E0800: Rejection of Care—Presence & Frequency

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Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) **that is necessary to achieve the resident's goals for health and well-being?** Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.

Enter Code ☐

0. **Behavior not exhibited**
1. **Behavior of this type occurred 1 to 3 days**
2. **Behavior of this type occurred 4 to 6 days**, but less than daily
3. **Behavior of this type occurred daily**

Item Rationale

Health-related Quality of Life

- Goals for health and well-being reflect the resident's wishes and objectives for health, function, and life satisfaction that define an acceptable quality of life for that individual.
- The resident's care preferences reflect desires, wishes, inclinations, or choices for care. Preferences do not have to appear logical or rational to the clinician. Similarly, preferences are not necessarily informed by facts or scientific knowledge and may not be consistent with "good judgment."
- It is really a matter of resident choice. When rejection/decline of care is first identified, the team then investigates and determines the rejection/decline of care is really a matter of resident's choice. Education is provided and the resident's choices become part of the plan of care. On future assessments, this behavior would not be coded in this item.
- A resident might reject/decline care because the care conflicts with *their* preferences and goals. In such cases, care rejection behavior is not considered a problem that warrants treatment to modify or eliminate the behavior.
- Care rejection may be manifested by verbally declining, statements of refusal, or through physical behaviors that convey aversion to, result in avoidance of, or interfere with the receipt of care.

E0800: Rejection of Care—Presence & Frequency (cont.)

- This type of behavior interrupts or interferes with the delivery or receipt of care by disrupting the usual routines or processes by which care is given, or by exceeding the level or intensity of resources that are usually available for the provision of care.
- A resident's rejection of care might be caused by an underlying neuropsychiatric, medical, or dental problem. This can interfere with needed care that is consistent with the resident's preferences or established care goals. In such cases, care rejection behavior may be a problem that requires assessment and intervention.

DEFINITIONS

REJECTION OF CARE
Behavior that interrupts or interferes with the delivery or receipt of care. Care rejection may be manifested by verbally declining or statements of refusal or through physical behaviors that convey aversion to or result in avoidance of or interfere with the receipt of care.

INTERFERENCE WITH CARE
Hindering the delivery or receipt of care by disrupting the usual routines or processes by which care is given, or by exceeding the level or intensity of resources that are usually available for the provision of care.

Planning for Care

- Evaluation of rejection of care assists the nursing home in honoring the resident's care preferences in order to meet *their* desired health care goals.
- Follow-up assessment should consider:
  - whether established care goals clearly reflect the resident's preferences and goals and
  - whether alternative approaches could be used to achieve the resident's care goals.
- Determine whether a previous discussion identified an objection to the type of care or the way in which the care was provided. If so, determine approaches to accommodate the resident's preferences.

Steps for Assessment

1. Review the medical record.
2. Interview staff, across all shifts and disciplines, as well as others who had close interactions with the resident during the 7-day look-back period.
3. Review the record and consult staff to determine whether the rejected care is needed to achieve the resident's preferences and goals for health and well-being.
4. Review the medical record to find out whether the care rejection behavior was previously addressed and documented in discussions or in care planning with the resident, family, or significant other and determined to be an informed choice consistent with the resident's values, preferences, or goals; or whether that the behavior represents an objection to the way care is provided, but acceptable alternative care and/or approaches to care have been identified and employed.
5. If the resident exhibits behavior that appears to communicate a rejection of care (and that rejection behavior has not been previously determined to be consistent with the resident's values or goals), ask *them* directly whether the behavior is meant to decline or refuse care.

E0800: Rejection of Care—Presence & Frequency (cont.)

- If the resident indicates that the intention is to decline or refuse, then ask *them* about the reasons for rejecting care and about *their* goals for health care and well-being.
- If the resident is unable or unwilling to respond to questions about *their* rejection of care or goals for health care and well-being, then interview the family or significant other to ascertain the resident's health care preferences and goals.

Coding Instructions

- **Code 0, behavior not exhibited:** if rejection of care consistent with goals was not exhibited in the last 7 days.
- **Code 1, behavior of this type occurred 1-3 days:** if the resident rejected care consistent with goals 1-3 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days.
- **Code 2, behavior of this type occurred 4-6 days, but less than daily:** if the resident rejected care consistent with goals 4-6 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days.
- **Code 3, behavior of this type occurred daily:** if the resident rejected care consistent with goals daily in the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days.

Coding Tips and Special Populations

- The intent of this item is to identify potential behavioral problems, not situations in which care has been rejected based on a choice that is consistent with the resident's preferences or goals for health and well-being or a choice made on behalf of the resident by a family member or other proxy decision maker.
- Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family) and determined to be consistent with the resident's values, preferences, or goals. Residents who have made an informed choice about not wanting a particular treatment, procedure, etc., should not be identified as "rejecting care."

Examples

1. A resident with heart failure who recently returned to the nursing home after surgical repair of a hip fracture is offered physical therapy and declines. *They* say that *they* get too short of breath when *they* try to walk even a short distance, making physical therapy intolerable. *They* do not expect to walk again and does not want to try. *Their* physician has discussed this with *them* and has indicated that *their* prognosis for regaining ambulatory function is poor.

   Coding: E0800 would be **coded 0, behavior not exhibited.**

   Rationale: This resident has communicated that *they* consider physical therapy to be both intolerable and futile. The resident discussed this with *their* physician. *Their* choice to not accept physical therapy treatment is consistent with *their* values and goals for health care. Therefore, this would **not** be coded as rejection of care.

E0800: Rejection of Care—Presence & Frequency (cont.)

2. A resident informs the staff that *they* would rather receive care at home, and the next day *they* call for a taxi and exits the nursing facility. When staff try to persuade *them* to return, *they* firmly state, "Leave me alone. I always swore I'd never go to a nursing home. I'll get by with my visiting nurse service at home again." *They are* not exhibiting signs of disorientation, confusion, or psychosis and has never been judged incompetent.

   Coding: E0800 would be **coded 0, behavior not exhibited.**
   Rationale: *Their* departure is consistent with *their* stated preferences and goals for health care. Therefore, this is **not** coded as care rejection.

3. A resident goes to bed at night without changing out of the clothes *they* wore during the day. When a nursing assistant offers to help *them* get undressed, *they* decline, stating that *they* prefer to sleep in *their* clothes tonight. The clothes are wet with urine. This has happened 2 of the past 7 days. The resident was previously fastidious, recently has expressed embarrassment at being incontinent, and has care goals that include maintaining personal hygiene and skin integrity.

   Coding: E0800 would be **coded 1, behavior of this type occurred 1-3 days.**
   Rationale: The resident's care rejection behavior is not consistent with *their* values and goals for health and well-being. Therefore, this is classified as care rejection that occurred twice.

4. A resident chooses not to eat supper one day, stating that the food causes *them* diarrhea. *They* say *they* know *they* need to eat and do not wish to compromise *their* nutrition, but *they are* more distressed by the diarrhea than by the prospect of losing weight.

   Coding: E0800 would be **coded 1, behavior of this type occurred 1-3 days.**
   Rationale: Although choosing not to eat is consistent with the resident's desire to avoid diarrhea, it is also in conflict with *their* stated goal to maintain adequate nutrition.

5. A resident is given *their* antibiotic medication prescribed for treatment of pneumonia and immediately spits the pills out on the floor. This resident's assessment indicates that *they* do not have any swallowing problems. This happened on each of the last 4 days. The resident's advance directive indicates that *they* would choose to take antibiotics to treat a potentially life-threatening infection.

   Coding: E0800 would be **coded 2, behavior of this type occurred 4-6 days, but less than daily.**
   Rationale: The behavioral rejection of antibiotics prevents the resident from achieving *their* stated goals for health care listed in *their* advance directives. Therefore, the behavior is coded as care rejection.

E0800: Rejection of Care—Presence & Frequency (cont.)

6. A resident who recently returned to the nursing home after surgery for a hip fracture is offered physical therapy and declines. *They* state that *they* want to walk again but is afraid of falling. This occurred on 4 days during the look-back period.

   Coding: E0800 would be **coded 2, behavior of this type occurred 4-6 days.**

   Rationale: Even though the resident's health care goal is to regain *their* ambulatory status, *their* fear of falling results in rejection of physical therapy and interferes with *their* rehabilitation. This would be coded as rejection of care.

7. A resident who previously ate well and prided *them*self on following a healthy diet has been refusing to eat every day for the past 2 weeks. *They* complain that the food is boring and that *they* feel full after just a few bites. They say *they* want to eat to maintain *their* weight and avoid getting sick, but *they* cannot push *them*self to eat anymore.

   Coding: E0800 would be **coded 3, behavior of this type occurred daily.**

   Rationale: The resident's choice not to eat is not consistent with *their* goal of weight maintenance and health. Choosing not to eat may be related to a medical condition such as a disturbance of taste sensation, gastrointestinal illness, endocrine condition, depressive disorder, or medication side effects.