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 ☐

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 ☐

Seems or appears to recall after 5 minutes
0. Memory OK
1. Memory problem

C0800. Long-term Memory OK

Enter Code ☐

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**

☐ A. **Current season**

☐ B. **Location of own room**

☐ C. **Staff names and faces**

☐ D. **That they are in a nursing home/hospital swing bed**

☐ Z. **None of the above** were recalled

C1000. Cognitive Skills for Daily Decision Making

Enter Code ☐

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.