

Psychosocial Harm Evaluation



On June 29, 2022, [CMS released updated guidance](#) for nursing home surveyors as part of the Phase 2 and 3 Requirements of Participation. Surveyors will begin using this guidance to identify noncompliance on October 24, 2022.

Within the Phase 3 updates, CMS has provided new guidance concerning **F758 – Psychotropic Medications**, including language on **evaluating psychosocial harm related to medication side effects**.

Psychosocial harm refers to detrimental effects from the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.



What's Required

§483.70: "A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and PSYCHOSOCIAL well-being of each resident."

Specifically, CMS has added language to the section on investigating concerns and the side effects table [§483.45(c)(3) and (e) Psychotropic Drugs] to direct surveyors to evaluate if a resident has experienced psychosocial harm related to side effects of medications.

Medication side effects that could precipitate psychosocial harm include:

- Sedation
- Lethargy
- Agitation
- Mental status changes
- Behavior changes

See more from the [State Operations Manual](#)

Surveyors are instructed to evaluate if side effects such as these:

- Affect a resident's abilities to perform activities of daily living or interact with others
- Cause the resident to withdraw or decline from usual social patterns
- Show the resident has decreased engagement in activities
- Cause diminished ability to think or concentrate

If a resident is unable to communicate any of the above psychosocial outcomes related to medication side effects, the CMS guidance recommends considering how a reasonable person would experience the changes caused by medication side effects as explained in the [Psychosocial Outcome Severity Guide](#).



Steps to Facility Compliance

- Consider potential for psychosocial harm if changes in resident condition and/or symptoms occur related to medication side effects and make changes to the care process as needed.
- Acquire input from family and nurse aids when psych meds are initiated, when doses are changed, and at quarterly assessment periods.
- Ensure residents receiving psychotropics have a clear baseline documented for their behavior profiles, cognitive profiles, and disease state statuses to discern emergent medication side effects versus disease state progression.
- Educate staff on indicators of psychosocial harm in order to support resident well-being and quality of life.
- Leverage your Consultant Pharmacist through MRRs/iMRRs to provide medication expertise in evaluating medication side effects, particularly the 5 symptoms emphasized in this CMS guidance update.



How PharMerica Can Help

PharMerica pharmacists can assist the nursing facility in responding to this updated guidance through the following actions:

- Review Change of Condition requests from facility
- Participate in behavior meetings
- Provide detailed psych reports
- Assess dose, diagnosis, and potential adverse effects during Medication Regimen Reviews (in addition to the assessment provided by facility staff)
- Review a facility-generated list of residents with psychosocial harm concerns specific for medication side effects

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Adapted from State Operations Manual Appendix PP - Guidance to Surveyors for Long-Term Care Facilities

SYMPTOMS, SIGNS, AND CONDITIONS THAT MAY BE ASSOCIATED WITH MEDICATIONS

Determine if the resident has been transferred to acute care since the last survey and/or has recently (e.g., the previous 3 months) experienced a change in condition or currently has signs and symptoms such as:

- Anorexia and/or unplanned weight loss or weight gain
- Apathy
- Behavioral changes or unusual patterns (including increased expressions or indications of distress, social isolation or withdrawal)
- Bleeding or bruising, spontaneous or unexplained
- Bowel dysfunction including diarrhea, constipation, and impaction
- Dehydration, fluid/electrolyte imbalance
- Depression, mood disturbance
- Dysphagia, swallowing difficulty
- Falls, dizziness, or evidence of impaired coordination
- Gastrointestinal bleeding
- Headaches, muscle pain, generalized or nonspecific aching or pain
- Lethargy
- Mental status changes (e.g., new or worsening confusion, new cognitive decline, worsening of dementia - including delirium, and inability to concentrate)
- Psychomotor agitation (e.g., restlessness, inability to sit still, pacing, hand-wringing, or pulling or rubbing of the skin, clothing, or other objects)
- Psychomotor retardation (e.g., slowed speech, thinking, and body movements)
- Rash, pruritus
- Respiratory difficulty or changes
- Sedation (excessive), insomnia, or sleep disturbance
- Seizure activity
- Urinary retention or incontinence

If observations or record review indicate symptoms or changes in condition that may be related to medications, determine whether the facility considered medications as a potential cause of the change or symptom.

REVIEW FOR HOW THE IDT MANAGED MEDICATIONS FOR THE RESIDENT

Review the record (including the care plan, comprehensive assessment, and other parts of the record as appropriate) to determine whether it reflects the following elements related to medication management for the resident:

- Clinical indications for use of the medication
- Implementation of person-centered, non-pharmacological approaches to care
- Dose, including excessive dose, and duplicate therapy
- Duration, including excessive duration
- Consideration of potential for tapering/GDR or rationale for clinical contraindication
- Monitoring for and reporting of:
 - Response to medications and progress toward therapeutic goals and resident's goals
 - Emergence of medication-related adverse consequences
- Adverse consequences, if present and potentially medication-related; note if there was:
 - Recognition, evaluation, reporting, and management by the IDT
 - Physician action regarding adverse consequences
- The resident's goals and preferences for medications