

C0600: Should the Staff Assessment for Mental Status (C0700–C1000) Be Conducted?

C0600. Should the Staff Assessment for Mental Status (C0700–C1000) be Conducted?

Enter Code

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- 0. **No** (resident was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium
- 1. **Yes** (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK

Item Rationale

Health-related Quality of Life

- Direct or performance-based testing of cognitive function using the BIMS is preferred as it decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium. However, a minority of residents are unable or unwilling to participate in the BIMS.
- Mental status can vary among persons unable to communicate or who do not complete the interview.
 - Therefore, report of observed behavior is needed for persons unable to complete the BIMS interview.
 - When cognitive impairment is incorrectly diagnosed or missed, appropriate communication, activities, and therapies may not be offered.

Planning for Care

- Abrupt changes in cognitive status (as indicative of delirium) often signal an underlying potentially life-threatening illness and a change in cognition may be the only indication of an underlying problem.
 - This remains true for persons who are unable to communicate or to complete the BIMS.
- Specific aspects of cognitive impairment, when identified, can direct nursing interventions to facilitate greater independence and function.

Steps for Assessment

1. Review whether **BIMS Summary Score** item (C0500), is **coded 99**, unable to complete interview.

C0600: Should the Staff Assessment for Mental Status (C0700–C1000) Be Conducted? (cont.)

Coding Instructions

- **Code 0, no:** if the BIMS was completed and scored between 00 and 15. Skip to C1310.
- **Code 1, yes:** if the resident chooses not to participate in the BIMS or if four or more items were **coded 0** because the resident chose not to answer or gave a nonsensical response. Continue to C0700, Short-term Memory OK, to perform the Staff Assessment for Mental Status. Note: C0500 should be **coded 99**.

Coding Tips

- If a resident is scored 00 on C0500, the Staff Assessment for Mental Status should not be completed. **00** is a legitimate value for C0500 and indicates that the interview was complete. To have an incomplete interview, a resident had to choose not to answer or had to give completely unrelated, nonsensical responses to four or more BIMS items.

C0700–C1000: Staff Assessment of Mental Status Item

Staff Assessment for Mental Status	
Do not conduct if Brief Interview for Mental Status (C0200–C0500) was completed	
C0700.	Short-term Memory OK
Enter Code <input type="checkbox"/>	Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem
C0800.	Long-term Memory OK
Enter Code <input type="checkbox"/>	Seems or appears to recall long past 0. Memory OK 1. Memory problem
C0900.	Memory/Recall Ability
↓	Check all that the resident was normally able to recall
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That they are in a nursing home/hospital swing bed
<input type="checkbox"/>	Z. None of the above were recalled
C1000.	Cognitive Skills for Daily Decision Making
Enter Code <input type="checkbox"/>	Made decisions regarding tasks of daily life 0. Independent - decisions consistent/reasonable 1. Modified independence - some difficulty in new situations only 2. Moderately impaired - decisions poor; cues/supervision required 3. Severely impaired - never/rarely made decisions

C0700–C1000: Staff Assessment of Mental Status Item (cont.)

Item Rationale

Health-related Quality of Life

- Cognitive impairment is prevalent among some groups of residents, but not all residents are cognitively impaired.
- Many persons with memory problems can function successfully in a structured, routine environment.
- Residents may appear to be cognitively impaired because of communication challenges or lack of interaction but may be cognitively intact.
- When cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities, and therapies may not be offered.

Planning for Care

- Abrupt changes in cognitive status (as indicative of a delirium) often signal an underlying potentially life-threatening illness and a change in cognition may be the only indication of an underlying problem.
- The level and specific areas of impairment affect daily function and care needs. By identifying specific aspects of cognitive impairment, nursing interventions can be directed toward facilitating greater function.
- Probing beyond first, perhaps mistaken, impressions is critical to accurate assessment and appropriate care planning.