the CDC and the NIH's National Cancer Institute. She has served on the NIMH Task Force on Social Work Research (1988-1991) and chaired the follow-up National Implementation Committee (1991-1993). She was the project consultant and field researcher for NASW's Clinical Indicator Guideline project that developed quality improvement monitoring indicators for social work/psychosocial services in medical and psychiatric hospitals, nursing homes, hospice care, dialysis centers, and home health agencies.

**Joan Levy Zlotnik, PhD, ACSW**

Joan Levy Zlotnik, PhD, ACSW, has served as the executive director of the Institute for the Advancement of Social Work Research (IASWR) since 2000, working to build social work research resources and to translate research to practice, policy, and education. She is actively involved in the national policy arena, in regard to enhancing the well-being of disempowered populations, promotion of behavioral and social science research opportunities, responding to the demographics of aging, promoting evidence-based practices, and in addressing the child welfare workforce crisis. Previously she served as director of special projects and special assistant to the executive director at the Council on Social Work Education, and as staff director for the Commission on Families and Government Relations Associate at the National Association of Social Workers. She developed and implemented legislative and regulatory strategies to advocate for prevention and early intervention services for vulnerable children, families, and older persons. Her areas of interest include aging, child welfare, workforce development, building community-university partnerships, and inter-professional and inter-organizational issues.

## APPENDIX D

### *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement*

#### Conference Participants

**Margaret Adamek**

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National Association of Social Workers

**Molly Davis**

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**Susan Davis**

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**Thomas Dugan**

Administrator  
St. John Vianney Center

**Susan Enguidanos**

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**Patricia Gleason-Wynn**

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**Jesse Harris**

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University of Maryland School of Social Work

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Social Science Analyst  
U.S. Department of Health and Human Services

**Vicki Boyle**

Project Manager  
MPRO (Michigan Health Care Quality Improvement  
Organization)

**Brenda Bustos**

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## APPENDIX E

### *Evaluating Social Work Services in Nursing Homes: Toward Quality Psychosocial Care and Its Measurement*

#### Internet Resources

##### **Aging, Health, and Long-Term Care Organizations**

###### **American Association of Geriatric Psychiatry**

<http://www.aagponline.org/>

The American Association of Geriatric Psychiatry (AAGP) is a national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well-being of older people and improving the care of those with late-life mental disorders. Their website contains resources for families, caregivers, and professionals. Information geared toward health care professionals includes fact sheets and research overviews on the demographic characteristics of the elderly population. It also contains information about treating and diagnosing particular mental health challenges facing the elderly and information about accessing and financing mental health care. There is a job bank, funding opportunity listing, and AAGP fellowship information.

###### **American Association of Homes and Services for the Aging**

<http://www2.aahsa.org/>

The American Association of Homes and Services for the Aging (AAHSA) has a vision of advancing the vision of healthy, affordable, and ethical aging services for America. Their website provides an overview of AAHSA's programs and initiatives such as Quality First. It also provides links to their various publications, provides information about upcoming conferences and events, and maintains a legislative action center.

###### **American Geriatrics Society**

[www.americangeriatrics.org/](http://www.americangeriatrics.org/)

The American Geriatrics Society (AGS) is a nationwide, not-for-profit association of geriatrics health care professionals, research scientists, and other concerned individuals dedicated to improving the health, independence, and quality of life of all older people. The website contains some member specific information as well as sections for the general public. There are also pages for the education arena listing educational products and resources, awards, funding opportunities, jobs, and a student section.

###### **American Health Care Association**

<http://www.ahca.org/>

The American Health Care Association (AHCA) is a nonprofit federation of affiliated state health organizations that represent the long-term care community to the nation at large. The website contains a portion specific to members. The general public can learn more about AHCA, read news updates pertaining to long-term care, and learn about upcoming events and conferences. The research and data section contains links to studies conducted on Medicare/Medicaid, staffing, health care liability, surveys, state summaries, and links to data sources.

###### **Gerontological Society of America**

<http://www.geron.org/>

The Gerontological Society of America (GSA) is a nonprofit professional organization dedicated to promoting the conduct of multi- and interdisciplinary research in aging and to disseminating gerontological research knowledge to researchers, practitioners, and decision and opinion makers. Their website provides information about the organization as well as the ability to search their journals. There is a section listing grant and research opportunities in aging.

## Joint Commission on Accreditation of Healthcare

### Organizations

<http://www.jcaho.org/>

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 15,000 health care organizations and programs in the United States. It is the nation's predominant standards-setting and accrediting body in health care. Their website provides some consumer and professional resources such as Quality Check. There are also links to resources and educational opportunities. Details about online seminars and other events and programs can be found online.

### National Citizen's Coalition for Nursing Home Reform

<http://www.nccnhr.org>

The National Citizens Coalition for Nursing Home Reform (NCCNHR) is a group of consumers and advocates who define and achieve quality for people with long-term care needs. This is accomplished through informed, empowered consumers, effective citizen groups and ombudsman programs, promoting best practices in care delivery, public policy being responsive to consumer needs, and enforcement for consumer-directed living standards. NCCNHR's website provides a wealth of resources including consumer and family information about choosing a nursing home, learning about Medicare's prescription drug program, or knowing about residents' rights. There are also resources for ombudsmen, updated fact sheets, detailed information about government policy, and online access to their newsletter and other reports and publications.

### Pioneer Network

<http://www.pioneernetwork.net>

The Pioneer Network advocates and facilitates deep system change and transformation in the culture of aging. To achieve this, they create communication, networking, and learning opportunities, build and support relationships and community, identify and promote transformations in practice, services, public policy and research, and develop and provide access to resources and leadership. Their website accomplishes these aims by providing a discussion board, job postings, and an event calendar. There are also links to resources such as publications, research, and an online store.

## Federal Agencies and Resources

### Administration on Aging

<http://www.aoa.gov/>

The Administration on Aging's (AoA) mission is to promote the dignity and independence of older people, and to help society prepare for an aging population. Their website contains resources for the elderly and their families such as an Alzheimer's resource room and elder rights resources. Information for professionals includes resources about addressing diversity and statistical information. There is also information about AoA's grant program and funding opportunities.

### Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/>

The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Their website provides information divided for consumers and patients, including clinical information, funding opportunities and data, and surveys. There are also links to specific research findings, media resources, and quality assessment tools such as the National Quality Measures Clearinghouse and the Consumer Assessment of Health Plans (CAHPS).

### Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov>

The Centers for Medicare and Medicaid Services (CMS) seeks to assure health care security for beneficiaries.

*CMS Guidance to State Survey Agency Directors and CMS Regional Offices*

<http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp>

CMS memoranda, letters, and instructions to State Survey Agency Directors and CMS Regional Offices are posted here by category.

*CMS MDS 3.0*

<http://www.cms.hhs.gov/quality/mds30/>

The information posted on this site is intended to assist nursing homes, state agencies, software vendors, professional associations, and other federal agencies in the activities underway to refine and evaluate the MDS. It includes a section for providing feedback and other materials for public comment.

*CMS Nursing Home Quality Initiative*

<http://www.cms.hhs.gov/quality/nhqi/>

Provides links to information specific to nursing home quality initiatives. There are also links to information about quality measures, information about choosing a nursing home, and links to the nursing home compare website.

*CMS Open Door Forum on Skilled Nursing Facilities and Long-Term Care*

<http://www.cms.hhs.gov/opendoor/snf-ltc.asp>

These forums address the concerns and issues of the Medicare SNF, the Medicaid NF, and the long-term care industry generally, including the Long-Term Care Hospital PPS. The types of issues that come up during these forums are often related to the Minimum Data Set, SNF Consolidated Billing, the roles and responsibilities of different SNF, NF or LTC professional staff under CMS regulations, clarifications of issues that are covered during a survey and certification process, and the many rules and requirements under which different related services can be payable. Links to information about schedules and registration are found here as well.

*CMS Quality Initiatives*

<http://www.cms.hhs.gov/quality>

This page provides links to a few of CMS' various quality improvement efforts. This includes information about quality initiatives in general and links to data collection such as MDS 3.0.

*CMS State Operations Manual Appendices*

[http://www.cms.hhs.gov/manuals/107\\_som/som107\\_appendixtoc.asp](http://www.cms.hhs.gov/manuals/107_som/som107_appendixtoc.asp)

This page contains links to documents found in the appendix of the State Operations Manual. These documents give specific guidance for issues such as providing intermediate care to persons with mental retardation or interpretive guidelines for long-term care facilities.

*Nursing Home Compare*

<http://www.medicare.gov/nhcompare>

This site allows consumers and professionals to learn about the past performance of every Medicare- and Medicaid-certified nursing home in the country. Nursing homes can be searched by geography, proximity, or name.

**Department of Veterans Affairs**

<http://www.va.gov/>

The goal of the Department of Veterans Affairs (VA) is to provide excellence in patient care, veteran benefits, and customer satisfaction.

*Patient Education and Family Materials*

<http://www1.va.gov/GeriatricsSHG/page.cfm?pg=27>

This website provides links to more specific information for patients and families. This information spans topics such as the role of the caregiver, working with bureaucracies, aggressive behavior, and financial and legal advice.

*VA Social Work*

<http://www1.va.gov/socialwork/>

This site has information for veterans, their families, the public, social work students, and prospective employees. It contains general information about what social workers do and how to contact a VA social worker. There are also links to social work resources and information about educational opportunities at the VA for students.

*Veterans Health Administration**Geriatrics and Extended Care Strategic Healthcare Group*

<http://www1.va.gov/geriatricsshg/>

The Geriatrics and Extended Care Strategic Healthcare Group advances quality care for aging and chronically ill veterans by providing policy direction for the development, coordination, and integration of geriatrics and long-term care clinical programs. This site provides links to their various programs such as home and community based long-term care, VA nursing home care, and hospice and palliative care. They also provide a VA facility locator search engine, links to handbooks and directives, and a schedule of upcoming educational events.

**National Institute on Aging**

<http://www.nia.nih.gov>

The National Institute on Aging's (NIA) mission is to improve the health and well-being of older Americans by supporting and conducting research, training researchers, developing resources, and disseminating information. Their website contains links to publications and information about research sponsored by and conducted at NIA. It also contains a link to the NIH Senior Health site, which

is oriented toward seniors and has information addressing various health concerns. There are also links to information about grant and training opportunities.

### **National Institute of Mental Health**

<http://www.nimh.nih.gov>

The mission of the National Institute of Mental Health (NIMH) is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. Their website provides links to news, research findings, health information, and funding opportunities.

### **Geriatrics Research Branch**

<http://www.nimh.nih.gov/datr/a4-gp.cfm>

The Geriatrics Research Branch supports programs of research, research training, and resource development in the etiology and pathophysiology of mental disorders of late life, the treatment and recovery of persons with these disorders, and the prevention of these disorders and their consequences. Their site provides links to information about the various branch programs subsumed in this division.

### **Office of Inspector General, Department of Health and Human Services**

*Report: Psychosocial Services in Skilled Nursing Facilities*

<http://oig.hhs.gov/oei/reports/oei-02-01-00610.pdf>

This website links to a pdf file containing the complete OIG report.

## **Social Work Organizations**

### **Council on Social Work Education**

<http://www.cswe.org>

The Council on Social Work Education (CSWE) is a national association that preserves and enhances the quality of social work education for practice that promotes the goals of individual and community well-being and social justice. Their website provides access to various resources including publications and social work links. The website also offers access to information about their various projects and programs such as SAGE-SW and the Gero-Ed Center.

### **Hartford Geriatric Social Work Initiative**

<http://www.gswi.org>

The Geriatric Social Work Initiative site provides information about the many resources available to social workers in geriatrics. It lists funding opportunities, educational resources, job opportunities, upcoming events, scholarship opportunities, and detailed links and information for new researchers.

### **Institute for the Advancement of Social Work Research**

<http://www.iaswresearch.org/>

The Institute for the Advancement of Social Work Research (IASWR) strives to strengthen the connections between research and policy and practice, build the research capacity of the profession, and advance the knowledge base through social work research. The website will provide access to information from the conference such as these web resources and the information contained in the briefing book. It also provides access to various publications, links to resources and information, about funding opportunities.

### **Institute for Geriatric Social Work—Boston University**

<http://www.bu.edu/igsw/index.html>

The Institute for Geriatric Social Work is dedicated to advancing social work practice with older adults and their families. Their website provides access to information about training and educational opportunities. This includes information about their small-grants program and distance-learning courses. They also provide access to publications, information about research and advocacy opportunities, and links to related information sources.

### **National Association of Social Workers**

<http://www.socialworkers.org>

The National Association of Social Workers (NASW) is a membership organization of professional social workers. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

*NASW Clinical Indicators for Social Work and Psychosocial Services in Nursing Homes*

[http://www.socialworkers.org/practice/standards/nursing\\_homes.asp](http://www.socialworkers.org/practice/standards/nursing_homes.asp)

This site connects to an online publication of Clinical Indicators for Social Work and Psychosocial Services

in Nursing Homes. The clinical indicators are divided into process and outcome indicators. Process indicators include timely psychosocial assessment, comprehensive psychosocial assessment, resident involvement in care planning, and family involvement in care planning. Outcome indicators include resident satisfaction with choice and problem resolution.

*NASW Standards for Social Work Services in Long-Term Care Facilities.*

<http://www.socialworkers.org/practice/standards/NASWLongTermStandards.pdf>

This site connects to a pdf. file containing this publication. The document details 11 standards such as ethics and values, staffing, professional development, documentation, and cultural competence.

### **Society for Social Work and Research**

<http://www.sswr.org>

The Society for Social Work and Research is a professional membership organization dedicated to advancing social work research and to assisting novice and experienced researchers in a variety of ways. Their website provides information about their annual conference, award opportunities, and provides membership-specific areas. There are also links to relevant websites and job postings.

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**INSTITUTE FOR THE  
ADVANCEMENT OF  
SOCIAL WORK RESEARCH**

The mission of the Institute for the Advancement of Social Work Research (IASWR) is to advance the scientific knowledge base of social work practice by enhancing the research capacity of the profession; to promote the use of research to improve practice, program development and policy; to strengthen the voice of the profession in public education and public policy determinations by ensuring that social work is represented within the national scientific community. IASWR fulfills this mission through expanding opportunities for social work research, preparing social work researchers, disseminating findings to inform policy, representing the profession in scientific and policy communities, and establishing linkages with other related disciplines.