Minimum Data Set (MDS) 3.0
Instructor Guide

Section C
Cognitive Patterns:
Staff Assessment &
Delirium

Objectives

- Determine when to conduct a staff assessment for mental status.

- Describe how to conduct a staff assessment for mental status.

- Explain the Confusion Assessment Method for assessing delirium.

- Describe how to conduct the assessment for delirium.

- Code Section C correctly and accurately.

Methodology

This lesson uses lecture, scenario-based examples, and scenario-based practice.

Training Resources

· Instructor Guide

· Slides 1 to 105

Instructor Preparation

· Review the Instructor Guide.

· Review learning objectives for the lesson.

· Rehearse with slide presentation.

SLIDES	INSTRUCTIONAL GUIDANCE

Slide 1

- **Introduction/ Objectives**

  A. Sometimes a resident is not capable of providing information necessary to complete an assessment when a staff assessment is necessary.
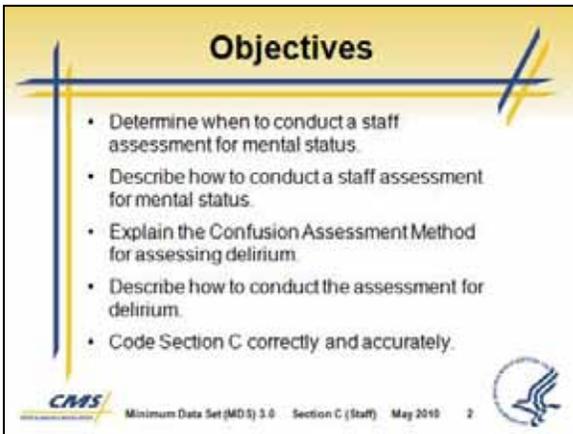
Slide 2

B. Objectives

- Determine when to conduct a staff assessment for mental status.

- Describe how to conduct a staff assessment for mental status.

- Explain the Confusion Assessment Method for assessing delirium.

- Describe how to conduct the assessment for delirium.

- Code Section C correctly and accurately.

| SLIDES	INSTRUCTIONAL GUIDANCE

C0700-C1000 Staff Assessment for Mental Status₁
 	
• Cognitive impairment is prevalent among some resident populations.
• Not all residents are cognitively impaired.
• Many persons with memory problems can function successfully in a structured, routine environment.
 	
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 3
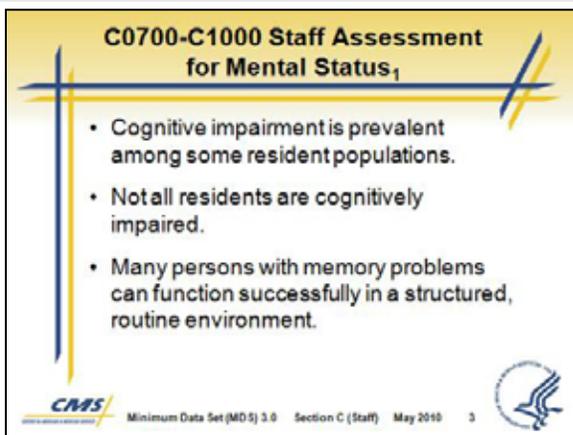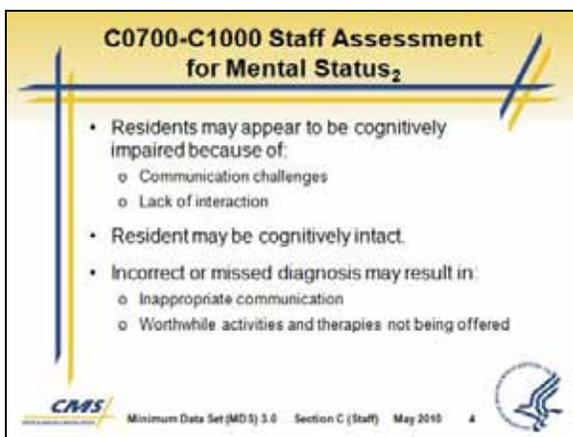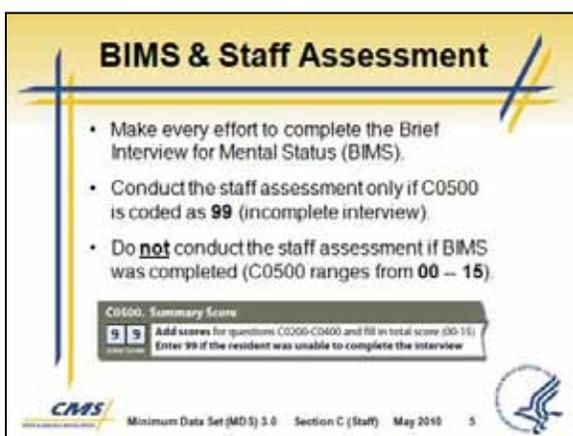 	
Slide 3
	C. C0700 – C1000 Staff Assessment for Mental Status
	
	  1. Cognitive impairment is prevalent among some resident populations, but not all residents are cognitively impaired.
	
	  2. Many persons with memory problems can function successfully in a structured, routine environment.

C0700-C1000 Staff Assessment for Mental Status₂
 	
• Residents may appear to be cognitively impaired because of:
  o Communication challenges
  o Lack of interaction
• Resident may be cognitively intact.
• Incorrect or missed diagnosis may result in:
  o Inappropriate communication
  o Worthwhile activities and therapies not being offered
 	
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Slide 4
	3. Residents may appear to be cognitively impaired because of:
	    a. Communication challenges
	    b. Lack of interaction
	  4. Resident may be cognitively intact.
	  5. When cognitive impairment is incorrectly diagnosed or missed, appropriate communication may not be utilized and worthwhile activities and therapies may not be offered.

BIMS & Staff Assessment
 	
• Make every effort to complete the Brief Interview for Mental Status (BIMS).
• Conduct the staff assessment only if C0500 is coded as **99** (incomplete interview)
• Do **not** conduct the staff assessment if BIMS was completed (C0500 ranges from **00 – 15**).
 	
C0500. Summary Score
9 9 Add scores for questions C0200-C0400 and fill in total score (00-15). Enter 99 if the resident was unable to complete the interview
 	
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Slide 5
	D. BIMS and Staff Assessment
	
	  1. Make every effort to complete a Brief Interview for Mental Status (BIMS).
	    a. Check resident's ability to make self understood.
	    b. Make sure the resident's normal hearing appliance is available and operational.
	    c. Check resident's ability to hear if needed.
	    d. Schedule an interpreter to be available to conduct the interview.

SLIDES	**INSTRUCTIONAL GUIDANCE**
	2. Conduct the staff assessment only if C0500 Summary Score is coded as **99**, designating an incomplete interview.
	a. The resident refused or was unable to participate in the interview.
	b. The resident provided unrelated, nonsensical answers to 4 or more of the BIMS questions.
	3. Do **not** conduct a staff assessment if C0500 is coded between **00** and **15**.
 Slide 6	E. C0600 Should the Staff Assessment for Mental Status be Conducted?
	1. Verify the coding for C0600 Should the Staff Assessment for Mental Status be Conducted?
	2. If C0600 is coded **0. No**
	a. Do not do the staff assessment as the interview (BIMS) is complete.
	b. Skip to C1300 Signs and Symptoms of Delirium and complete the assessment for Delirium.
	3. If C0600 is coded **1. Yes**
	a. Continue to C0700 Short-term Memory OK and conduct the Section C Staff Assessment for Mental Status.
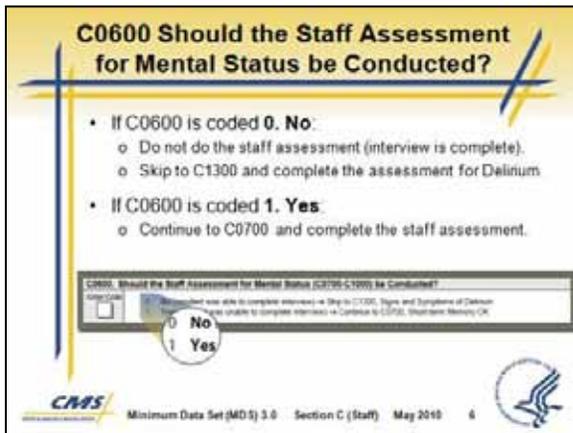
| SLIDES	INSTRUCTIONAL GUIDANCE
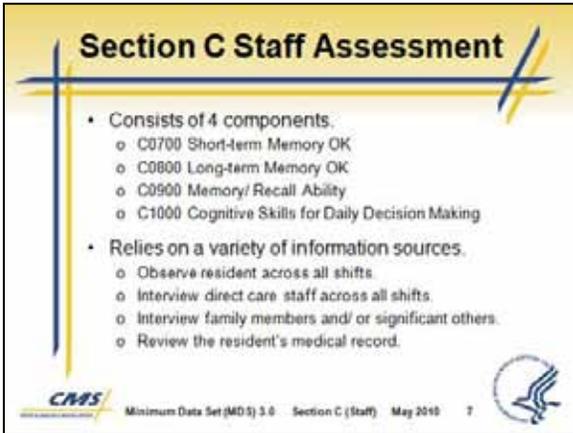
Slide 7
	F. Section C Staff Assessment
	
	   1. The Section C staff assessment consists of 4 components.
	
	     a. C0700 Short-term Memory OK
	
	     b. C0800 Long-term Memory OK
	
	     c. C0900 Memory/ Recall Ability
	
	     d. C1000 Cognitive Skills for Daily Decision Making
	
	G. The staff assessment relies on several information sources.
	
	   1. Observe the resident across all shifts.
	
	   2. Interview direct care staff across all shifts.
	
	   3. Interview family and/ or significant others.
	
	   4. Review the resident's medical record.
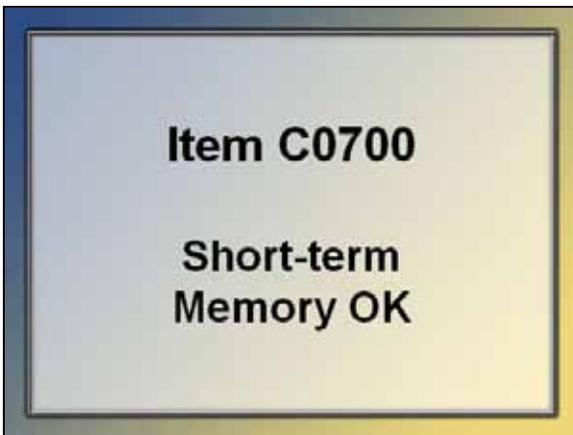
 Slide 8	**Item C0700 Short-term Memory OK** A. The first component of the staff assessment is an evaluation of a resident's short term memory and ability to recall events and follow directions from the immediate past.
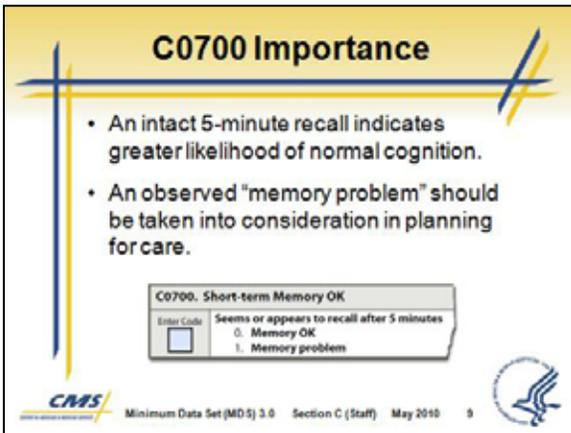
SLIDES	INSTRUCTIONAL GUIDANCE
\nSlide 9	B. C0700 Importance\n\n1. To assess the mental state of residents who cannot be interviewed, an intact 5-minute recall ("short-term memory OK") indicates greater likelihood of normal cognition.\n\n2. An observed "memory problem" should be taken into consideration in planning for care.
\nSlide 10	C. C0700 Conduct the Assessment\n\n1. Determine the resident's short-term memory status.\n\n a. Ask the resident to describe an event 5 minutes after it occurred if you can validate the resident's response.\n\n b. Ask the resident to follow through on a direction given five minutes earlier.\n\n2. Observe how often the resident has to be re-oriented to an activity or an instruction.
\nSlide 11	3. Staff members and others in close contact should also observe the resident's cognitive functions in varied daily activities.\n\n4. Ask direct care staff across all shifts and family/ significant others about the resident's short term memory status.\n\n5. Review the medical record for information related to the resident's short-term memory status during the look-back period.
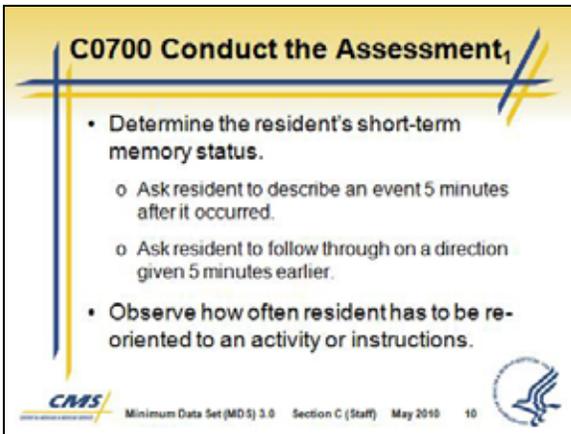
SLIDES	INSTRUCTIONAL GUIDANCE

C0700 Assessment Guidelines

- Base coding decision on all information collected during the look-back period.
- Identify and code according to the most representative level of function.
- Use the no-information code (-) if:
  o Test cannot be conducted.
  o Staff are not able to make a determination based on observation.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   12
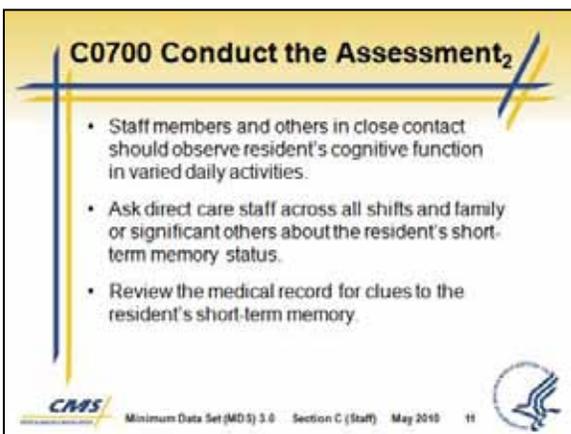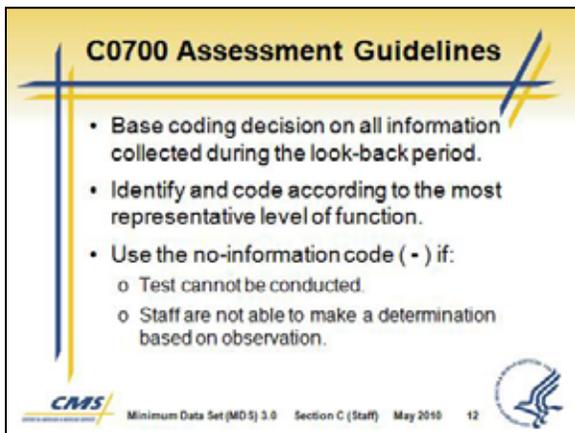
Slide 12

D. C0700 Assessment Guidelines

1. Base coding decision on all information collected during the look-back period.

2. Identify and code according to typical level of function.

3. Use the no-information code (-) if:

   a. The test cannot be conducted (resident will not cooperate, is non-responsive, etc.).

   b. Staff members are unable to make a determination based on observing the resident.

C0700 Coding Instructions

- Code **0** if resident recalls information after 5 minutes.
- Code **1** if resident is unable to recall after 5 minutes.

C0700. Short-term Memory OK

Enter Code [ ]   Seems or appears to recall after 3 minutes
   0   Memory OK
   1   Memory problems

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

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   13
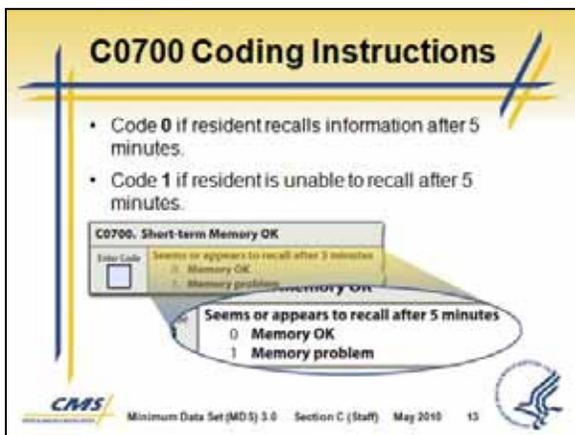
Slide 13

E. C0700 Coding Instructions

1. **Code 0. Memory OK**

   If the resident recalled information after 5 minutes

2. **Code 1. Memory problem**

   If the resident is unable to recall after 5 minutes

C0700 Scenario

- A resident has just returned from the activities room where she and other residents were playing bingo.
- You ask her if she enjoyed herself playing bingo, but she returns a blank stare.
- When you ask her if she was just playing bingo, she says, "no."

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   14
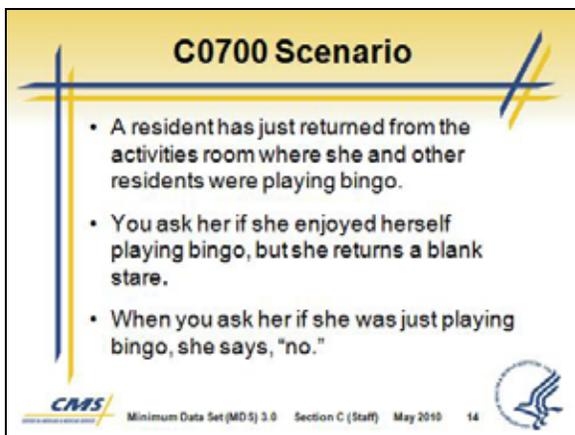
Slide 14

F. C0700 Scenario

1. A resident has just returned from the activities room where she and other residents were playing bingo.

2. You ask her if she enjoyed herself playing bingo, but she returns a blank stare**.**

3. When you ask her if she was just playing bingo, she says, "no."

SLIDES	INSTRUCTIONAL GUIDANCE

C0700 Scenario Coding

- Code **1.** Memory problem.

- The resident could not recall an event that took place within the past 5 minutes.

C0700. Short-term Memory OK

Enter Code | Seems or appears to recall after 5 minutes
[1] | 0. Memory OK
1. Memory problem

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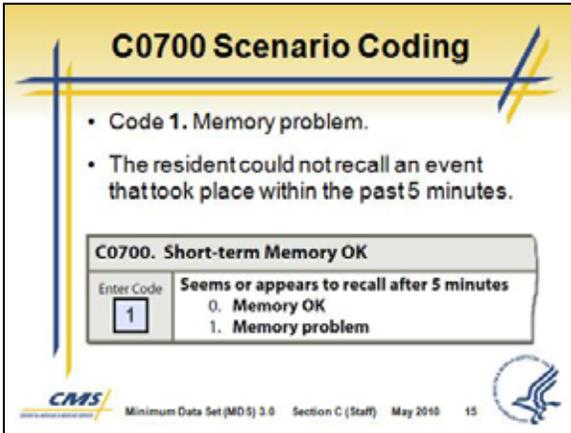
Slide 15

4. C0700 Scenario Coding

   a. Code **1.** Memory problem.

   b. The resident could not recall an event that took place within the past 5 minutes.

Point out coding in graphic.

Item C0800
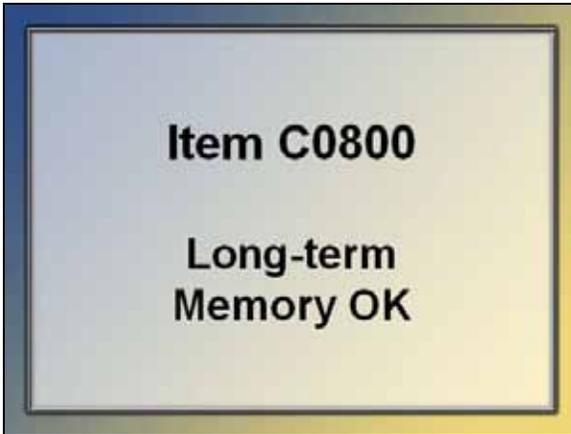
Long-term Memory OK

Slide 16

· **Item C0800 Long-term Memory OK**

A. The next component of the staff assessment is an evaluation of a resident's long-term memory and ability to recall information from the more distant past.

C0800 Importance

- Observed "long-term memory problem" may indicate:
  - o Significant cognitive impairment and need for additional support with daily activities
  - o Delirium, if this represents a change from the resident's baseline
  - o Need for emotional support, reminders and reassurance to reduce anxiety and agitation

C0800. Long-term Memory OK

Enter Code | Seems or appears to recall long past
[ ] | 0. Memory OK
1. Memory problem

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B. C0800 Importance

   1. An observed "long-term memory problem" may indicate:

      a. Need for emotional support, reminders and reassurance to reduce anxiety and agitation

      b. Significant cognitive impairment and need for additional support with daily activities

      c. Delirium, if this represents a change from the resident's baseline

SLIDES	INSTRUCTIONAL GUIDANCE
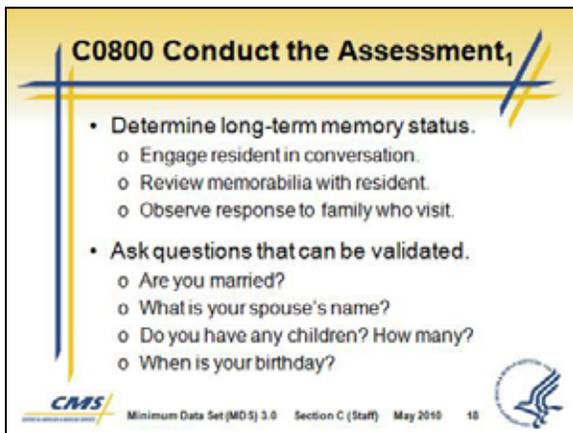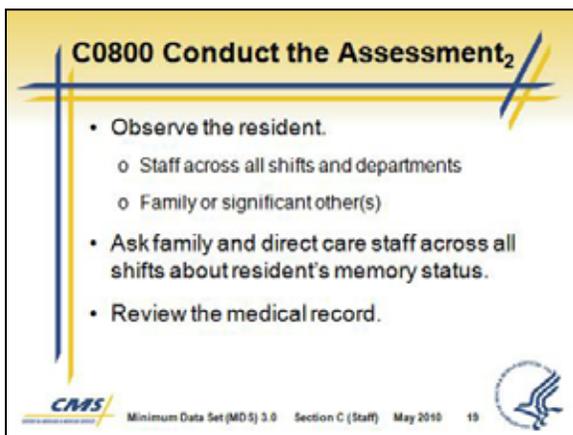
Slide 18
	C. C0800 Conduct the Assessment
	
	1. Determine resident's long-term memory status.
	
	  a. Engage resident in conversation.
	
	  b. Review photos, books, keepsakes, videos, or other memorabilia.
	
	  c. Observe resident's response to family who visit.
	
	2. Ask questions for which you can validate the answers from review of the medical record, general knowledge, the resident's family, etc.
	
	  a. Are you married?
	
	  b. What is your spouse's name?
	
	  c. Do you have any children? How many?
	
	  d. When is your birthday?

Slide 19
	3. Observe the resident.
	
	  a. Staff across all shifts and departments
	
	  b. Others with close contact with the resident
	
	4. Ask direct care staff across all shifts and family or significant other about the resident's memory status.
	
	5. Review the medical record for clues to the resident's long-term memory during the look-back period.

SLIDES	INSTRUCTIONAL GUIDANCE

C0800 Assessment Guidelines

- Use the no-information code (-) if:
 - Test cannot be conducted.
  - Staff are not able to make a determination based on observation.
  - Indicates this information is not available.

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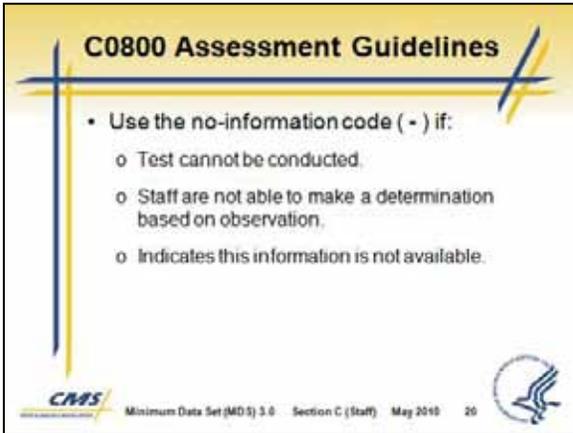
Slide 20

D. C0800 Assessment Guidelines

1. Use the no-information code (-) if:

   a. The test cannot be conducted (resident will not cooperate, is non-responsive, etc.).

   b. Staff members are unable to make a determination based on observing the resident.

   c. Remember that the dash indicates that this information is not available.

C0800 Coding Instructions

- Code **0** if resident accurately recalls long past information.
- Code **1** if the resident did not recall long past information or did not recall it correctly.

C0800. Long-term Memory OK

Seems or appears to recall long past
0   **Memory OK**
1   **Memory problem**

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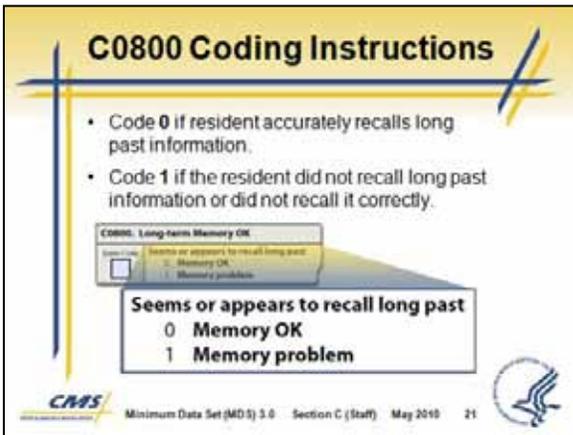
Slide 21

E. C0800 Coding Instructions

1. **Code 0. Memory OK**

   If the resident accurately recalled long past information

2. **Code 1. Memory problem**

   If the resident did not recall long past information or did not recall it correctly

Item C0900

Memory/ Recall Ability
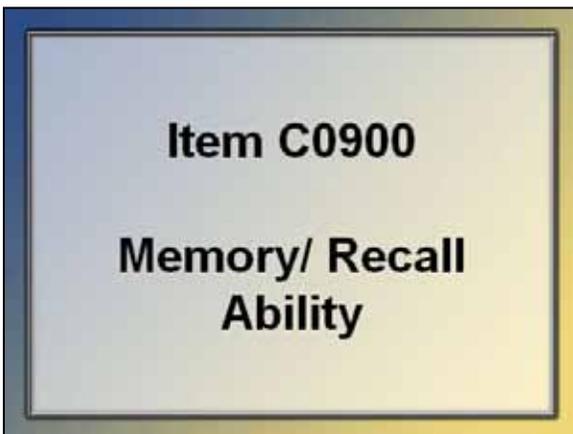
Slide 22

- **Item C0900 Memory/ Recall Ability**

A. The third component of the staff assessment tests a resident's ability to provide general, common information.

SLIDES	INSTRUCTIONAL GUIDANCE

C0900 Importance

- An observed "memory/ recall problem" may indicate:
  - o Cognitive impairment
  - o Need for additional support with reminders to support increased independence
  - o Delirium, if this represents a change from the resident's baseline

CMS Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   23
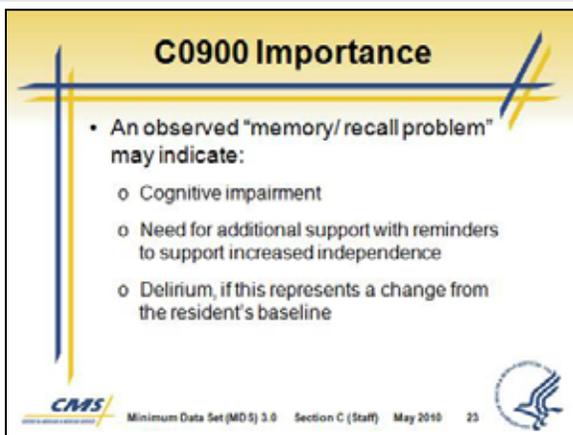
Slide 23

B. C0900 Importance

1. An observed "memory/ recall problem" may indicate:

   a. Cognitive impairment

   b. Need for additional support with reminders to support increased independence

   c. Delirium, if this represents a change from the resident's baseline

C0900 Conduct the Assessment₁

- Ask the resident about each item in C0900.
  - o Is it fall, winter, spring, or summer?
  - o What is the name of this place?
- Ask resident to show the way to his or her room.
- Observe the resident's ability to find the way.

CMS Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   24
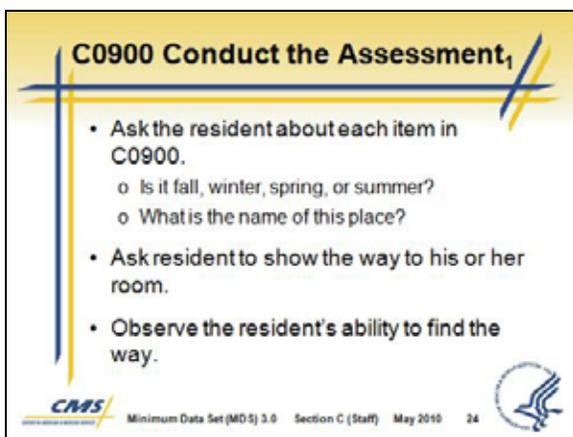
Slide 24

C. C0900 Conduct the Assessment

1. Ask the resident about each item in C0900.

   a. What is the current season?

   b. Is it fall, winter, spring, or summer?

   c. What is the name of this place?

2. If the resident is not in his or her room, ask, "Will you show me to your room?"

3. Observe the resident's ability to find the way.
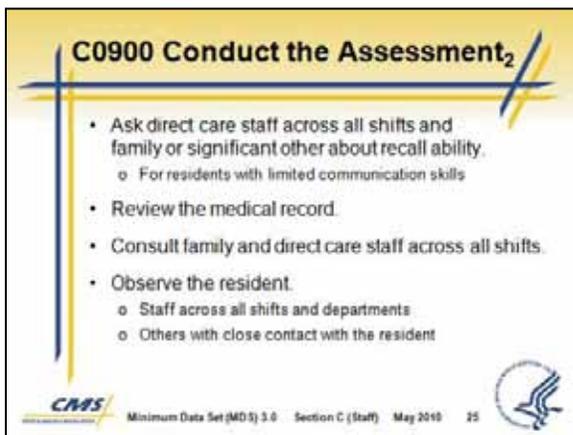
4. Ask direct care staff across all shifts and family or significant other about recall ability.

   a. For residents with limited communication skills, in order to determine the most representative level of function

   b. Ask whether the resident gave any indications of recalling these subjects or recognizing them during the look-back period.

C0900 Conduct the Assessment₂

- Ask direct care staff across all shifts and family or significant other about recall ability.
  - o For residents with limited communication skills
- Review the medical record.
- Consult family and direct care staff across all shifts.
- Observe the resident.
  - o Staff across all shifts and departments
  - o Others with close contact with the resident

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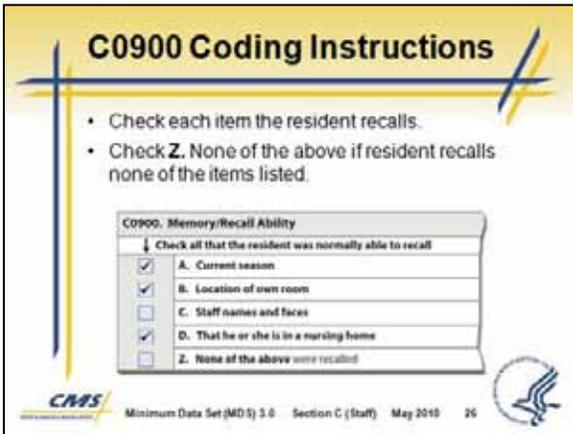
| SLIDES	INSTRUCTIONAL GUIDANCE
	5. Review the medical record.
	6. Consult family and direct care staff across all shifts.
	7. Observe the resident
	a. Staff across all shifts and departments
	b. Others with close contact with the resident
 Slide 26	D. C0900 Coding Instructions
	1. Check each item the resident recalls.
	· C0900A. Current season If resident is able to identify the current season (e.g., correctly refers to weather for the time of year, legal holidays, religious celebrations, etc.).
	· C0900B. Location of own room If resident is able to locate and recognize own room.
	· C0900C. Staff names and faces If resident is able to distinguish staff members from family members, strangers, visitors, and other residents.
	· C0900D. That he or she is in a nursing home If resident is able to determine that he or she is currently living in a nursing home.
	· C0900Z. None of above were recalled

SLIDES	INSTRUCTIONAL GUIDANCE

Instructor Notes

Detailed Coding Instructions for C0900

· **C0900A. Current season**

If resident is able to identify the current season (e.g., correctly refers to weather for the time of year, legal holidays, religious celebrations, etc.).

· **C0900B. Location of own room**

If resident is able to locate and recognize own room.

It is not necessary for the resident to know the room number, but he or she should be able to find the way to the room.

· **C0900C. Staff names and faces**

If resident is able to distinguish staff members from family members, strangers, visitors, and other residents.

It is not necessary for the resident to know the staff member's name, but he or she should recognize that the person is a staff member and not the resident's son or daughter, etc.

· **C0900D. That he or she is in a nursing home**

If resident is able to determine that he or she is currently living in a nursing home.

To check this item, it is not necessary that the resident be able to state the name of the nursing home, but he or she should be able to refer to the nursing home by a term such as a "home for older people," a "hospital for the elderly," "a place where people who need extra help live," etc.

· **C0900Z. None of above were recalled**

Instructor Notes

· **Item C1000 Cognitive Skills for Daily Decision Making**

A. The fourth and final component of the staff assessment is an assessment of the resident's ability to make the decisions that guide daily activities.

Slide 27

SLIDES	INSTRUCTIONAL GUIDANCE

Instructor Notes

Daily Decision Making

Includes: choosing clothing, knowing when to go to meals, using environmental cues to organize and plan (e.g., clocks, calendars, posted event notices); in the absence of environmental cues, seeking information appropriately (i.e., not repetitively) from others in order to plan the day; using awareness of one's own strengths and limitations to regulate the day's events (e.g., asks for help when necessary); acknowledging need to use appropriate assistive equipment such as a walker.

Instructor Notes
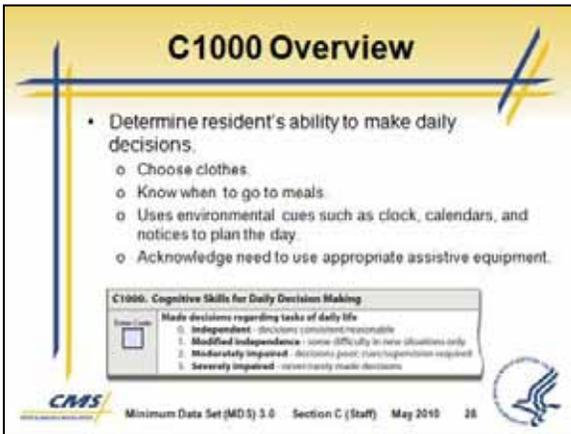
Slide 28

B. C1000 Overview

   1. Determine resident's ability to make daily decisions.

      a. Choose clothes.

      b. Know when to go to meals.

      c. Uses environmental cues such as clock, calendars, and notices to plan the day.

   d. Acknowledge need to use appropriate assistive equipment.
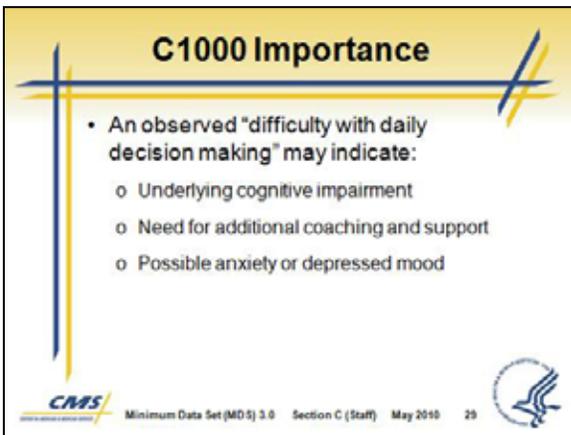
Slide 29

C. C1000 Importance

   1. An observed "difficulty with daily decision making" may indicate:

      a. Underlying cognitive impairment

      b. Need for additional coaching and support

      c. Possible anxiety or depressed mood

SLIDES	INSTRUCTIONAL GUIDANCE
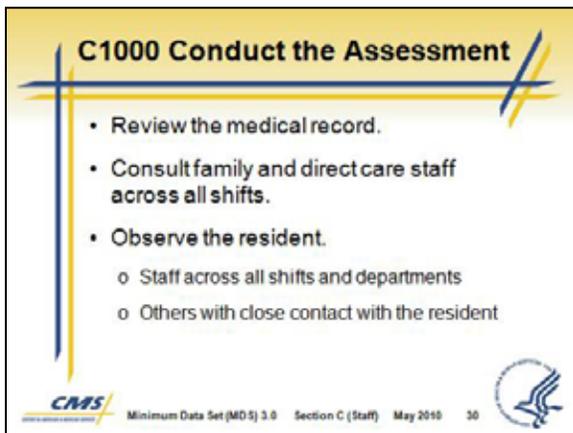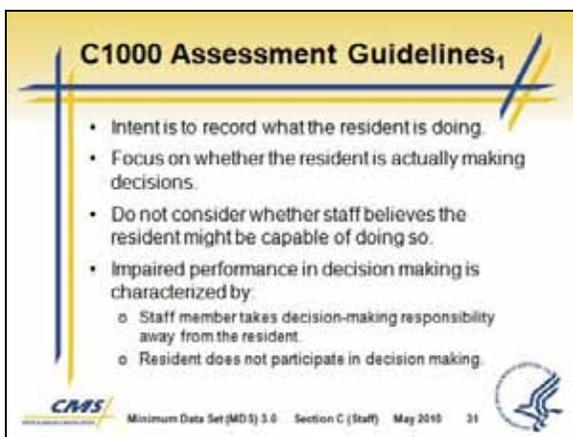
Slide 30

D. C1000 Conduct the Assessment

1. Review the medical record.

2. Consult family and direct care staff across all shifts.

3. Observe the resident

   a. Staff across all shifts and departments

   b. Others with close contact with the resident

Slide 31

E. C1000 Assessment Guidelines

1. The intent of this item is to record what the resident is doing (performance).

2. Focus on whether the resident is actually making decisions.

3. Do not consider whether staff believes the resident might be capable of doing so.

4. Impaired performance in decision making is characterized by:

   a. Where a staff member provides decision-making for the resident regarding tasks of everyday living.

   b. Resident does not participate in decision making, whatever his or her level of capability may be.

SLIDES	INSTRUCTIONAL GUIDANCE
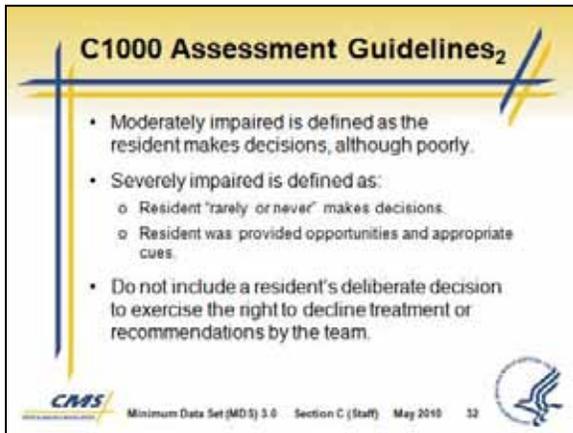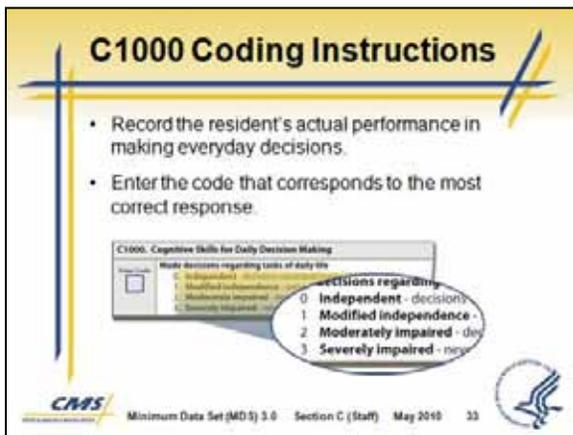
Slide 32
	5. Moderately impaired is defined as the resident makes decisions, although poorly.
	
	6. Severely impaired is defined as:
	
	   a. Resident "rarely or never" makes decisions.
	
	   b. Resident was provided opportunities and appropriate cues.
	
	7. Do not include a resident's deliberate decision to exercise the right to decline treatment or recommendations by the team.

Slide 33
	F. C1000 Coding Instructions
	
	1. Record the resident's actual performance in making everyday decisions about tasks or activities of daily living.
	
	2. Enter the code that corresponds to the most correct response.
	
	   · **Code 0. Independent** – decisions consistent/ reasonable
	
	   · **Code 1. Modified independence** – some difficulty in new situations only
	
	   · **Code 2. Moderately impaired** – decisions poor; cues/ supervision required
	
	   · **Code 3. Severely impaired** – never/ rarely made decisions

SLIDES	INSTRUCTIONAL GUIDANCE

Instructor Notes

Detailed Coding Instructions for C1000

- **Code 0. Independent** – decisions consistent/ reasonable

  If the resident's decisions in organizing daily routine and making decisions were consistent, reasonable and organized reflecting lifestyle, culture, values

- **Code 1. Modified independence** – some difficulty in new situations only

  If the resident organized a daily routine and made safe decisions in familiar situations, but experienced some difficulty in decision making when faced with new tasks or situations

- **Code 2. Moderately impaired** – decisions poor; cues/ supervision required

  If the resident's decisions were poor; the resident required reminders, cues, and supervision in planning, organizing, and correcting daily routines

- **Code 3. Severely impaired** – never/ rarely made decisions

  If the resident's decision making was severely impaired; the resident never (or rarely) made decisions

Instructor Notes

Slide 34

G. C1000 Scenario

1. Mrs. C. does not generally make conversation or make her needs known, but replies "yes" when asked if she would like to take a nap.

SLIDES	INSTRUCTIONAL GUIDANCE

Slide 35
	2. C1000 Scenario Coding
	
	   a. Code C1000 as **3.** Severely impaired.
	
	   b. Resident is primarily non-verbal and does not make needs known.
	
	   c. Does give basic verbal or non-verbal responses to simple gestures or questions regarding care routines.

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	d. More information about how the resident functions in the environment is needed to definitively answer the question.
	
	   e. From the limited information provided, it appears that her communication of choices is limited to very particular circumstances.
	
	   f. This would be regarded as "rarely/never" in the relative number of decisions a person could make during the course of a week on the MDS.
	
	   g. If such decisions are more frequent or involved more activities, the resident may be only moderately impaired or better.

SLIDES	INSTRUCTIONAL GUIDANCE

SLIDES

C1000 Practice #1

- A resident makes her own decisions throughout the day and is consistent and reasonable in her decision-making…
- Except that she constantly walks away from the walker she has been using for nearly 2 years.
- Asked why she doesn't use her walker, she replies, "I don't like it. It gets in my way, and I don't want to use it even though I know all of you think I should."

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How should C1000 be coded?

A. Code 0. Independent

B. Code 1. Modified independence

C. Code 2. Moderately impaired

D. Code 3. Severely impaired

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   38

Slide 38

C1000 Practice #1 Coding

- The correct code is 0. Independent.
- This resident is making and expressing understanding of her own decisions.
- Her decision is to decline the recommended course of action – using the walker.
- Other decisions she made throughout the look-back period were consistent and reasonable.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   39

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INSTRUCTIONAL GUIDANCE

H. C1000 Practice #1

1. A resident makes her own decisions throughout the day and is consistent and reasonable in her decision-making…

2. Except that she constantly walks away from the walker she has been using for nearly 2 years.

3. Asked why she doesn't use her walker, she replies, "I don't like it. It gets in my way, and I don't want to use it even though I know all of you think I should."

4. How should C1000 be coded?

    Give participants time to answer the question.

    ·   Correct answer is A. Code **0**. Independent.

5. C1000 Practice #1 Coding

    ·   The correct code is **0**. Independent.

    ·   This resident is making and expressing understanding of her own decisions.

    ·   Her decision is to decline the recommended course of action – using the walker.

    ·   Other decisions she made throughout the look-back period were consistent and reasonable.

SLIDES	INSTRUCTIONAL GUIDANCE

SLIDES

C1000 Practice #2

- Mr. G. enjoys congregate meals in the dining and is friendly with the other residents at his table.
- Recently, he has started to lose weight.
- He appears to have little appetite, rarely eats without reminders and willingly gives his food to other residents at the table.
- Mr. G. requires frequent cueing from staff to eat and supervision to prevent him from sharing his food.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   40

Slide 40

How should C1000 be coded?

A. Code **0**. Independent

B. Code **1**. Modified independence

C. Code **2**. Moderately impaired

D. Code **3**. Severely impaired

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   41

Slide 41

C1000 Practice #2 Coding

- The correct code is **2**. Moderately impaired.
- The resident is making poor decisions by giving his food away.
- He requires cueing to eat and supervision to be sure that he is eating the food on his plate.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   42

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INSTRUCTIONAL GUIDANCE

I. C1000 Practice #2

1. Mr. G. enjoys congregate meals in the dining room and is friendly with the other residents at his table.

2. Recently, he has started to lose weight.

3. He appears to have little appetite, rarely eats without reminders and willingly gives his food to other residents at the table.

4. Mr. G. requires frequent cueing from staff to eat and supervision to prevent him from sharing his food.

5. How should C1000 be coded?

   Give participants time to answer the question.

   - Correct answer is C. Code **2**. Moderately impaired.

6. C1000 Practice #2 Coding

   Give participants time to answer the question.

   - The correct code is **2**. Moderately impaired.

   - The resident is making poor decisions by giving his food away.

   - He requires cueing to eat and supervision to be sure that he is eating the food on his plate.

SLIDES	INSTRUCTIONAL GUIDANCE

Item C1300
 	
Signs and Symptoms of Delirium (from CAM©)
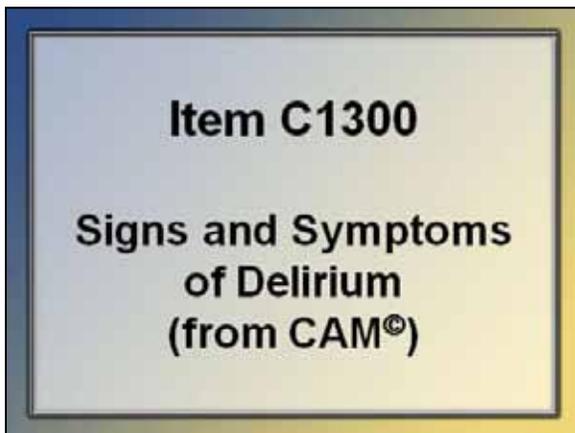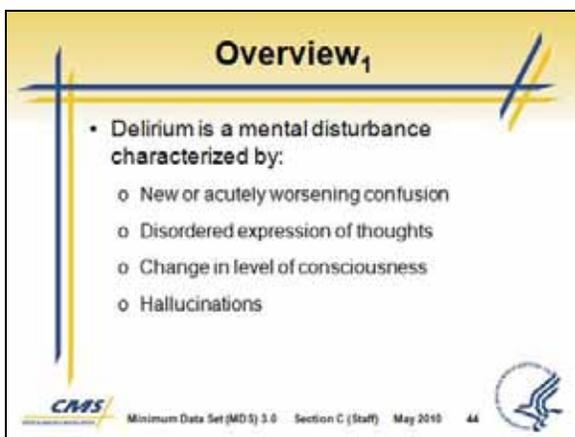 	
Slide 43
	· **Delirium**
	
	A. The assessment for delirium consists of two items:
	
	   1. C1300 Signs and Symptoms of Delirium, which is based on the Confusion Assessment Method (CAM©)
	
	   2. C1600 Acute Onset Mental Status Change

Overview₁
 	
• Delirium is a mental disturbance characterized by:
  o New or acutely worsening confusion
  o Disordered expression of thoughts
  o Change in level of consciousness
  o Hallucinations
 	
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 44
 	
Slide 44
	B. Overview
	
	   1. Delirium is a mental disturbance characterized by:
	
	     a. New or acutely worsening confusion
	
	     b. Disordered expression of thoughts
	
	     c. Change in level of consciousness
	
	     d. Hallucinations

Overview₂
 	
• Delirium is associated with:
  o Increased mortality
  o Functional decline
  o Development or worsening of incontinence
  o Behavior problems
  o Withdrawal from activities
  o Rehospitalizations and increased length of nursing home stay
 	
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 45
 	
Slide 45
	2. Delirium associated with:
	
	     a. Increased mortality
	
	     b. Functional decline
	
	     c. Development of worsening incontinence
	
	     d. Behavior problems
	
	     e. Withdrawal from activities
	
	     f. Rehospitalizations and increased length of nursing home stay

SLIDES	INSTRUCTIONAL GUIDANCE

SLIDES

Slide 46

INSTRUCTIONAL GUIDANCE
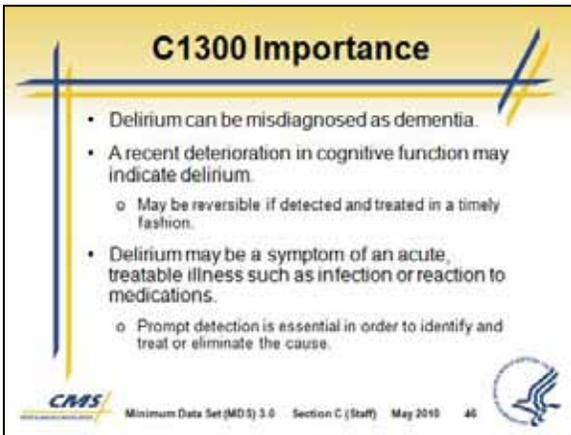
C. C1300 Importance

1. Delirium can be misdiagnosed as dementia.

2. A recent deterioration in cognitive function may indicate delirium.

   a. May be reversible if detected and treated in a timely fashion.

3. Delirium may be a symptom of an acute, treatable illness such as infection or reaction to medications.

   a. Prompt detection is essential in order to identify and treat or eliminate the cause.
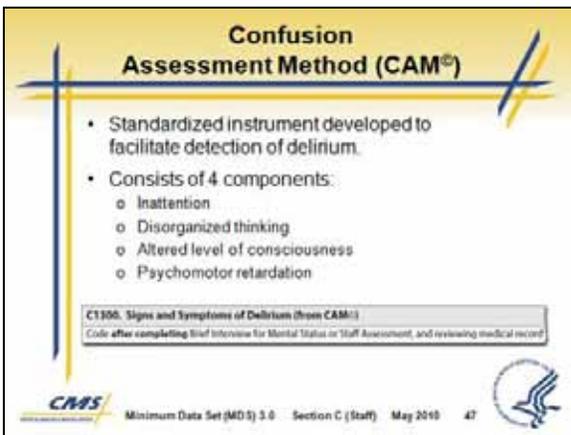
Slide 47

D. Confusion Assessment Method (CAM$^{©}$)

1. MDS 3.0 uses a new method of assessing for delirium based on the Confusion Assessment Method (CAM$^{©}$).

2. CAM$^{©}$ is a standardized instrument developed to facilitate the detection of delirium.

3. Consists of 4 components:

   a. Inattention

   b. Disorganized thinking

   c. Altered level of consciousness

   d. Psychomotor retardation

| SLIDES	INSTRUCTIONAL GUIDANCE

C1300 Conduct the Assessment₁
 	
• If conducting a BIMS:
  o Observe resident behavior for signs and symptoms of delirium.
• If conducting a staff assessment:
  o Ask staff members who conducted the interview about observations of signs and symptoms of delirium.
 	
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 48
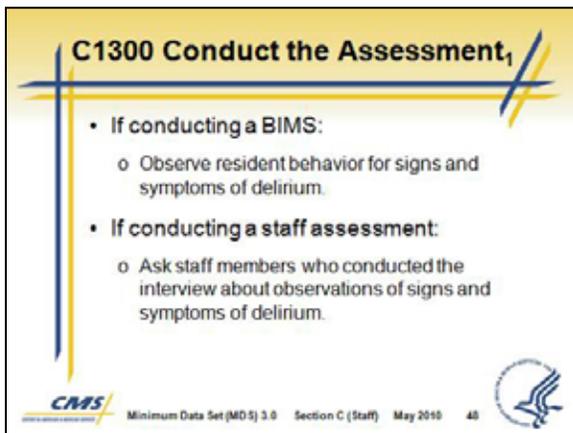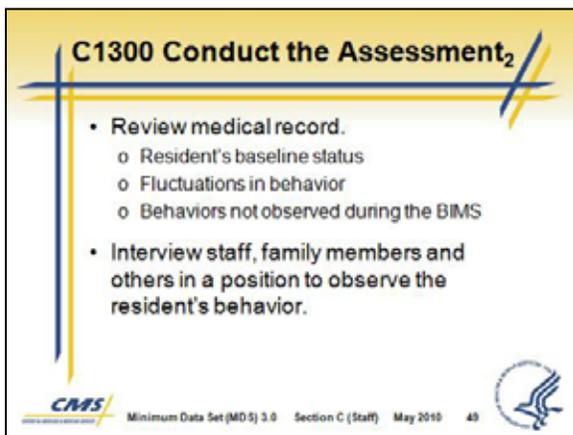 	
Slide 48
	E. C1300 Conduct the Assessment
	
	1. Observe resident behavior during the BIMS items (C0200-C0400) for the signs and symptoms of delirium.
	
	  a. Some experts suggest that increasing the frequency of assessment (as often as daily for new admissions) will improve the level of detection.
	
	2. If the Staff Assessment for Mental Status items (C0700-C1000) was completed instead of the BIMS, ask staff members who conducted the interview about their observations of signs and symptoms of delirium.

C1300 Conduct the Assessment₂
 	
• Review medical record.
  o Resident's baseline status
  o Fluctuations in behavior
  o Behaviors not observed during the BIMS
• Interview staff, family members and others in a position to observe the resident's behavior.
 	
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 49
 	
Slide 49
	3. Review medical record documentation during the 7-day look-back period to determine:
	
	  a. Resident's baseline status
	
	  b. Fluctuations in behavior
	
	  c. Behaviors that might have occurred during the 7-day look-back period that were not observed during the BIM
	
	4. Interview staff, family members and others in a position to observe the resident's behavior during the 7-day look-back period.

SLIDES	INSTRUCTIONAL GUIDANCE
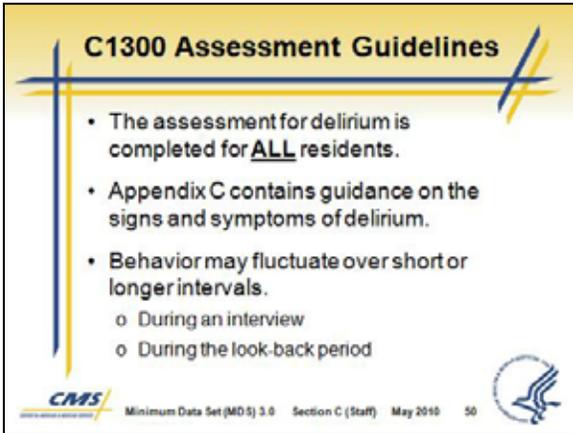
Slide 50

F. C1300 Assessment Guidelines

1. The assessment for delirium is completed for **ALL** residents.

2. Appendix C contains guidance on the signs and symptoms of delirium.

3. Behavior may fluctuate over short or longer intervals (during an interview or during the look-back period).
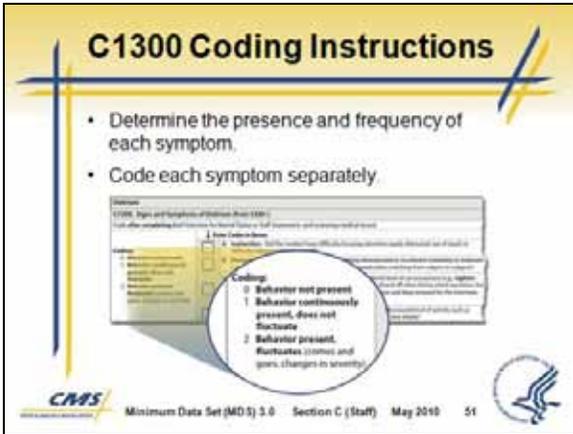
Slide 51

G. C1300 Coding Instructions

1. Determine the presence and frequency of each symptom.

    ·   Behavior not present

    ·   Behavior always present, does not fluctuate

    ·   Behavior present, fluctuates (comes and goes, changes in severity)

2. Code each symptom separately.

Instructor Notes

Fluctuation

The behavior tends to come and go and/ or increase or decrease in severity. The behavior may fluctuate over the course of the interview or during the 7-day look-back period. Fluctuating behavior may be noted by the interviewer, reported by staff or family or documented in the medical record.

Instructor Notes

SLIDES	INSTRUCTIONAL GUIDANCE

SLIDES

C1300A Inattention₁

- Reduced ability to:
  - Maintain attention to external stimuli
  - Appropriately shift attention to new external stimuli
- Assess attention separately from level of consciousness.

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C1300A Inattention₂

- Evidence of inattention may be found:
  - During the resident interview
  - In the medical record
  - From family or staff reports of inattention
- Ask the resident to count backwards from 20 to identify difficulty with attention.

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INSTRUCTIONAL GUIDANCE

H. C1300A Inattention

1. Reduced ability to:

   a. Maintain attention to external stimuli

   b. Appropriately shift attention to new external stimuli

      · Easily distracted

      · Out of touch

2. Assess attention separately from level of consciousness.

3. Evidence of inattention may be found in several sources.

   a. During resident interview

   b. In the medical record

   c. From family or staff reports of inattention during the 7-day look-back period

4. Ask the resident to count backwards from 20 to identify difficulty with attention.

Instructor Notes

Inattention

Reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli. Resident seems unaware or out of touch with environment (e.g., dazed, fixated, or darting attention).

Instructor Notes
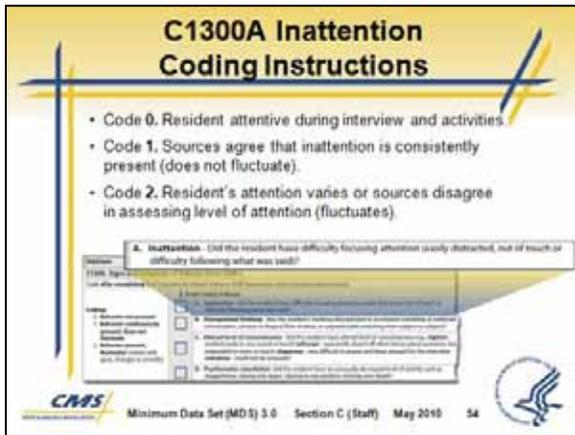
SLIDES	INSTRUCTIONAL GUIDANCE
 Slide 54	I. C1300A Inattention Coding Instructions · **Code 0. Behavior not present** If the resident remained focused during the interview and all other sources agree that the resident was attentive during other activities · **Code 1. Behavior continuously present, did not fluctuate** If the resident had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said **AND** the inattention *did not vary* during the look-back period. All sources must agree that inattention was consistently present to select this code. · **Code 2**. **Behavior present, fluctuates** If inattention is noted during the interview or any source reports that the resident had difficulty focusing attention, was easily distracted or had difficulty keeping track of what was said **AND** The attention varied during the interview or during the look-back period or if information sources disagree in assessing level of attention.

SLIDES	INSTRUCTIONAL GUIDANCE
Slide 55	J. C1300A Scenario 1. The resident tries to answer all questions during the BIMS. 2. Although she answers several items incorrectly and responds "I don't know" to others, she pays attention to the interviewer. 3. The medical record and staff indicate that this is her consistent behavior.

Slide 56	4. C1300A Scenario Coding
	
	   a. Code C1300A as **0.** Behavior not present.
	
	   b. The resident remained focused throughout the interview.
	
	   c. This was constant during the look-back period.

Slide 57	K. C1300A Practice #1 1. Questions during the BIMS must be frequently repeated because resident's attention wanders. 2. This behavior occurs throughout the interview. 3. Medical records and staff agree that this behavior is consistently present. 4. The resident has a diagnosis of dementia.
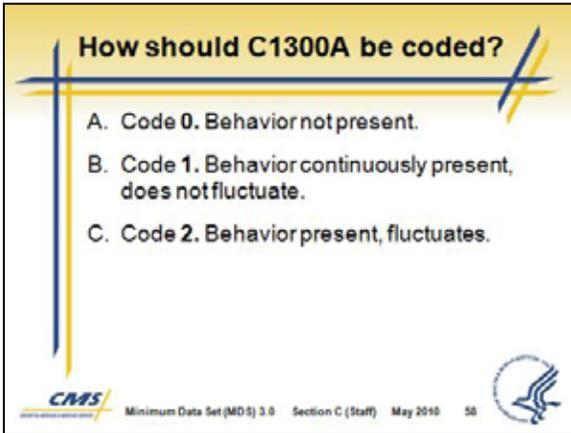
SLIDES	INSTRUCTIONAL GUIDANCE
How should C1300A be coded? A. Code **0.** Behavior not present. B. Code **1.** Behavior continuously present, does not fluctuate. C. Code **2.** Behavior present, fluctuates. CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 58 Slide 58	5. How should C1300A be coded? *Give participants time to answer the question.* a. Correct answer is B. Code **1.** Behavior continuously present, does not fluctuate.

C1300A Practice #1 Coding
 	
• The correct code is **1.** Behavior continuously present, does not fluctuate.
 	
• The resident's attention consistently wandered through the 7-day look-back period.
 	
• The resident's dementia diagnosis does not affect the coding.
 	
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 59
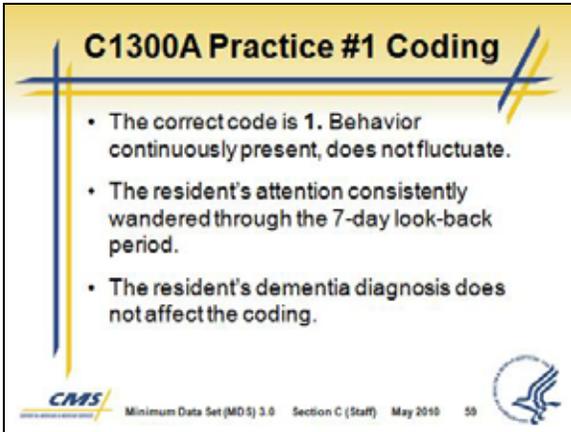 	
Slide 59
	6. C1300A Practice #1 Coding
	
	    a. The correct code is **1.** Behavior continuously present, does not fluctuate.
	
	    b. The resident's attention consistently wandered through the 7-day look-back period.
	
	    c. The resident's dementia diagnosis does not affect the coding.
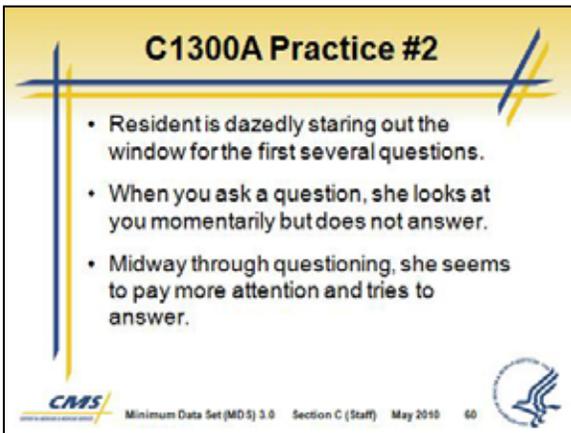
C1300A Practice #2 • Resident is dazedly staring out the window for the first several questions. • When you ask a question, she looks at you momentarily but does not answer. • Midway through questioning, she seems to pay more attention and tries to answer. CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 60 Slide 60	L. C1300A Practice #2 1. Resident is dazedly staring out the window for the first several questions of the BIMS. 2. When you ask a question, she looks at you momentarily but does not answer. 3. Midway through questioning, she seems to pay more attention and tries to answer.

SLIDES	INSTRUCTIONAL GUIDANCE

How should C1300A be coded?

A. Code **0.** Behavior not present.

B. Code **1.** Behavior continuously present, does not fluctuate.

C. Code **2.** Behavior present, fluctuates.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   61
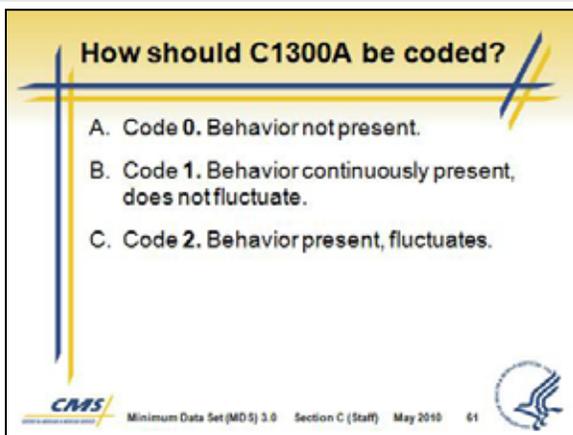
Slide 61

4. How should C1300A be coded?

   Give participants time to answer the question.

   a. Correct answer is C. Code **2.** Behavior present, fluctuates.

C1300A Practice #2 Coding

• The correct code is **2.** Behavior present, fluctuates.

• Resident's attention fluctuated during the interview.

• If as few as one source notes fluctuation, then the behavior should be coded **2.**

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   62
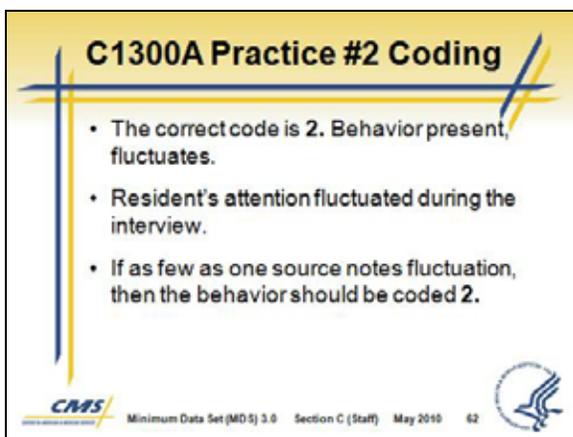
Slide 62

5. C1300A Practice #2 Coding

   a. The correct code is **2.** Behavior present, fluctuates.

   b. Resident's attention fluctuated during the interview.

   c. If as few as one source notes fluctuation, then the behavior should be coded **2.**

C1300B Disorganized Thinking

• Evidenced by rambling, irrelevant, or incoherent speech.
  o Unclear or illogical flow of ideas
  o Unpredictable switching from subject to subject

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   63
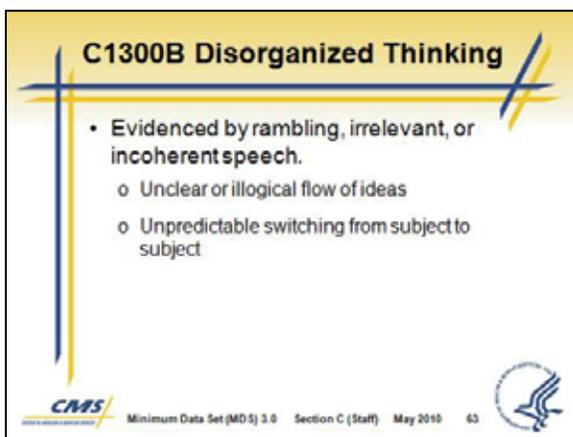
Slide 63

M. C1300B Disorganized Thinking

   1. Evidenced by rambling, irrelevant, or incoherent speech.

      a. Unclear or illogical flow of ideas

      b. Unpredictable switching from subject to subject

SLIDES	INSTRUCTIONAL GUIDANCE
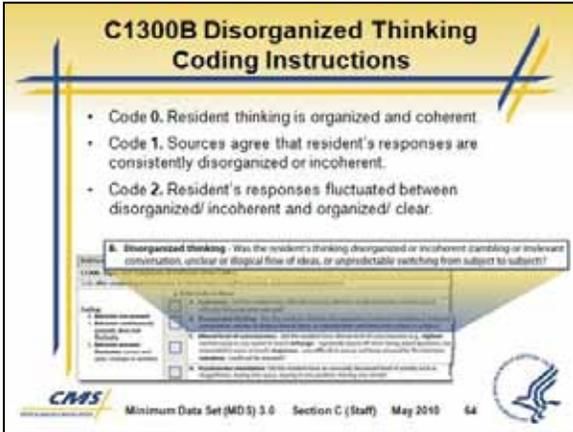
Slide 64 | N. C1300B Disorganized Thinking Coding Instructions

· **Code 0. Behavior not present**

If all sources agree that resident's thinking was organized and coherent, even if answers were wrong

· **Code 1. Behavior continuously present, did not fluctuate**

If during the interview and according to other sources resident's answers were disorganized or incoherent, conversation was rambling or irrelevant, ideas were unclear or flowed illogically, or the resident unpredictably switched from subject to subject

· **Code 2. Behavior present, fluctuates**

If, during the interview or according to other data sources, the resident's responses fluctuated between disorganized/ incoherent and organized/ clear. Also code as fluctuating if information sources disagree. |
|
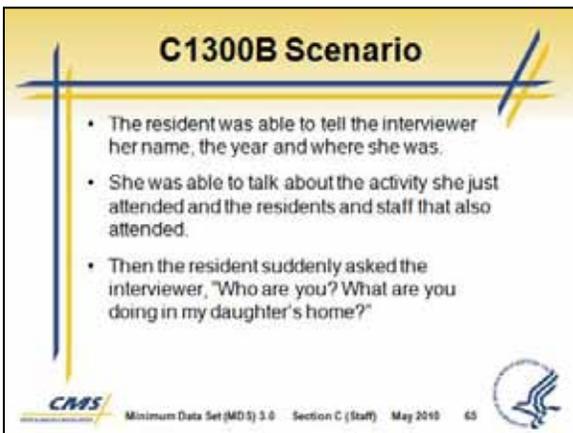
Slide 65 | O. C1300B Scenario

1. The resident was able to tell the interviewer her name, the year, and where she was.

2. She was able to talk about the activity she just attended and the residents and staff that also attended.

3. Then the resident suddenly asked the interviewer, "Who are you? What are you doing in my daughter's home?" |

SLIDES	INSTRUCTIONAL GUIDANCE
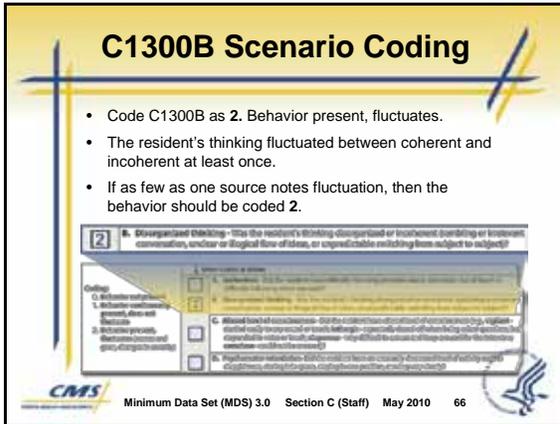
Slide 66

4. C1300B Scenario Coding

    a. Code C1300B as **2.** Behavior present, fluctuates.

    b. The resident's thinking fluctuated between coherent and incoherent at least once.

    c. If as few as one source notes fluctuation, then the behavior should be coded **2**.
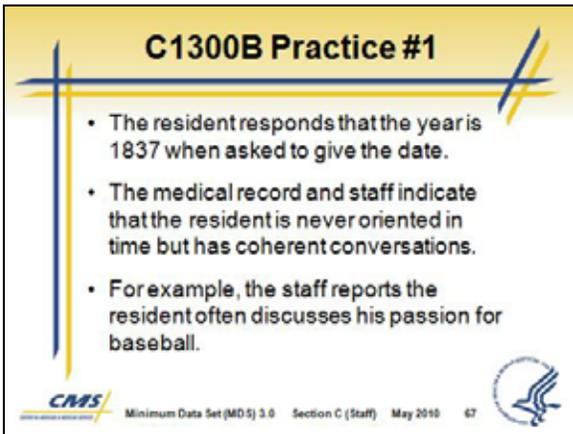
Slide 67

P. C1300B Coding Practice #1

1. The resident responds that the year is 1837 when asked to give the date.

2. The medical record and staff indicate that the resident is never oriented in time but has coherent conversations.

3. For example, the staff reports the resident often discusses his passion for baseball.
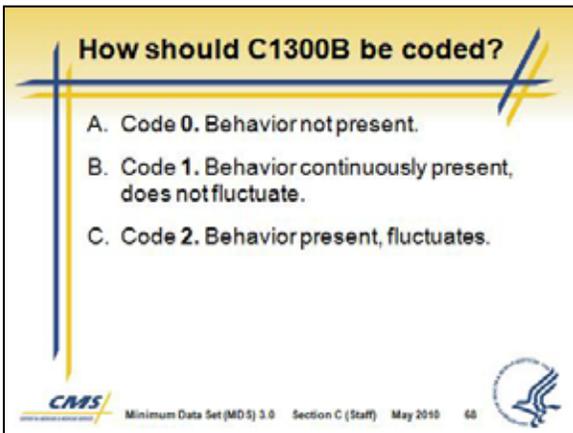
Slide 68

4. How should C1300B be coded?

Give participants time to answer the question.

    a. Correct answer is A. Code **0.** Behavior not present.

SLIDES	INSTRUCTIONAL GUIDANCE

C1300B Practice #1 Coding
 	
• The correct code is 0. Behavior not present.
• The resident's answer was related to the question, even though it was incorrect.
• No other sources report disorganized thinking.
 	
CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   69
 	
Slide 69
	5. C1300B Coding Practice #1 Coding
	
	   a. The correct code is **0.** Behavior not present.
	
	   b. The resident's answer was related to the question, even though it was incorrect.
	
	   c. No other sources report disorganized thinking.

C1300B Practice #2
 	
• The interviewer asks the resident, who is often confused, to give the date, and the response is: "Let's go get the sailor suits!"
• The resident continues to provide irrelevant or nonsensical responses throughout the interview.
• Medical record and staff indicate this is constant.
 	
CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   70
 	
Slide 70
	Q. C1300B Practice #2
	
	  1. The interviewer asks the resident, who is often confused, to give the date, and the response is: "Let's go get the sailor suits!"
	
	  2. The resident continues to provide irrelevant or nonsensical responses throughout the interview.
	
	  3. Medical record and staff indicate this is constant.

How should C1300B be coded? A. Code 0. Behavior not present. B. Code 1. Behavior continuously present, does not fluctuate. C. Code 2. Behavior present, fluctuates. *CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 71* Slide 71	4. How should C1300B be coded? *Give participants time to answer the question.* a. Correct answer is B. Code **1.** Behavior continuously present, does not fluctuate.

SLIDES	INSTRUCTIONAL GUIDANCE
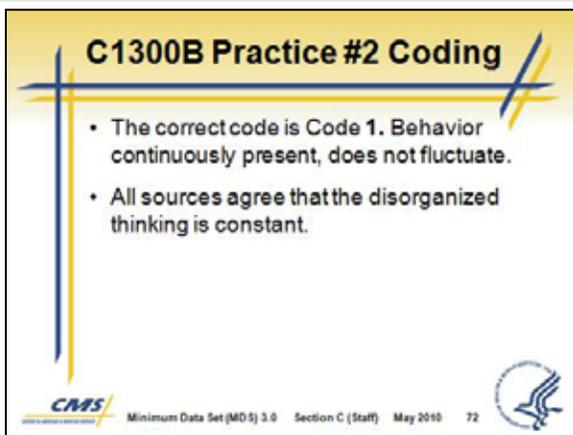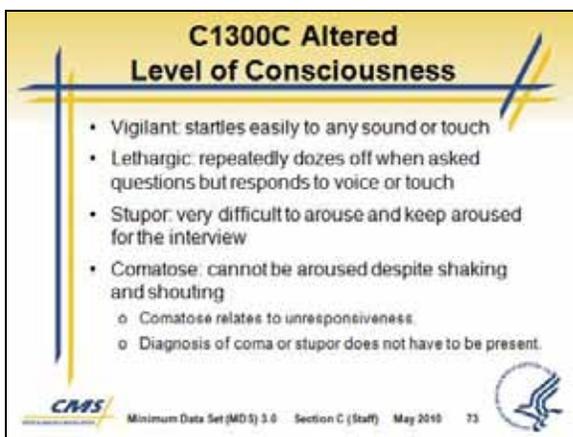
Slide 72

5. C1300B Practice #2 Coding

   a. The correct code is Code **1.** Behavior continuously present, does not fluctuate.

   b. All sources agree that the disorganized thinking is constant.

Slide 73

R. C1300C Altered level of Consciousness

1. Does the resident exhibit an altered level of consciousness?

2. **Vigilant**: startles easily to any sound or touch

3. **Lethargic**: repeatedly dozes off when you are asking questions but responds to voice or touch

4. **Stupor**: very difficult to arouse and keep aroused for the interview

5. **Comatose**: cannot be aroused despite shaking and shouting

   a. **Comatose as defined by the CAM$^©$ is different than the medical diagnosis of comatose.**

   b. **For the purpose of the CAM$^©$, comatose relates to unresponsiveness.**

6. A diagnosis of coma or stupor does not have to be present for staff to note the behavior in this item.

SLIDES	INSTRUCTIONAL GUIDANCE

Slide 74

S. C1300C Coding Instructions

    1. A diagnosis of coma or stupor does not have to be present for staff to note the behavior in this section.

- **Code 0. Behavior not present**

    If all sources agree that the resident was alert and maintained wakefulness during conversation, interview(s), and activities

- **Code 1. Behavior continuously present, did not fluctuate**

    If, during the interview and according to other sources, the resident was consistently lethargic (difficult to keep awake), stuporous (very difficult to arouse and keep aroused), vigilant (startles easily to any sound or touch), or comatose

- **Code 2. Behavior present, fluctuates**

    If, during the interview or according to other sources, the resident varied in levels of consciousness

    For example, was at times alert and responsive, while at other times resident was lethargic, stuporous or vigilant.

    Also code as fluctuating if sources disagree.

SLIDES	INSTRUCTIONAL GUIDANCE

Slide 75

T. C1300C Scenario

1. Resident is alert and conversational and answers all questions during the BIMS interview, although not all answers are correct.

2. Medical record documentation and staff report consistently noted that the resident was alert.

Slide 76

3. C1300C Scenario Coding

  a. Code C1300C as **0.** Behavior not present.

  b. All evidence indicates that the resident is alert during conversation, interview(s) and activities.

Slide 77

U. C1300C Practice #1

1. The resident is lying in bed.

2. He arouses to soft touch but is only able to converse for a short time before his eyes close, and he appears to be sleeping.

3. Again, he arouses to voice or touch but only for short periods during the interview.

4. Information from other sources indicates that this was his condition throughout the look-back period.

SLIDES	INSTRUCTIONAL GUIDANCE

How should C1300C be coded?

A. Code **0.** Behavior not present.

B. Code **1.** Behavior continuously present, does not fluctuate.

C. Code **2.** Behavior present, fluctuates.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   78
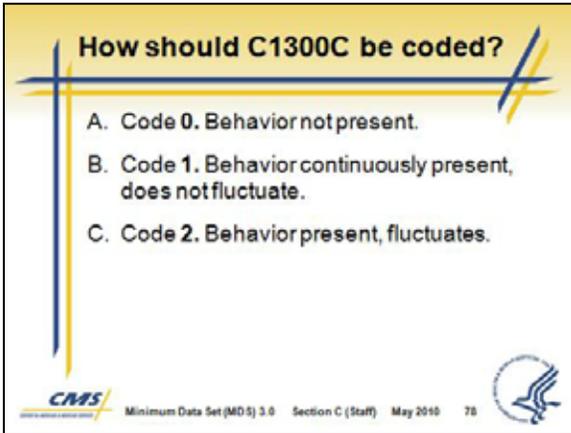
Slide 78

5. How should C1300C be coded?

   Give participants time to answer the question.

   a. Correct answer is B. Code **1.** Behavior continuously present, does not fluctuate.

C1300C Practice #1 Coding

- The correct code is Code **1.** Behavior continuously present, does not fluctuate.

- The resident's lethargy was consistent throughout the interview.

- There is consistent documentation of lethargy in the medical record during the look-back period.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   79
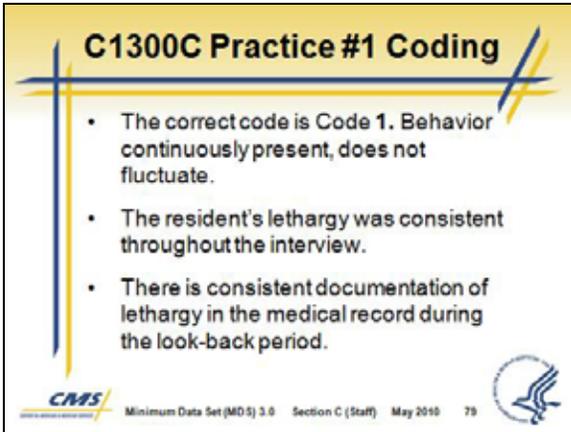
Slide 79

6. C1300C Practice #1 Coding

   a. The correct code is Code **1.** Behavior continuously present, does not fluctuate.

   b. The resident's lethargy was consistent throughout the interview.

   c. There is consistent documentation of lethargy in the medical record during the look-back period.

C1300C Practice #2

- Resident is usually alert, oriented to time, place, and person.

- Today, at the time of the BIMS interview, resident is conversant at the beginning of the interview but becomes lethargic and difficult to arouse.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   80
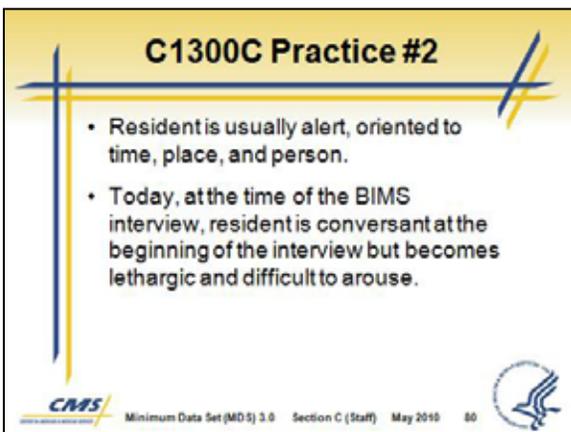
Slide 80

V. C1300C Practice #2

   1. Resident is usually alert, oriented to time, place, and person.

   2. Today, at the time of the BIMS interview, resident is conversant at the beginning of the interview but becomes lethargic and difficult to arouse.

SLIDES	INSTRUCTIONAL GUIDANCE

How should C1300C be coded?

A. Code **0.** Behavior not present.

B. Code **1.** Behavior continuously present, does not fluctuate.

C. Code **2.** Behavior present, fluctuates.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   81
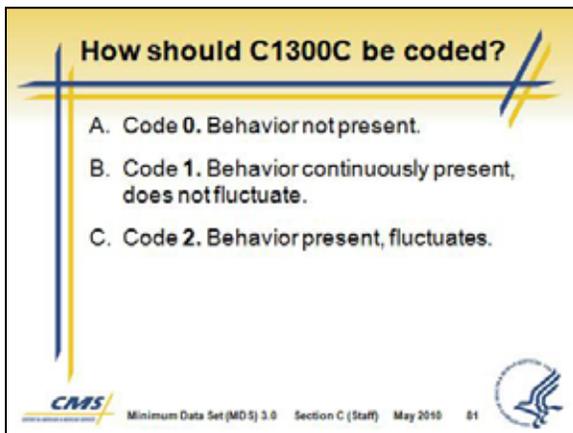
Slide 81

3. How should C1300C be coded?

Give participants time to answer the question.

   a. Correct answer is C. Code **2.** Behavior present, fluctuates.

**C1300C Practice #2 Coding**

• The correct code is Code **2.** Behavior present, fluctuates.

• The level of consciousness fluctuated during the interview.

• If as few as one source notes fluctuation, then the behavior should be coded **2,** fluctuating.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   82
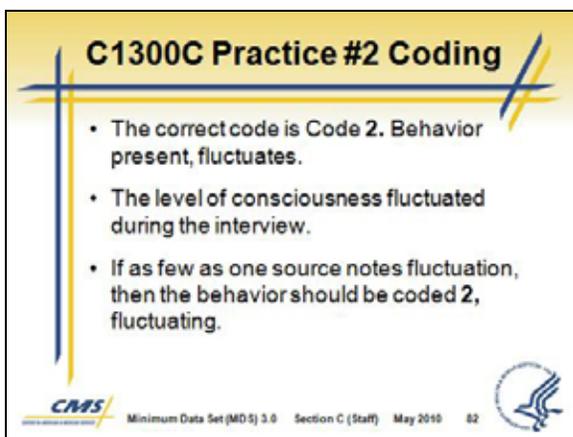
Slide 82

4. C1300C Practice #2 Coding

   a. The correct code is Code **2.** Behavior present, fluctuates.

   b. The level of consciousness fluctuated during the interview.

   c. If as few as one source notes fluctuation, then the behavior should be coded **2,** fluctuating.

C1300D Psychomotor Retardation

• Greatly reduced or slowed level of activity or mental processing
   o Sluggishness
   o Staring into space
   o Staying in one position
   o Moving or speaking very slowly

• Differs from altered level of consciousness.

• May be present with normal level of consciousness.

CMS   Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   83
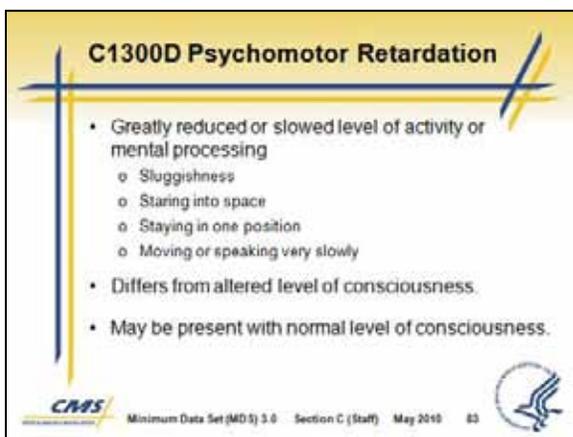
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W. C1300D Psychomotor Retardation

   1. Greatly reduced or slowed level of activity or mental processing

     a. Sluggishness

     b. Staring into space

     c. Staying in one position

     d. Moving or speaking very slowly

   2. Differs from altered level of consciousness

   3. May be present with normal level of consciousness

SLIDES	INSTRUCTIONAL GUIDANCE

Psychomotor Retardation

Greatly reduced or slowed level of activity or mental processing. Psychomotor retardation differs from altered level of consciousness. Resident need not be lethargic (altered level of consciousness) to have slowness of response. Psychomotor retardation may be present with normal level of consciousness; also residents with lethargy or stupor do not necessarily have psychomotor retardation.
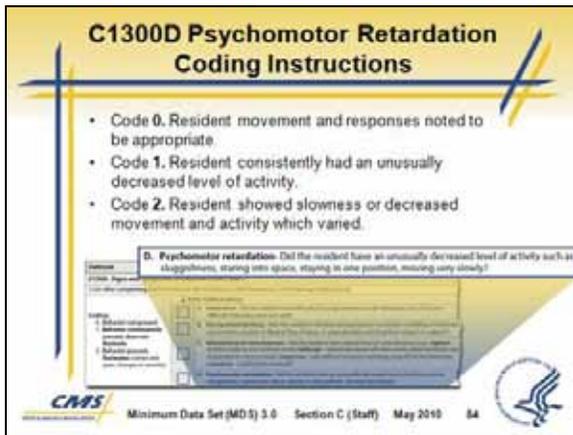
Slide 84

X. C1300D Coding Instructions

·   **Code 0. Behavior not present**

If the resident's movements and responses were noted to be appropriate during BIMS and across all information sources

·   **Code 1. Behavior continuously present, did not fluctuate**

If, during the interview and according to other sources, the resident had an unusually decreased level of activity such as being sluggish, staring into space, staying in one position, or moving or speaking very slowly

·   **Code 2. Behavior present, fluctuates**

If, during the interview and according to other sources, the resident showed slowness or decreased movement and activity which varied during the interview(s) or during the look-back period

SLIDES	INSTRUCTIONAL GUIDANCE
\n\nSlide 85	Y. C1300D Scenario\n\n 1. Resident answers questions promptly during interview.\n\n 2. Staff and medical record note similar behavior.
\n\nSlide 86	3. C1300D Scenario Coding\n\n a. Code C1300D as **0.** Behavior not present.\n\n b. There is no evidence of psychomotor retardation from any source.
\n\nSlide 87	Z. C1300D Practice #1\n\n 1. The resident is alert, but has a prolonged delay before answering the interviewer's question.\n\n 2. Staff reports that the resident has always been very slow in answering questions.\n\n 3. The medical record does not mention behaviors related to levels or pace of activity.

SLIDES	INSTRUCTIONAL GUIDANCE

How should C1300D be coded?

A. Code **0.** Behavior not present.

B. Code **1.** Behavior continuously present, does not fluctuate.

C. Code **2.** Behavior present, fluctuates.

CMS Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   88
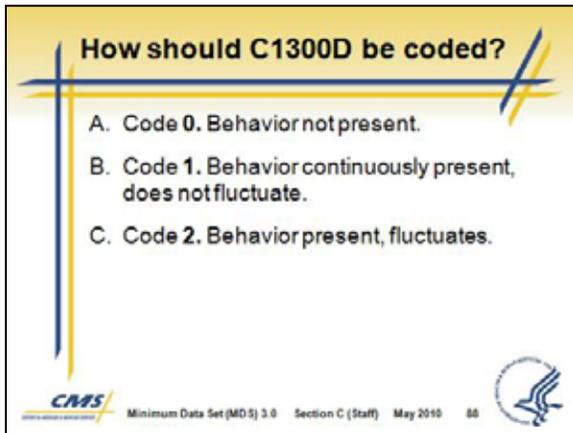
Slide 88

4. How should C1300D be coded?

   Give participants time to answer the question.

   a. Correct answer is B. Code **1.** Behavior continuously present, does not fluctuate.

C1300D Practice #1 Coding

• The correct code is Code **1.** Behavior continuously present, does not fluctuate.

• The psychomotor retardation was continuously present according to sources that described the resident's response speed for questions.

CMS Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   89
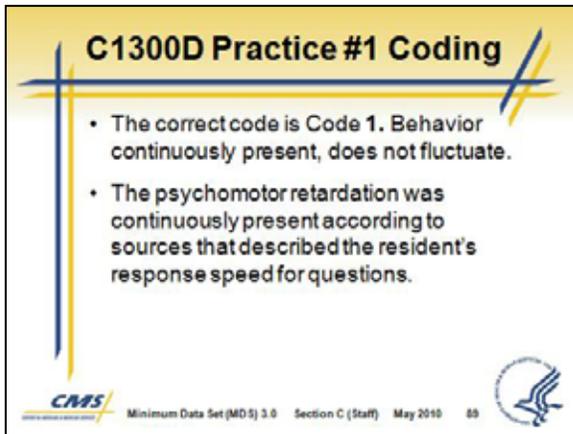
Slide 89

5. C1300D Practice #1 Coding

   Give participants time to answer the question.

   a. The correct code is Code **1.** Behavior continuously present, does not fluctuate.

   b. The psychomotor retardation was continuously present according to sources that described the resident's response speed for questions.

C1300D Practice #2

• Resident moves body very slowly (i.e., to pick up a glass).

• Staff reports that they have not noticed any slowness.

CMS Minimum Data Set (MDS) 3.0   Section C (Staff)   May 2010   90
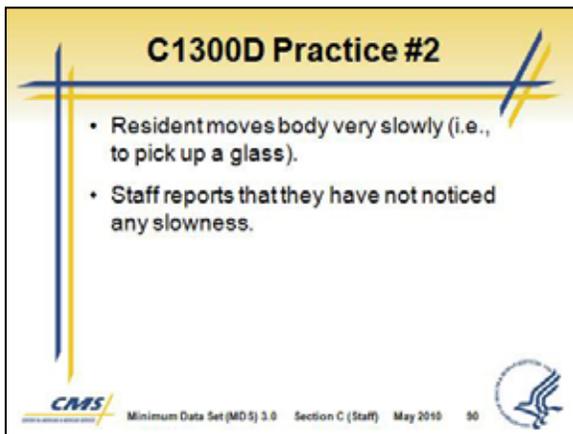
Slide 90

AA. C1300D Practice #2

   1. Resident moves body very slowly (i.e., to pick up a glass).

   2. Staff reports that they have not noticed any slowness.

SLIDES	INSTRUCTIONAL GUIDANCE
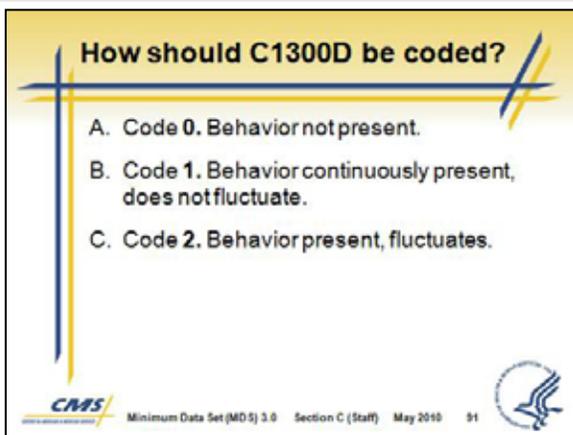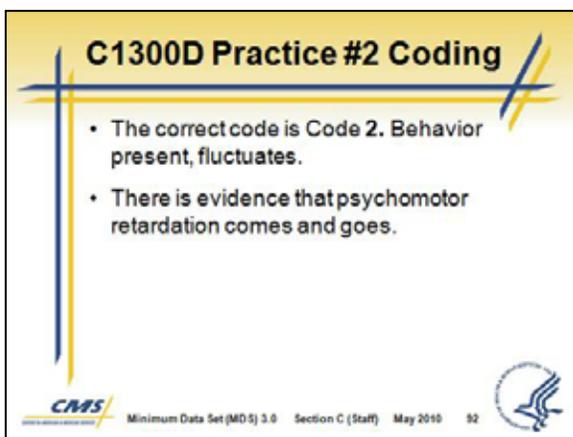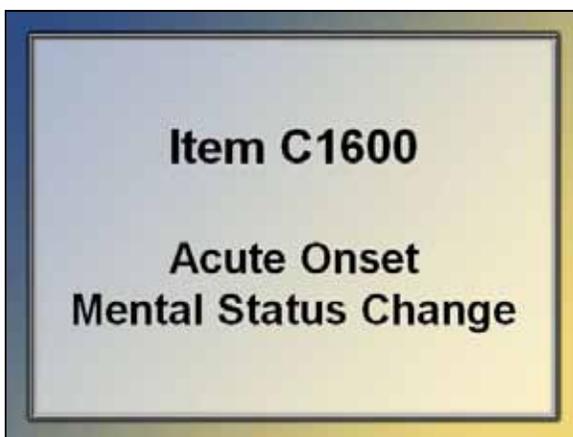
Slide 91

3. How should C1300D be coded?

   Give participants time to answer the question.

   a. Correct answer is C. Code **2.** Behavior present, fluctuates.

   b. There is evidence that psychomotor retardation comes and goes.

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4. C1300D Practice #2 Coding

   a. The correct code is Code **2.** Behavior present, fluctuates.

   b. There is evidence that psychomotor retardation comes and goes.

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▪ **C1600 Acute Onset Mental Status Change**

SLIDES	INSTRUCTIONAL GUIDANCE

Slide 94
	A. C1600 Importance
	
	1. Acute onset mental status change:
	
	   a. May indicate delirium or other serious medical complications.
	
	   b. May be reversible if detected and treated in a timely fashion.

 Slide 95	B. C1600 Conduct the Assessment 1. Interview resident's family or significant others. 2. Review medical record **prior to** the 7-day look-back period.

Slide 96
	C. C1600 Assessment Guidelines
	
	1. Examples of acute onset mental change status include:
	
	   a. Resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.
	
	   b. Resident who is normally quiet and content suddenly becomes restless or noisy.
	
	   c. Resident who is usually able to find his or her way around the unit begins to get lost.

SLIDES	INSTRUCTIONAL GUIDANCE

C1600 Coding Instructions
 	
• Code **0. No** if there is no evidence of acute mental status change from the resident's baseline.
 	
• Code **1. Yes** if resident has an alteration in mental status observed in the past 7 days or in the BIMS that represents a change from baseline.
 	
C1600. Acute Onset Mental Status Change
Is there evidence of an acute change in mental status from the resident's baseline?
☐   0 No   1 Yes
 	
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	D. C1600 Coding Instructions
	
	  · **Code 0. No**
	
	    If there is no evidence of acute mental status change from the resident's baseline
	
	  · **Code 1**. **Yes**
	
	    If the resident has an alteration in mental status observed in the past 5 days or in the BIMS interview that represents a change from baseline

C1600 Scenario #1
 	
• A resident was admitted to the nursing home 4 days ago.
 	
• Her family reports that she was alert and oriented prior to admission.
 	
• During the BIMS interview, she is lethargic and incoherent.
 	
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	E. C1600 Scenario #1
	
	  1. A resident was admitted to the nursing home 4 days ago.
	
	  2. Her family reports that she was alert and oriented prior to admission.
	
	  3. During the BIMS interview, she is lethargic and incoherent.

C1600 Scenario #1 Coding
 	
• C1600 would be coded **1. Yes**.
 	
• There is an acute change of the resident's behavior from alert and oriented (family report) to lethargic and incoherent during the interview.
 	
Enter Code
1
C160...   Mental Status Change
Is there evidence of an acute change in mental status from the resident's baseline?
1   0 No   1. Yes
 	
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	4. C1600 Scenario #1 Coding
	
	    a. C1600 would be coded **1. Yes.**
	
	    b. There is an acute change of the resident's behavior from alert and oriented (family report) to lethargic and incoherent during interview.

SLIDES	INSTRUCTIONAL GUIDANCE

SLIDES

C1600 Scenario #2

- A nurse reports that a resident with poor short-term memory and disorientation to time suddenly becomes agitated:
  - o Calling out to her dead husband
  - o Tearing off her clothes
  - o Completely disoriented to time, person, and place

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C1600 Scenario #2 Coding

- C1600 would be coded **1. Yes**.
- The new behaviors represent an acute change in mental status.

Enter Code
1

C1600   Mental Status Change
Is there evidence of an acute change in mental status from the resident's baseline?
0. No
1. Yes

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**Section C
(Staff Assessment
& Delirium)

Summary**

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INSTRUCTIONAL GUIDANCE

F. C1600 Scenario #2

1. A nurse reports that a resident with poor short-term memory and disorientation to time suddenly becomes agitated:

    a. Calling out to her dead husband

    b. Tearing off her clothes

    c. Completely disoriented to time, person, and place

2. C1600 Scenario #2 Coding

    a. C1600 would be coded **1. Yes**.

    b. The new behaviors represent an acute change in mental status.

·   **Section C (Staff Assessment/ Delirium) Summary**

SLIDES	INSTRUCTIONAL GUIDANCE

Section C Staff Assessment

- Conduct a resident interview if at all possible.
- Review C0600 to determine if an interview was complete it attempted.
- Conduct the staff assessment if the interview was incomplete.
- Staff assessment consists of four components.
  - Short-term Memory OK
  - Long-term Memory OK
  - Memory/ Recall Ability
  - Cognitive Skills for Decision Making

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A. Section C Staff Assessment

1. Conduct a resident interview if at all possible.

2. Review C0600 to determine if an interview was complete it attempted.

3. Conduct the staff assessment if the interview was incomplete.

4. Staff assessment consists of four components.

   a. Short-term Memory OK

   b. Long-term Memory OK

   c. Memory/ Recall Ability

   d. Cognitive Skills for Decision Making

Assessment for Delirium

- Conduct the assessment for delirium for all residents.
- Confusion Assessment Method (CAM) © assesses four signs and symptoms of delirium.
  - Inattention (easily distracted or out of touch)
  - Disorganized thinking (disorganized or incoherent thinking or conversation)
  - Altered level of consciousness (vigilant, lethargic, stuporous, or comatose)
  - Psychomotor retardation (unusually decreased level of activity)

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B. Assessment for Delirium

1. Conduct the assessment for delirium for all residents.

2. Confusion Assessment Method (CAM) © assesses four signs and symptoms of delirium.

   a. Inattention

      · Easily distracted

      · Out of touch

   b. Disorganized thinking

      · Disorganized or incoherent thinking or conversation)

   c. Altered level of consciousness

      · Vigilant

      · Lethargic

      · Stuporous

      · Comatose
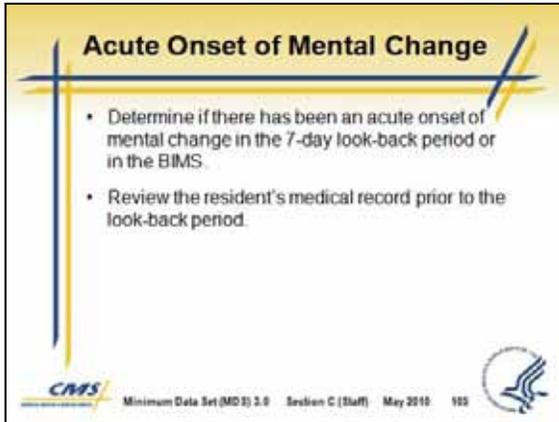
SLIDES	INSTRUCTIONAL GUIDANCE
	d. Psychomotor retardation
	· Unusually decreased level of activity
	C. Acute Onset of Mental Change
Acute Onset of Mental Change • Determine if there has been an acute onset of mental change in the 7-day look-back period or in the BIMS. • Review the resident's medical record prior to the look-back period.	1. Determine if there has been an acute onset of mental change in the 7-day look-back period or in the BIMS.
CMS Minimum Data Set (MDS) 3.0 Section C (Staff) May 2010 105	2. Review the resident's medical record prior to the look-back period.
Slide 105	