

E1100: Change in Behavior or Other Symptoms

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Consider all of the symptoms assessed in items E0100 through E1000

Enter Code

How does resident's current behavior status, care rejection, or wandering **compare to prior assessment (OBRA or Scheduled PPS)**?

- 0. Same
- 1. Improved
- 2. Worse
- 3. N/A because no prior MDS assessment

E1100: Change in Behavior or Other Symptoms (cont.)

Item Rationale

Health-related Quality of Life

- Change in behavior may be an important indicator of
 - a change in health status or a change in environmental stimuli,
 - positive response to treatment, and
 - adverse effects of treatment.

Planning for Care

- If behavior is worsening, assessment should consider whether it is related to
 - new health problems, psychosis, or delirium;
 - worsening of pre-existing health problems;
 - a change in environmental stimuli or caregivers that influences behavior; and
 - adverse effects of treatment.
- If behaviors are improved, assessment should consider what interventions should be continued or modified (e.g., to minimize risk of relapse or adverse effects of treatment).

Steps for Assessment

1. Review responses provided to items E0100-E1000 on the current MDS assessment.
2. Compare with responses provided on prior MDS assessment.
3. Taking all of these MDS items into consideration, make a global assessment of the change in behavior from the most recent to the current MDS.
4. Rate the overall behavior as same, improved, or worse.

Coding Instructions

- **Code 0, same:** if overall behavior is the same (unchanged).
- **Code 1, improved:** if overall behavior is improved.
- **Code 2, worse:** if overall behavior is worse.
- **Code 3, N/A:** if there was no prior MDS assessment of this resident.

Coding Tips

- For residents with multiple behavioral symptoms, it is possible that different behaviors will vary in different directions over time. That is, one behavior may improve while another worsens or remains the same. Using clinical judgment, this item should be rated to reflect the overall direction of behavior change, estimating the net effects of multiple behaviors.

E1100: Change in Behavior or Other Symptoms (cont.)

Examples

1. On the prior assessment, the resident was reported to wander on 4 out of 7 days. Because of elopement, the behavior placed the resident at significant risk of getting to a dangerous place. On the current assessment, the resident was found to wander on the unit 2 of the last 7 days but has not attempted to exit the unit. Because the resident is no longer attempting to exit the unit, they are at decreased risk for elopement and getting to a dangerous place. However, the resident is now wandering into the rooms of other residents, intruding on their privacy. This requires occasional redirection by staff.

Coding: E1100 would be **coded 1, improved.**

Rationale: Although one component of this resident's wandering behavior is worse because it has begun to intrude on the privacy of others, it is less frequent and less dangerous (without recent elopement) and is therefore improved overall since the last assessment. The fact that the behavior requires less intense surveillance or intervention by staff also supports the decision to rate the overall behavior as improved.

2. At the time of the last assessment, the resident was ambulatory and would threaten and hit other residents daily. They recently suffered a hip fracture and is not ambulatory. They are not approaching, threatening, or assaulting other residents. However, the resident is now combative when staff try to assist with dressing and bathing, and is hitting staff members daily.

Coding: E1100 would be **coded 0, same.**

Rationale: Although the resident is no longer assaulting other residents, they have begun to assault staff. Because the danger to others and the frequency of these behaviors is the same as before, the overall behavior is rated as unchanged.

3. On the prior assessment, a resident with Alzheimer's disease was reported to wander on 2 out of 7 days and has responded well to redirection. On the most recent assessment, it was noted that the resident has been wandering more frequently for 5 out of 7 days and has also attempted to elope from the building on two occasions.

This behavior places the resident at significant risk of personal harm. The resident has been placed on more frequent location checks and has required additional redirection from staff. They were also provided with an elopement bracelet so that staff will be alerted if the resident attempts to leave the building. The intensity required of staff surveillance because of the dangerousness and frequency of the wandering behavior has significantly increased.

Coding: E1100 would be **coded 2, worse.**

Rationale: Because the danger and the frequency of the resident's wandering behavior have increased and there were two elopement attempts, the overall behavior is rated as worse.

SECTION F: PREFERENCES FOR CUSTOMARY ROUTINE AND ACTIVITIES

Intent: The intent of items in this section is to obtain information regarding the resident's preferences for their daily routine and activities. This is best accomplished when the information is obtained directly from the resident or through family or significant other, or staff interviews if the resident cannot report preferences. The information obtained during this interview is just a portion of the assessment. Nursing homes should use this as a guide to create an individualized plan based on the resident's preferences and is not meant to be all-inclusive.