

Section E

Behavior

Objectives

- State the intent of Section E Behavior.
- Define hallucination and delusion.
- Describe potential problem behaviors and the impact of these behaviors.
- Conduct an assessment for behavioral symptoms and problems.
- Code Section E correctly and accurately.

Intent of Section E₁

- Identify behavioral symptoms in the last 7 days that:
 - May cause distress to the resident
 - May be distressing or disruptive to facility residents, staff members, or the care environment
- Such behaviors may place resident at risk for:
 - Injury
 - Isolation
 - Inactivity

Intent of Section E₂

- Behaviors may also indicate:
 - Unrecognized needs
 - Preferences
 - Illnesses
- Includes behaviors that are potentially harmful to the resident himself or herself.
- Emphasis is identifying behaviors.
- Does not necessarily imply a medical diagnosis.

Frequency and Impact

- Identification of frequency and impact of symptoms is critical.
- Must distinguish behaviors that constitute problems from those that are not problematic.
- Follow-up evaluation and care plan interventions can be developed to:
 - Improve the symptoms**OR**
 - Reduce their impact

Focus of Section E

- Focus on the resident's actions.
- Do not focus on the intent of the behavior.
- Staff may have become used to the behavior.
 - May under-report problematic behaviors.
 - Minimize behavior by presuming intent.

Item E0100

Potential Indicators of Psychosis

E0100 Potential Indicators of Psychosis

- Identify whether resident exhibits these behaviors.
- Hallucination
 - Perception of the presence of something that is not actually there.
 - May be auditory or visual or involve smells, tastes or touch.
- Delusion
 - Fixed false belief not shared by others that the resident holds even in face of evidence to the contrary.

E0100 Importance₁

- Psychotic symptoms may be associated with:
 - o Delirium
 - o Dementia
 - o Adverse drug effects
 - o Psychiatric disorders
 - o Hearing or vision impairment

E0100 Importance₂

- Hallucinations and delusions may:
 - o Be distressing to residents and families
 - o Cause disability
 - o Lead to dangerous behavior and possible harm
 - o Interfere with delivery of medical, nursing, rehabilitative and personal care

E0100 Conduct the Assessment₁

- Review the resident's medical record.
- Interview staff members and others who have observed the resident in a variety of situations.
- Observe the resident.
 - During conversations
 - During the structured interviews in other sections
- Listen for statements indicating hallucinations or delusions.

E0100 Conduct the Assessment₂

- Clarify potentially false beliefs.
 - Try to verify facts to determine if it is likely that the belief is false.
 - Determine if false belief can be corrected by a simple explanation of verifiable (real) facts or demonstration of evidence to the contrary.
 - Offer a potential alternate explanation to gauge resident's response and determine if belief is fixed.

E0100 Assessment Guidelines

- **Do not** code a false belief as a delusion if:
 - Belief cannot be objectively shown to be false.
 - Not possible to determine whether it is false.
 - Resident expresses a false belief but easily accepts a reasonable alternative explanation
- **Do** code a false belief as a delusion if:
 - Resident continues to insist belief is correct despite an explanation or direct evidence to the contrary
- **Do not** challenge the resident.

E0100 Coding Instructions

- Code based on behaviors observed and/ or thoughts expressed in the look-back period.
- Do not code based on the presence of a medical diagnosis.
- Check all that apply to the resident.

E0100. Psychosis	
↓ Check all that apply	
<input type="checkbox"/>	A. Hallucinations (perceptual distortions)
<input type="checkbox"/>	B. Delusions (misconceptions)
<input type="checkbox"/>	Z. None of the above

Check all that apply

- A. Hallucinations** (perceptual distortions)
- B. Delusions** (misconceptions)
- Z. None of the above**

E0100 Scenario

- A resident carries on one side of a conversation, mentioning her daughter's name as if she is addressing her in person.
- When asked about this, she reports hearing her daughter's voice, even though the daughter is not present and no other voices can be heard in the environment.

E0100 Scenario Coding

- Resident reports an auditory sensation that occurs in absence of any external stimulus.
- Code this as a hallucination.

<input checked="" type="checkbox"/>	A. Hallucinations (perceptual experiences in the absence of real external sens
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E0100. Psychosis

↓ Check all that apply

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli) |
| <input type="checkbox"/> | B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality) |
| <input type="checkbox"/> | Z. None of the above |

E0100 Practice #1

- A resident reports that he heard a gunshot.
- In fact, there was a loud knock on the door.
- When this is explained to him, he accepts the alternative interpretation of the loud noise.

How should E0100 be coded?

- A. Code as **A.** Hallucinations
- B. Code as **B.** Delusions
- C. Code as **Z.** None of the above

E0100 Practice #1 Coding

- Correct coding is **Z**. None of the above.
- The resident misinterpreted a real sound in the external environment.
- Because he is able to accept the alternative explanation for the cause of the sound, his report of a gunshot is not a fixed false belief.
- Therefore, this is not coded as a delusion.

E0100. Psychosis	
↓ Check all that apply	
<input type="checkbox"/>	A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)
<input type="checkbox"/>	B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)
<input checked="" type="checkbox"/>	Z. None of the above

<input checked="" type="checkbox"/>	Z. None of the above
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E0100 Practice #2

- A resident announces that he must leave to go to work, because he is needed in his office right away.
- In fact, he has been retired for 15 years.
- When reminded of this, he continues to insist that he must get to his office.

How should E0100 be coded?

- A. Code as **A.** Hallucinations
- B. Code as **B.** Delusions
- C. Code as **Z.** None of the above

E0100 Practice #2 Coding

- Correct coding is **B. Delusions**.
- Resident adheres to the belief that he still works, even after being reminded about his retirement status.
- Because the belief is held firmly despite an explanation of the real situation, code as a delusion.

E0100. Psychosis	
↓ Check all that apply	
<input type="checkbox"/>	A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)
<input checked="" type="checkbox"/>	B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)
<input type="checkbox"/>	Z. None of the above

<input checked="" type="checkbox"/>	B. Delusions (misconceptions or beliefs that are firmly held, contrary to
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Item E0200

**Behavioral Symptom
Presence & Frequency**

E0200 Importance

- New onset of behavioral symptoms warrants:
 - Prompt evaluation
 - Assurance of resident safety
 - Relief of distressing symptoms
 - Compassionate response to the resident
- Identify and treat reversible and treatable causes promptly.
- Develop management strategies to minimize the amount of disability and distress.

E0200 Overview

- Determine presence of problematic behaviors.
 - May be physical or verbal
 - May be directed toward self or others
- For any identified behavior, must then determine:
 - Frequency of the behavior
 - Impact of the behavior on self and others
- Assess the **presence** of the behavior only.
- Do **not** consider the **intent** of the behavior.

E0200 Categories of Symptoms₁

- Physical behaviors directed toward others:
 - o Hitting
 - o Kicking
 - o Pushing
 - o Scratching
 - o Grabbing
 - o Abusing others sexually
- Verbal behaviors directed toward others:
 - o Threatening
 - o Cursing
 - o Screaming

Note: This does not represent all possible behaviors.

E0200 Categories of Symptoms₂

- Other behaviors not directed toward others:
 - o Hitting or scratching self
 - o Pacing
 - o Rummaging
 - o Public sexual acts
 - o Disrobing in public
 - o Throwing or smearing food or bodily wastes
 - o Screaming
 - o Disruptive sounds
- This item does not include wandering.

E0200 Conduct the Assessment

- Review the medical record.
- Interview staff across all shifts and disciplines.
- Interview family and friends who had close interactions with the resident.
- Observe the resident in a variety of situations.

E0200 Assessment Guidelines

- Code whether the symptoms occurred.
- Do **not** code any interpretation of the meaning or cause of the behavior.
- Code any behavior that occurs.
 - Even if staff have become used to the behavior
 - Even if behavior is typical or tolerable
- Include behavior that might represent a rejection of care.

E0200 Coding Instructions

- Type of behavior(s) resident exhibits
- Frequency of behavior during the look-back period

E0200. Behavioral Symptom - Presence & Frequency	
Note presence of symptoms and their frequency	
	↓ Enter Codes in Boxes
Coding: 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	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds)

E0200 Frequency of Symptoms

- Determine how many days the behavior was exhibited during the look-back period.
- Do not document the number or severity of episodes that occur on any of these days.

E0200. Behavioral Symptom - Presence & Frequency	
Note presence of symptoms and their frequency	
↓ Enter Codes in Boxes	
Coding: 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	<input type="checkbox"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) <input type="checkbox"/> B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)

- 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

E0200 Presence & Frequency Scenario

- Every morning, a nursing assistant tries to help a resident who is unable to dress himself.
- On the last 4 out of 6 mornings, the resident has hit or scratched the nursing assistant during attempts to dress him.

E0200 Presence & Frequency Scenario Coding

- Code E0200A because scratching the nursing assistant is a physical behavior directed toward others.
- Code response option **2** because the behavior occurred on 4 days during the look-back period.

E0200. Behavioral Symptom - Presence & Frequency		
Note presence of symptoms and their frequency		
↓ Enter Codes in Boxes		
Coding:	<input type="text" value="2"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
0. Behavior not exhibited		
1. Behavior exhibited on 1-3 days during the look-back period	<input type="text" value="2"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
2. Behavior exhibited on 4-6 days during the look-back period		
3. Behavior of this type occurred daily	<input type="text" value=""/>	symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds)

E0200 Presence & Frequency Practice #1

- A resident has previously been found rummaging through the clothes in her roommate's dresser drawer.
- This behavior has not been observed by staff or reported by others in the last 7 days.

How should E0200 Presence & Frequency be coded?

- A. Code E0200A as **0** (behavior not exhibited).
- B. Code E0200A as **1** (occurred 1 – 3 days).
- C. Code E0200A as **2** (occurred 4 – 6 days).
- D. Code E0200C as **0** (behavior not exhibited).
- E. Code E0200C as **1** (occurred 1 – 3 days).
- F. Code E0200C as **2** (occurred 4 – 6 days).

E0200 Presence & Frequency Practice #1 Coding

- Correct coding is **0** for item E0200C Other behavioral symptoms not directed toward others.
- Behavior did not occur during the look-back period.

E0200. Behavioral Symptom - Presence & Frequency	
Note presence of symptoms and their frequency	
Coding: 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	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
	<input type="checkbox"/> B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
	<input type="checkbox"/> 0 C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds)

0	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
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E0200 Presence & Frequency Practice #2

- A resident throws his dinner tray at another resident who repeatedly spit food at him during dinner.
- This is a single, isolated incident.

How should E0200 Presence & Frequency be coded?

- A. Code E0200A as **1** (occurred 1 – 3 days).
- B. Code E0200A as **2** (occurred 4 – 6 days).
- C. Code E0200A as **3** (occurred daily).
- D. Code E0200C as **1** (occurred 1 – 3 days).
- E. Code E0200C as **2** (occurred 4 – 6 days).
- F. Code E0200C as **3** (occurred daily).

E0200 Presence & Frequency Practice #2 Coding

- The correct coding is 1 for E0200A Physical behavioral symptoms directed toward others.
- Throwing a tray at another resident is a physical behavior directed toward others.
- Although a possible explanation exists, behavior is noted as present because it occurred during the look-back period.

E0200. Behavioral Symptom - Presence & Frequency	
Note presence of symptoms and their frequency	
↓ Enter Codes in Boxes	
Coding:	<input type="text" value="1"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
0. Behavior not exhibited	
1. Behavior exhibited during look-back period	<input type="text" value="1"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
2. Behavior exhibited during current period	
3. Behavior of this type occurred daily	<input type="text"/> symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds)

Item E0300

**Overall Presence of
Behavioral Symptoms**

Purpose of E0300

- Confirm whether problematic behaviors have been documented in E0200.
- Determine if items E0500 and E0600 need to be completed.

Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?

E0300. Overall Presence of Behavioral Symptoms

Enter Code

Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?

0. **No** → Skip to E0800, Rejection of Care

1. **Yes** → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below

E0300 Conduct the Assessment

- Review the coding for E0200.
- Confirm if any items are coded **1**, **2**, or **3**.

E0200. Behavioral Symptom - Presence & Frequency		
Note presence of symptoms and their frequency		
Coding: 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	↓ Enter Codes in Boxes	
	1	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
	2	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
	0	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds)

E0300 Coding Instructions

- Code **0. No.**
 - All E0200 options are coded **0**.
 - Skip to E0800 Rejection of Care.
- Code **1. Yes.**
 - Any E0200 options are coded **1, 2, or 3**.
 - Complete E0500 and E0600.

E0300. Overall Pre		0 No	1 Yes	Behavioral Symptoms
Enter Code	<input type="checkbox"/>	Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?		
		0. No → Skip to E0800, Rejection of Care		
		1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below		

Items E0500/ E0600

**Impact on Resident
Impact on Others**

E0500 & E0600 Importance

- Behaviors identified in E0200 can impact the resident and others:
 - o Create risk for illness or injury.
 - o Interfere with provision of care.
 - o Interfere with participation in activities or social interactions.
 - o Intrude on privacy.
 - o Disrupt living environments.

E0500 & E0600

Conduct the Assessment

- Consider the previous review for E0200.
 - Medical record
 - Staff interviews across all shifts and disciplines
 - Interviews with others who had close interactions with the resident
 - Previous observations of the behaviors identified

E0500 Impact on Resident Conduct the Assessment

- Determine the impact on the resident:
 - Significant risk of physical illness or injury
 - Significantly interferes with the resident's care
 - Significantly interferes with participation in activities or social interactions

E0500. Impact on Resident	
Enter Code <input type="checkbox"/>	Did any of the identified symptom(s): A. Put the resident at significant risk for physical illness or injury? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Significantly interfere with the resident's care? 0. No 1. Yes
Enter Code <input type="checkbox"/>	C. Significantly interfere with the resident's participation in activities or social interactions? 0. No 1. Yes

E0600 Impact on Others

Conduct the Assessment

- Determine impact on others:
 - Significant risk for physical injury
 - Significantly intrude on privacy or activities
 - Significantly disrupt care or living environment

E0600. Impact on Others	
Enter Code <input type="checkbox"/>	Did any of the identified symptom(s): A. Put others at significant risk for physical injury? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Significantly intrude on the privacy or activity of others? 0. No 1. Yes
Enter Code <input type="checkbox"/>	C. Significantly disrupt care or living environment? 0. No 1. Yes

E0500 & E0600 Assessment Guidelines

- Consider **all** behavioral symptoms coded in E0200 Behavioral Symptom – Presence & Frequency.
- Staff should use clinical judgment in determining the significance of the behavior for each resident.

E0500 Impact on Resident Coding Instructions

- Focus is impact of behavior on the resident.
- Each item requires a **0. No** or **1. Yes** response.

E0500. Impact on Resident	
Enter Code <input type="checkbox"/>	Did any of the identified symptom(s): A. Put the resident at significant risk for physical illness or injury? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Significant 0. No 1. Yes
Enter Code <input type="checkbox"/>	C. Significant 0. No 1. Yes

0	No
1	Yes
Significa	
0	No
1	Yes
Significa	
0	No
1	Yes

E0500 Impact on Resident Scenario

- A resident frequently grabs and scratches staff when they attempt to change her soiled brief, digging her nails into their skin.
- This makes it difficult to complete the care task.

E0500 Impact on Resident Scenario Coding

- Code E0500B as 1. Yes.
- This behavior interfered with delivery of essential personal care.

E0500. Impact on Resident	
Enter Code	A.
<input type="checkbox"/>	Did any of the identified symptom(s):
	A. Put the resident at significant risk for physical illness or injury?
	0. No
	1. Yes
Enter Code	B.
<input type="checkbox"/>	B. Significantly interfere with the resident's care?
1	0. No
	1. Yes
Enter Code	C.
<input type="checkbox"/>	C. Significantly interfere with the resident's participation in activities or social interactions?
	0. No
	1. Yes

E0500 Impact on Resident Practice #1

- A resident paces incessantly.
- When staff encourage him to sit at the dinner table, he returns to pacing after less than a minute, even after cueing and reminders.
- He is so restless that he cannot sit still long enough to feed himself or receive assistance in obtaining adequate nutrition.

How should E0500 Impact on Resident be coded?

- A. Code E0500A as 1. Yes.
- B. Code E0500B as 1. Yes.
- C. Code E0500C as 1. Yes.
- D. Code E0500A & E0500B as 1. Yes.
- E. Code E0500B & E0500C as 1. Yes.
- F. Code E0500A & E0500C as 1. Yes.

E0500 Impact on Resident Practice #1 Coding

- Code E0500A Significant Risk for Physical Illness or Injury as **1. Yes.**
- Code E0500B Significantly Interfere with the Resident's Care as **1. Yes.**
- This behavior significantly interfered with personal care (i.e., feeding) and put the resident at risk for malnutrition and physical illness.

E0500 Impact on Resident Practice #2

- A resident repeatedly throws his markers and card on the floor during bingo.

How should E0500 Impact on Resident be coded?

- A. Code E0500A as 1. Yes.
- B. Code E0500B as 1. Yes.
- C. Code E0500C as 1. Yes.
- D. Code E0500A & E0500B as 1. Yes.
- E. Code E0500B & E0500C as 1. Yes.
- F. Code E0500A & E0500C as 1. Yes.

E0500 Impact on Resident Practice #2 Coding

- Code E0500C Significantly Interfere with the Resident's Participation in Activities or Social Interactions as **1. Yes**.
- This behavior interfered with ability to participate in the activity.

E0500. Impact on Resident	
Enter Code <input type="checkbox"/>	Did any of the Identified symptom(s): A. Put the resident at significant risk for physical illness or injury? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Significantly interfere with the resident's care? 0. No 1. Yes
Enter Code <input checked="" type="checkbox"/>	C. Significantly interfere with the resident's participation in activities or social interactions? 0. No 1. Yes
Enter Code <input checked="" type="checkbox"/>	C. Significantly interfere with the resident's participation in activities or social interactions? 0. No 1. Yes

E0600 Impact on Others Coding Instructions

- Focus is impact of behavior on others.
- Each item requires a **0. No** or **1. Yes** response.

E0600. Impact on Others	
Enter Code <input type="checkbox"/>	<p>Did any of the following person(s):</p> <p>A. Put others at risk for physical injury?</p> <p>0. No 1. Yes</p>
Enter Code <input type="checkbox"/>	<p>B. Significant impact on privacy or activity of others?</p> <p>0. No 1. Yes</p>
Enter Code <input type="checkbox"/>	<p>C. Significant impact on living environment?</p> <p>0. No 1. Yes</p>

E0600 Impact on Others Scenario

- When eating in the dining room, a resident frequently grabs food off the plates of other residents.
- Although their food is replaced, so the behavior does not compromise their nutrition, other residents become anxious in anticipation of this recurring behavior.

E0600 Impact on Others

Scenario Coding

- Code E0600A as **0. No.**
- Code E0600B as **1. Yes.**
- Code E0600C as **1. Yes.**
- Code E0600B because this behavior violates other residents' privacy as it is an intrusion on personal space and property (food tray).
- Code E0600C because the behavior is pervasive and disrupts the staff's ability to deliver nutritious meals in dining room (an organized activity).

E0600 Impact on Others

Practice #1

- A resident, when sitting in the hallway outside the community activity room, continually yells, repeating the same phrase.
- The yelling can be heard by other residents in hallways, activity and recreational areas but not in their private rooms.

How should E0600 Impact on Others be coded?

- A. Code E0600A as 1. Yes.
- B. Code E0600B as 1. Yes.
- C. Code E0600C as 1. Yes.
- D. Code E0600A & E0600B as 1. Yes.
- E. Code E0600B & E0600C as 1. Yes.
- F. Code E0600A & E0600C as 1. Yes.

E0600 Impact on Others

Practice #1 Coding

- Code E0600B Significantly Intrude on the Privacy or Activity of Others as **1. Yes.**
- Code E0600C Significantly Disrupt Care or the Living Environment as **1. Yes.**
- The behavior does not put others at risk for significant injury.
- The behavior does create a climate of excessive noise, disrupting the living environment and the activity of others.

E0600 Impact on Others

Practice #2

- A resident appears to intentionally stick his cane out when another resident walks by.

How should E0600 Impact on Others be coded?

- A. Code E0600A as 1. Yes.
- B. Code E0600B as 1. Yes.
- C. Code E0600C as 1. Yes.
- D. Code E0600A & E0600B as 1. Yes.
- E. Code E0600B & E0600C as 1. Yes.
- F. Code E0600A & E0600C as 1. Yes.

E0600 Impact on Others

Practice #2 Coding

- Code E0600A Put Others at Significant Risk for Physical Injury as **1. Yes**.
- The behavior put the other resident at risk of falling and physical injury.
- You may also need to consider coding items E0600B and E0600C depending on the specific situation in the environment or care setting.

Item E0800

**Rejection of Care
Presence & Frequency**

Goals for Health & Well-Being

- Goals reflect resident's wishes and objectives for health, function, and life satisfaction that define an acceptable quality of life.
- 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."

Rejection of Care₁

- Rejection of care may be manifested by:
 - Verbally declining or statements of refusal
 - Physical behaviors that convey aversion to, result in avoidance of, or interfere with the receipt of care
- This type of behavior interrupts or interferes with the delivery or receipt of care.
 - Disrupts the usual routines or processes by which care is given.
 - Exceeds the level or intensity of resources that are usually available for the provision of care.

Rejection of Care₂

- Resident might reject/ decline care because care conflicts with preferences and goals.
 - This is not considered a problem that warrants treatment to modify or eliminate behavior.
- Resident might reject care due to an underlying neuro-psychiatric, medical, or dental problem.
 - Can interfere with needed care consistent with the resident's preferences or established care goals.
 - May be a problem that requires assessment and intervention.

Rejection of Care₃

- It is really a matter of resident choice.
- When first identified, code it as a behavior.
- The team 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.

E0800 Conduct the Assessment₁

- Interview staff, across all shifts and disciplines.
- Interview others who had close interactions with the resident.
- Review the record and consult staff.
- Determine whether the rejected care is needed to achieve the resident's goals and preferences for health and well-being.

E0800 Conduct the Assessment₂

- Review the medical record.
 - Was the care rejection behavior previously addressed and documented in discussions or in care planning with the resident, family, or significant other.
 - Determined to be an informed choice consistent with the resident's values, preferences, or goals.
 - Does behavior represent an objection to the way care is provided, but acceptable alternative care and/ or approaches to care have been identified and employed.

E0800 Conduct the Assessment₃

- If the resident exhibits behavior that appears to communicate a rejection of care, ask directly if behavior is meant to decline or refuse care.
 - If resident indicates this intention, ask about the reasons for rejecting care and about goals for health care and well-being.
 - If resident is unable or unwilling to respond to questions about rejection of care or goals for health care and well-being, interview the family or significant other to ascertain the resident's health care preferences and goals.

E0800 Assessment Guidelines

- Intent is to identify potential behavioral problems.
- Not rejection of care based on a **choice** made by the resident or on behalf of the resident by a family member or other proxy decision maker.
- Do not include:
 - Behaviors that have already been addressed
 - Determined to be consistent with the resident's values, preferences, or goals

E0800 Coding Instructions

- Code number of days in look-back period the resident exhibited rejection of care consistent with goals for health care and well-being.
- Do not code the number of episodes.

E0800. Rejection of Care - Presence & Frequency

Enter Code

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/or determined to be consistent with resident values, preferences, or goals.

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

- 0 Behavior not exhibited
- 1 Behavior of this type occurred 1 to 3 days
- 2 Behavior of this type occurred 4 to 6 days,
- 3 Behavior of this type occurred daily

E0800 Rejection of Care Scenario

- 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.
- She says that she gets too short of breath when she tries to walk even a short distance, making physical therapy intolerable.
- She does not expect to walk again and does not want to try.
- Her physician has discussed this with her and has indicated that her prognosis for regaining ambulatory function is poor.

E0800 Rejection of Care Scenario Coding

- This resident has communicated that she considers physical therapy to be both intolerable and futile.
- The resident discussed this with her physician.
- Her choice to not accept physical therapy treatment is consistent with her values and goals for health care.
- Therefore, this would **not** be coded as rejection of care.

E0800. Rejection of Care - Presence & Frequency

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/or determined to be consistent with resident values, preferences, or goals.

Enter Code	0 Behavior not exhibited
	1 type occurred 1 to 3 days
	2 type occurred 4 to 6 days, but less than daily
	3 type occurred daily

Enter Code
0

E0800 Rejection of Care Practice #1

- A resident goes to bed at night without changing out of the clothes he wore during the day.
- When a nursing assistant offers to help him get undressed, he declines, stating that he prefers to sleep in his 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.

How should E0800 Rejection of Care be coded?

- A. Code **0**. Behavior not exhibited.
- B. Code **1**. Behavior of this type occurred 1 to 3 days.
- C. Code **2**. Behavior of this type occurred 4 to 6 days, but less than daily.
- D. Code **3**. Behavior of this type occurred daily.

E0800 Rejection of Care Practice #1 Coding

- Code E0800 as 1. Behavior of this type occurred 1 to 3 days.
- Resident's care rejection behavior is not consistent with his values and goals for health and well-being.
- Therefore, this is classified as care rejection that occurred on 2 days during the look-back period.

E0800. Rejection of Care - Presence & Frequency

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/or determined to be consistent with resident values, preferences, or goals.

Enter Code

Behavior not exhibited

type occurred 1 to 3 days

type occurred 4 to 6 days, but less than daily

type occurred daily

Enter Code

1

E0800 Rejection of Care Practice #2

- A resident who previously ate well and prided herself on following a healthy diet has been refusing to eat every day for the past 2 weeks.
- She complains that the food is boring and that she feels full after just a few bites.
- She says she wants to eat to maintain her weight and avoid getting sick, but she cannot push herself to eat anymore.

How should E0800 Rejection of Care be coded?

- A. Code **0**. Behavior not exhibited.
- B. Code **1**. Behavior of this type occurred 1 to 3 days.
- C. Code **2**. Behavior of this type occurred 4 to 6 days, but less than daily.
- D. Code **3**. Behavior of this type occurred daily.

E0800 Rejection of Care Practice #2 Coding

- Correct coding is **3**. Behavior of this type occurred daily.
- The resident's choice not to eat is not consistent with her 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.

E0800. Rejection of Care - Presence & Frequency

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/or determined to be consistent with resident values, preferences, or goals.

Enter Code	0 Behavior not exhibited
1	type occurred 1 to 3 days
2	type occurred 4 to 6 days, but less than daily
3	type occurred daily

Enter Code **3**

Item E0900/ Item E1000

**Wandering
Presence & Frequency**

Wandering Impact

E0900 & E1000 Importance

- Wandering may be:
 - Pursuit of exercise or a pleasurable leisure activity
 - Related to tension, anxiety, agitation, or searching
- Not all wandering is harmful.
- Some residents who wander are at potentially higher risk for entering an unsafe situation.
- Some residents who wander can cause significant disruption to other residents.

E0900 Wandering Presence & Frequency Conduct the Assessment

- Determine if wandering occurred.
 - Review the medical record.
 - Interview staff.
- If wandering occurred, determine the frequency during the look-back period.

E0900 Wandering Presence & Frequency Assessment Guidelines

- Wandering is act of moving from place to place with or without a specified course or known direction.
 - o May or may not be aimless.
 - o May be oblivious to physical or safety needs.
 - o May be for a purpose such as searching.
 - o May or may not be driven by confused thoughts or delusional ideas.
 - o May occur even if resident is in a locked unit.
- Pacing or traveling via a planned course is not wandering.

E0900 Wandering Presence & Frequency Coding Instructions

- Code the number of days in the look-back period that the resident wandered.
- Do not code the number of episodes of wandering.

E0900. Wandering - Presence & Frequency

Enter Code

Has the resident wandered?

0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms
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

- 0 Behavior not exhibited → Skip to E1100, C
- 1 Behavior of this type occurred 1 to 3 days
- 2 Behavior of this type occurred 4 to 6 days,
- 3 Behavior of this type occurred daily

E1000 Wandering -- Impact

- Complete this item **only** if E0900 is coded **1**, **2**, or **3** to indicate the resident has wandered during the look-back period.

E0900. Wandering - Presence & Frequency

Enter Code

2

Has the resident wandered?

0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms
or of this type occurred 1 to 3 days
or of this type occurred 4 to 6 days, but less than daily
or of this type occurred daily

Enter Code

2

E1000 Wandering Impact Conduct the Assessment

- Consider the previous review of the resident's wandering behaviors identified in E0900.
- Determine the impact of these behaviors.
 - Put the resident at significant risk of getting into potentially dangerous places.
 - Does wandering significantly intrude on the privacy or activities of others.
- Determine significance by applying clinical judgment for the individual resident.

E1000A Coding Instructions

- **Code 0. No**
 - Does not place resident at significant risk.
- **Code 1. Yes**
 - Places the resident at significant risk of getting to a dangerous place or encountering a dangerous situation.

E1000. Wandering - Impact

Enter Code

A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?

0. No
1. Yes

0 No
1 Yes

E1000B Coding Instructions

- **Code 0. No**
 - Wandering does not intrude on the privacy or activity of others.
- **Code 1. Yes**
 - Wandering intrudes on the privacy or activities of others whether or not the other resident complains or communicates displeasure or annoyance.

Enter Code	B. Does the wandering significantly intrude on the privacy or activities of others?
<input type="checkbox"/>	0. No
	1. Yes

0	No
1	Yes

E1000 Wandering Impact Scenario

- A resident wanders away from a nursing home in his pajamas at 3 a.m.
- When staff members talk to him, he insists he was looking for his wife.
- This elopement behavior had occurred when he was living at home.
- On one occasion he became lost and was missing for three days, leading his family to choose nursing home admission for his personal safety.

E1000 Wandering Impact Scenario Coding

- Wandering that results in elopement from the nursing home places the resident at significant risk of getting into a dangerous situation.

E1000. Wandering - Impact	
Enter Code <input type="text" value="1"/>	A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)? 0. No 1. Yes
Enter Code <input type="text" value="0"/>	B. Does the wandering significantly intrude on the privacy or activities of others?
Enter Code <input type="text" value="1"/>	A.
Enter Code <input type="text" value="0"/>	B.

E1000 Wandering Impact Practice #1

- A resident wanders away from the nursing facility at 7 a.m.
- Staff find him crossing a busy street against the light.
- When staff try to persuade him to return, he becomes angry and says, “My boss called and I have to get to the office.”
- When staff remind him that he’s been retired many years, he continues to insist that he must get to work.

How should E1000A be coded?

- A. Code as **0**. No.
- B. Code as **1**. Yes.

E1000A Practice #1 Coding

- Correct coding for E1000A is **1. Yes**.
- Resident's wandering is associated with elopement from the nursing home and into a dangerous traffic situation.
- Code as placing the resident at significant risk of getting to a place that poses danger.
- In addition, delusions would be checked in E0100.

E1000. Wandering - Impact	
Enter Code 1	A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)? 0. No 1. Yes

Enter Code 1	A.
------------------------	----

How should E1000B be coded?

- A. Code as **0**. No.
- B. Code as **1**. Yes.

E1000B Practice #1 Coding

- Correct coding for E1000B is **0. No.**
- Based on this information, there is no indication that the resident intrudes on the privacy or activity of others.

Enter Code <input type="text" value="0"/>	B. Does the wandering significantly intrude on the privacy or activities of others? 0. No 1. Yes
--	---

Enter Code <input type="text" value="0"/>	B.
--	-----------

E1000 Wandering Impact Practice #2

- A resident propels himself in his wheelchair into the room of another resident, blocking the door to the other resident's bathroom.

How should E1000A be coded?

- A. Code as **0**. No.
- B. Code as **1**. Yes.

E1000A Practice #2 Coding

- Correct coding for E1000A is **0. No.**
- Based on this information, there is no indication that the resident's wandering places him at significant risk.

E1000. Wandering - Impact	
Enter Code <input type="text" value="0"/>	A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)? 0. No 1. Yes

Enter Code <input type="text" value="0"/>	A.
--	----

How should E1000B be coded?

- A. Code as **0**. No.
- B. Code as **1**. Yes.

E1000B Practice #2 Coding

- Correct coding for E1000B is **1. Yes.**
- Moving about in this manner with the use of a wheelchair meets the definition of wandering.
- The resident has intruded on the privacy of another resident and interfered with that resident's ability to use the bathroom.

Enter Code <input type="text" value="1"/>	B. Does the wandering significantly intrude on the privacy or activities of others? 0. No 1. Yes
--	---

Enter Code <input type="text" value="1"/>	B.
--	-----------

Item E1100

**Change in Behavior
or Other Symptoms**

E1100 Importance

- Change in behavior may be an important indicator.
 - Change in health status or a change in environmental stimuli
 - Positive response to treatment
 - Adverse effects of treatment

E1100. Change in Behavior or Other Symptoms	
Consider all of the symptoms assessed in items E0100 through E1000	
Enter Code <input type="checkbox"/>	How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or PPS)? 0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment

E1100 Conduct the Assessment

- Review responses provided to items E0100 through E1000 on the current MDS assessment.
- Compare to responses assessed and coded on a prior MDS assessment (OBRA or PPS).
- Make a global assessment of the change in behavior from the most recent to the current MDS.

E1100 Assessment Guidelines

- For residents with multiple behavioral symptoms, it is possible that different behaviors will vary in different directions over time.
- One behavior may improve while another worsens or remains the same.
- Using clinical judgment, rate the **overall** direction of behavior change.
- Estimate the net effects of multiple behaviors.

E1100 Coding Instructions

- Rate the overall behavior as same, improved, or worse.
- Code **3** if there is no prior MDS assessment.

E1100. Change in Behavior or Other Symptoms
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 PPS)?

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

0	Same
1	Improved
2	Worse
3	N/A because

E1100 Scenario₁

- On the prior assessment, the resident was reported to wander on four out of five 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 two of the last five days.

E1100 Scenario₂

- Because a door alarm system is now in use, the resident is not at 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.

E1100 Scenario Coding

- Although one component of this resident's wandering behavior is worse as 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.

Enter Code	
1	
E1100. CH	Prior or Other Symptoms
Consider all	is 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 PPS)?
1	0. Same
	1. Improved
	2. Worse
	3. N/A because no prior MDS assessment

E1100 Practice #1

- At the time of the last assessment, the resident was ambulatory and would threaten and hit other residents daily.
- He recently suffered a hip fracture and is not ambulatory.
- He is 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.

How should E1100 be coded?

- A. Code **0**. Same
- B. Code **1**. Improved
- C. Code **2**. Worse
- D. Code **3**. N/A because no MDS assessment

E1100 Practice #1 Coding

- Correct coding is **0**. Same.
- Although the resident is no longer assaulting other residents, he has begun to assault staff.
- Since the danger to others and the frequency of these behaviors is the same as before, the overall behavior is rated as unchanged.

E1100. Ch Consider all	Prior or Other Symptoms s assessed in items E0100 through E1000
Enter Code 0	How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or PPS)? 0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment

E1100 Practice #2₁

- 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.

E1100 Practice #2₂

- The resident has been placed on more frequent location checks and has required additional redirection from staff.
- He was 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.

How should E1100 be coded?

- A. Code **0**. Same.
- B. Code **1**. Improved.
- C. Code **2**. Worse.
- D. Code **3**. N/A because no MDS assessment.

E1100 Practice #2 Coding

- The correct coding is **2. Worse.**
- 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.

Enter Code	
2	
E1100. CH...rior or Other Symptoms	
Consider all...s 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 PPS)?
2	0. Same
	1. Improved
	2. Worse
	3. N/A because no prior MDS assessment

Section E

Summary

Section E Summary₁

- The MDS 3.0 requires an assessment of the presence and impact of problem behaviors.
- These behaviors may be indicators of needs, preferences, or illness or may place the resident at risk for injury, isolation, or inactivity.
- These behaviors may also disrupt the care environment or the care of the resident or others.

Section E Summary₂

- This assessment looks at a variety of behaviors including hallucinations and delusions.
- It reviews the presence and frequency of physical and verbal behaviors directed toward others as well as those directed toward the resident himself or herself.
- This section also requires an assessment of the impact of identified behaviors on the resident and on others.

Section E Summary₃

- Section E also addresses several other areas of problematic behavior:
 - Resident's rejection of care (either verbal or behavioral)
 - Wandering including frequency and impact on the resident and others
 - Comparison of the changes in behavioral symptoms and rate with they have improved or declined since the previous MDS assessment