



**Minimum Data Set (MDS) 3.0
Instructor Guide**

Section D Mood

Objectives

- State the intent of Section D Mood.
- State the purpose and benefits of the PHQ-9[©].
- Describe effective interviewing techniques for the PHQ-9[©].
- Describe how to conduct the assessment for Section D Mood.
- Code Section D accurately and correctly.

Methodology

This lesson uses lecture, video, video-based activity, and scenario-based examples.

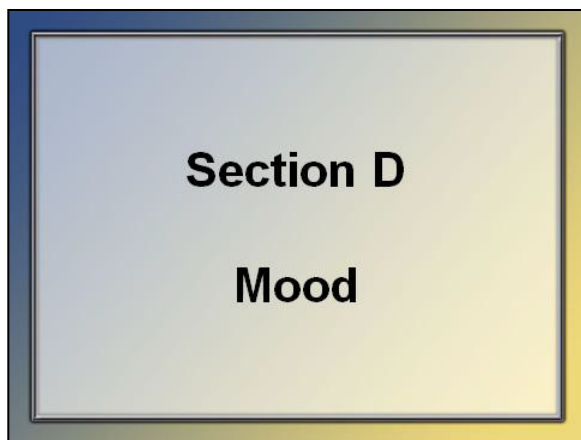
Training Resources

- Instructor Guide
- Slides 1 to 68
- Video: Mood Interview

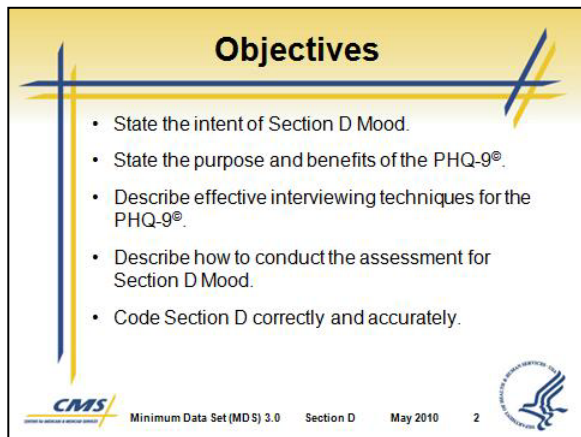
Instructor Preparation

- Review the Instructor Guide.
- Review learning objectives for the unit.
- Rehearse with slide presentation.

SLIDES	INSTRUCTIONAL GUIDANCE
<div data-bbox="215 331 256 518" data-label="Text" style="writing-mode: vertical-rl; transform: rotate(180deg);">Notes</div> <div data-bbox="695 331 927 365" data-label="Section-Header">Instructor Notes</div> <div data-bbox="277 405 1112 445" data-label="Text"> <p>Direct participants to turn to Section D in the MDS 3.0 instrument.</p> </div> <div data-bbox="695 483 927 516" data-label="Section-Header">Instructor Notes</div> <div data-bbox="1360 331 1401 518" data-label="Text" style="writing-mode: vertical-rl; transform: rotate(180deg);">Notes</div>	



Slide 1



Slide 2

I. Introduction/ Objectives

- A. Section D addresses mood distress.
- B. Like Section C, this section now utilizes an interview to incorporate the resident's voice in assessing mood.

C. Objectives

- State the intent of Section D Mood.
- State the purpose and benefits of the PHQ-9®.
- Describe effective interviewing techniques for the PHQ-9®.
- Describe how to conduct the assessment for Section D Mood.
- Code Section D accurately and correctly.

SLIDES

Intent of Section D

- Mood distress is a serious condition that is underdiagnosed and undertreated in the nursing home.
- Associated with significant morbidity.
- Signs and symptoms of mood distress are treatable.
- Treatments are very effective.

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Slide 3

Depression

- Depression can be associated with:
 - Psychological and physical distress
 - Decreased participation in therapy and activities
 - Decreased functional status
 - Poorer outcomes

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Goal of Assessment

- Findings that suggest mood distress should lead to:
 - Identifying causes and contributing factors for symptoms.
 - Identifying interventions that could address symptoms.
 - Ensuring resident safety.
- Coding the presence of indicators does not automatically mean a diagnosis of depression or other mood disorder.

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INSTRUCTIONAL GUIDANCE

D. Intent of Section D

1. Mood distress is a serious condition that is underdiagnosed and undertreated in nursing homes.
2. Mood distress is associated with significant morbidity.
3. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms are treatable.
4. Treatments are very effective.

E. Depression

1. Depression can be associated with:
 - a. Psychological and physical distress
 - b. Decreased participation in therapy and activities
 - c. Decreased functional status
 - d. Poorer outcomes

F. Goal of Assessment

1. Findings that suggest mood problem should lead to:
 - a. Identifying causes and contributing factors for symptoms
 - b. Identifying interventions that could address symptoms
 - Treatment
 - Personal support
 - Environmental modifications

SLIDES

INSTRUCTIONAL GUIDANCE

c. Ensuring resident safety.

2. **Coding the presence of indicators does not automatically mean a diagnosis of depression or other mood disorder.**
3. Assessors do not make or assign a diagnosis in Section D.
4. They simply record the presence or absence of specific clinical mood indicators.
5. Facility staff should recognize these indicators and consider them when developing the resident's individualized care plan.

G. Resident Mood Interview

1. Section D utilizes an interview for assessment – the Patient Health Questionnaire (PHQ-9[®]) Resident Mood Interview.
2. Symptom-specific information from a direct resident interview incorporates the resident's voice in the assessment.
3. Complete the Section D Staff Assessment **only** if an interview cannot be completed.
4. Do not complete both the interview and the staff assessment.

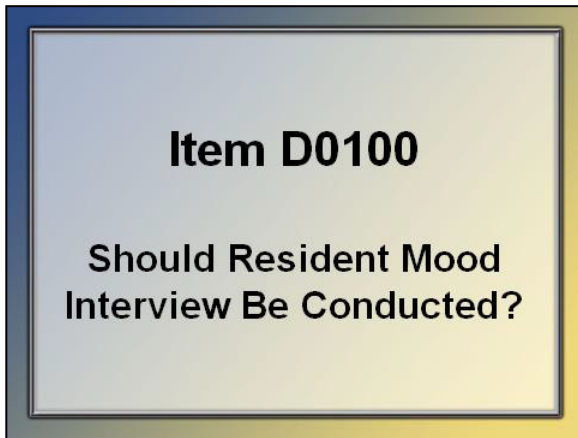
Resident Mood Interview

- Section D uses the Patient Health Questionnaire (PHQ-9[®]) Resident Mood Interview.
- Incorporates resident voice in assessment.
- Complete the Staff Assessment **only** if an interview cannot be completed.
- Do not complete **both** the Resident Mood Interview and the Staff Assessment.

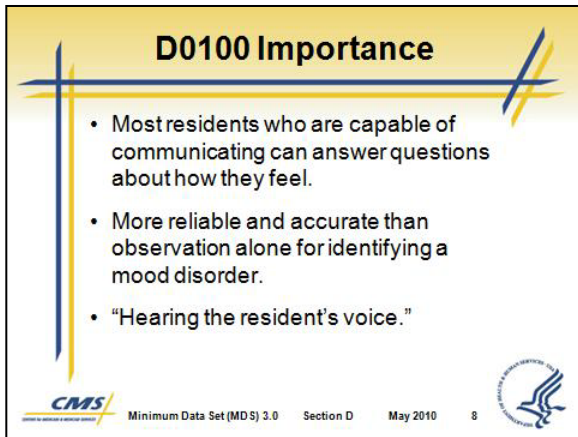
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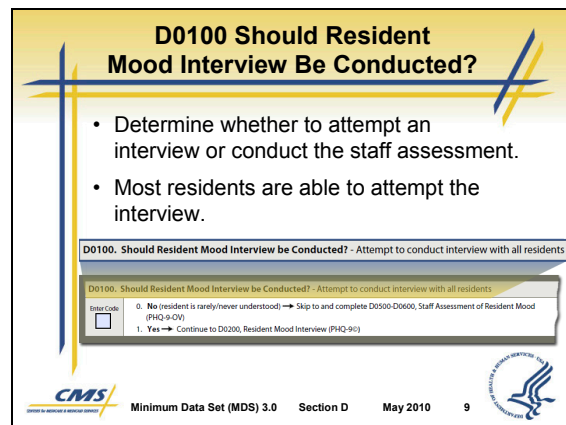
SLIDES



Slide 7



Slide 8



Slide 9

INSTRUCTIONAL GUIDANCE

II. Item D0100 Should Resident Mood Interview Be Conducted?

- A. The first item in Section D determines whether a resident interview for mood should be attempted.

B. D0100 Importance

1. Most residents that are capable of communicating can answer questions about how they feel.
2. Obtaining information about mood directly from the resident, is a more reliable and accurate method than observation alone for identifying a mood disorder.
3. This is sometimes called "hearing the resident's voice".



C. D0100 Should Resident Mood Interview Be Conducted?

1. Determine whether to attempt an interview or conduct the staff assessment.
2. Most residents are able to attempt the interview.

SLIDES

D0100 Conduct the Assessment

- Determine if resident is rarely or never understood.
- Conduct the interview if resident can respond:
 - Verbally
 - By pointing to answers on a cue card
 - By writing out his or her answers
- Review A1100 Language to determine if the resident wants or needs an interpreter.
 - Make every effort to have an interpreter available if needed.

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INSTRUCTIONAL GUIDANCE

D. D0100 Conduct the Assessment

1. The assessment for this item is similar as for other interview-based assessments.
2. Determine if the resident is rarely or never understood.
3. Conduct the interview if the resident can respond:
 - a. Verbally
 - b. By pointing to answers on a cue card
 - c. By writing out his or her answers
4. Review A1100 Language to determine if the resident wants or needs an interpreter.
5. If the resident needs an interpreter, every effort should be made to have an interpreter present for the PHQ-9[®] interview.

E. D0100 Coding Instructions

1. Record whether the Resident Mood Interview should be attempted with the resident.

• **Code 0. No**

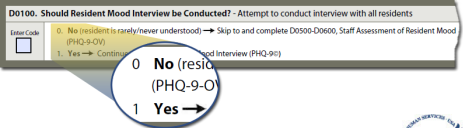
If the interview should not be conducted.



This option should be selected for residents who are rarely/never understood or who need an interpreter (A1100 = 1) but one was not available.

Skip to Item D0500 Staff Assessment of Resident Mood (PHQ-9-OV[®]).

D0100 Coding Instructions

- If **0. No**, complete the staff assessment.
- If **1. Yes** complete the Resident Interview for Mood.
- Attempt to conduct an interview with all residents if at all possible.



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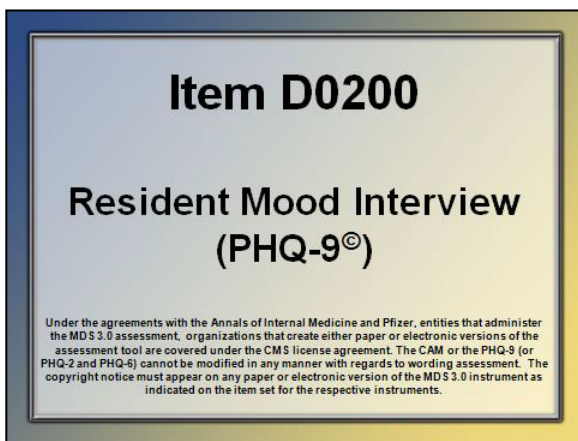
SLIDES

INSTRUCTIONAL GUIDANCE

• Code 1. Yes

If the resident interview should be conducted. This option should be selected for residents who are able to be understood and for whom an interpreter is not needed or is present.

Continue to item D0200, Resident Mood Interview (PHQ-9[®]).

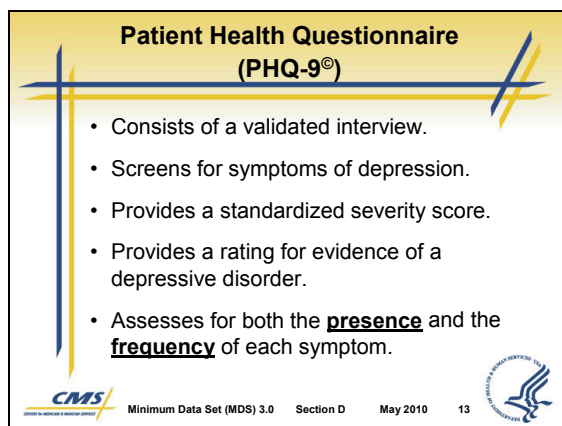


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III. Item D0200 Resident Mood Interview (PHQ-9[®])

- A. This item lists the questions to be asked in the Resident Mood Interview and documents the resident's response.

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B. Patient Health Questionnaire (PHQ-9[®])

1. Consists of a validated interview.
2. Screens for symptoms of depression.
3. Provides a standardized severity score.
4. Provides a rating for evidence of a depressive disorder.
5. Assesses for both the **presence** and **frequency** of each symptom.

SLIDES

D0200 Conduct the Assessment

- Establish a conducive environment.
- Use an interpreter if needed.
- Make sure the resident can hear you.
- Explain the reason for the interview.
- Explain the response choices.
- Show responses in large font as appropriate.
- Allow resident to write responses if needed.
- Allow the resident to complete the interview on paper if necessary.

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INSTRUCTIONAL GUIDANCE



C. D0200 Conduct the Assessment

1. Conduct this interview similar to other interviews.
2. Establish an environment conducive for an interview.
 - a. Private setting
 - b. Positioning (make sure the resident can see your face)
 - c. Minimize glare from light sources
3. Use an interpreter if needed.
4. Make sure the resident can hear you.
 - a. Residents with hearing impairment should be interviewed using their usual communication devices/techniques, as applicable.
 - b. Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - c. Minimize background noise.
5. Explain the reason for the interview.
6. Explain the response choices.
7. Show responses in large font (such as cue cards) as appropriate.
8. Allow resident to write responses if needed.
9. Allow the resident to complete the interview on paper if necessary.
 - a. Be sure that the resident can see the print.
 - b. Provide large print or assistive device (e.g., page magnifier) if necessary.

SLIDES	INSTRUCTIONAL GUIDANCE
<p>Instructor Notes</p> <p>Suggested Language for the Reason for the Interview</p> <p>Notes “I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. Some of the questions might seem personal, but everyone is asked to answer them. This will help us provide you with better care.” Notes</p> <p>Instructor Notes</p>	
<p>Instructor Notes</p> <p>Suggested Language for the Response Choices</p> <p>Notes “I am going to ask you how often you have been bothered by a particular problem over the last 2 weeks. I will give you the choices that you see on this card” (say while pointing to cue card): “0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day.” Notes</p> <p>Instructor Notes</p>	

D0200 Conduct the Interview₁

- Start by asking the resident if he or she has been bothered by any of the following problems over the last 2 weeks.
- Read each item as it is written.
 - Do not provide definitions of terms in the questions.
 - The meaning of each question must be based on the resident's interpretation.
 - An interpreter should not attempt to determine intent, meaning or significance behind the resident's response.


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D. Conduct the Interview

1. Start by asking the resident if he or she has been bothered by any of the problems over the last 2 weeks.
2. Read each item as it is written.
 - a. Do not provide definitions of terms in the questions.
 - b. The meaning of each question must be based on the resident's interpretation.
 - c. An interpreter should not attempt to determine intent, meaning, or significance behind the resident's response.
 - Interpreters are people who translate oral or written language from one language to another.

SLIDES

D0200 Conduct the Interview₂

- Ask each question in sequence to assess the **presence** and **frequency** of a symptom.
- Determine the presence of a symptom (resident answers "Yes" to a question).
- Ask about the frequency of the symptom before asking the next question.
- Briefly explore further if the resident uses his or her own words to describe a symptom.

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INSTRUCTIONAL GUIDANCE

3. Must ask each question in sequence in order to assess the following for each symptom:
 - a. **Presence**
 - b. **Frequency**
4. First determine the presence of a symptom (resident responds "Yes" when asked a question).
5. If the resident responds with a "Yes," determine the frequency for that symptom before moving on to the next question.
 - a. Ask the resident how often he or she was bothered by the symptom over the last 14 days.
6. If the resident uses his or her own words to describe a symptom, this should be briefly explored.
7. If you determine that the resident is reporting the intended symptom but using his or her own words, ask him or her how often he or she was bothered by that symptom.
8. Based on current experience, neither staff nor residents have reported the PHQ-9[®] to be burdensome or intrusive.
9. In fact, multiple interviews have led to improved symptom identification.
10. Conduct the interview preferably the day before or day of the Assessment Reference Date (ARD).
11. The look-back period is **14 days**.

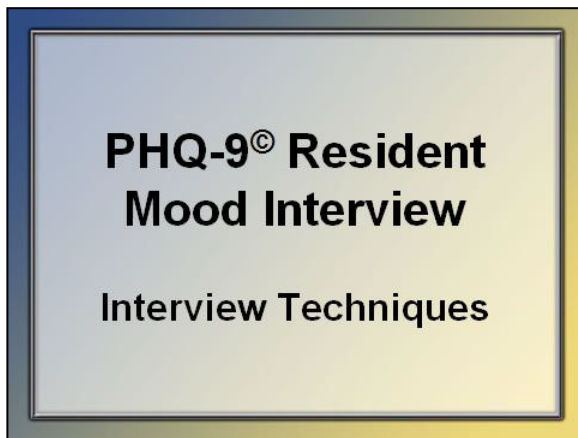
D0200 Assessment Guidelines

- Neither staff nor residents have reported the PHQ-9[®] to be burdensome or intrusive.
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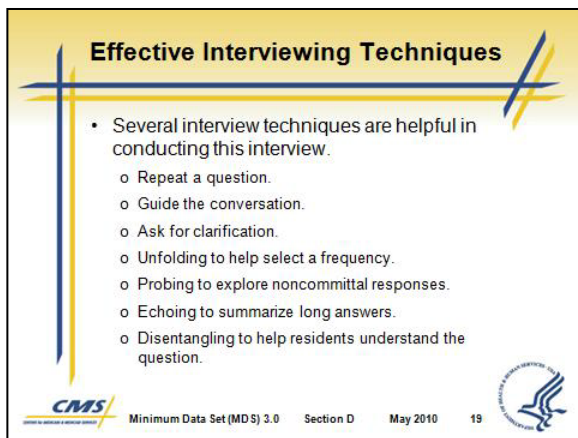
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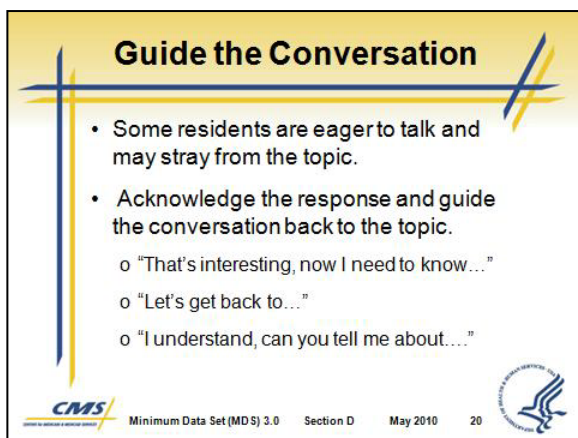
SLIDES



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INSTRUCTIONAL GUIDANCE

IV. PHQ-9© Resident Mood Interview, Interview Techniques

A. Effective Interviewing Techniques

1. Several interview techniques are available to help conduct this interview.

- a. Repeat a question.

- If you think the resident has misunderstood or misinterpreted the question

Additional techniques are covered in more detail on following slides.

- b. Guide the conversation.

- c. Ask for clarification.

- d. Unfolding to help select a frequency.

- e. Probing to explore noncommittal responses.

- f. Echoing to summarize long answers.

- g. Disentangling to help residents understand the question.

SLIDES

INSTRUCTIONAL GUIDANCE

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2. Guide the Conversation
 - a. Some residents may be eager to talk but will stray from the topic at hand.
 - b. When a person strays, gently guide the conversation back to the topic.
 - “That’s interesting, I need to know...”
 - “Let’s get back to...”
 - “I understand, can you tell me about...”

Ask for Clarification

- Validate your understanding of what the resident is saying.
 - o “I think I hear you saying that...”
 - o “Let’s see if I understood you correctly.”
 - o “You said.... Is that right?”

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3. Ask for clarification.
 - a. Validate your understanding of what the resident is saying by asking for clarification.
 - “I think I hear you saying that...”
 - “Let’s see if I understood you correctly.”
 - “You said...Is that right?”

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Unfolding

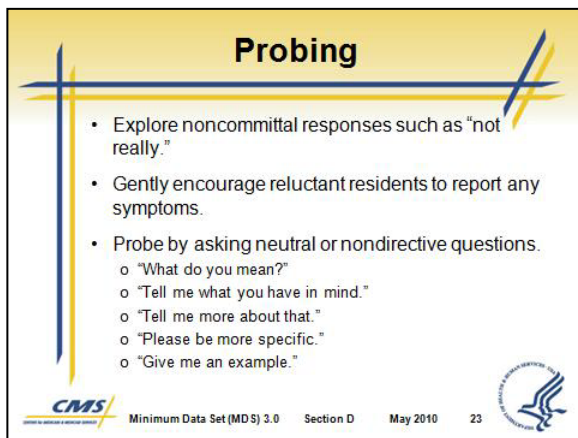
- Resident has difficulty selecting a frequency.
 - Start by offering a single frequency response.
 - Follow with a sequence of more specific questions.
 - Say, “Would you say [name symptom] bothered you more than half the days in the past 2 weeks?”
 - o If the resident says “yes,” show the cue card and ask whether it bothered her nearly every day or on half or more of the days.
 - o If the resident says “no,” show the cue card and ask whether it bothered her several days or never or 1 day.

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4. Unfolding
 - a. If the resident has difficulty selecting a frequency response, start by offering a single frequency response.
 - b. Follow with a sequence of more specific questions.
 - c. Example: Say, “Would you say [name symptom] bothered you more than half the days in the past 2 weeks?”
 - If the resident says “yes,” show the cue card and ask whether it bothered her

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nearly every day (12-14 days) or on half or more of the days (7-11 days).

- If the resident says “no,” show the cue card and ask whether it bothered her several days (2-6 days) or never or 1 day (0-1 day).

5. Probing



- When residents give noncommittal responses such as “not really” they should be explored.
- Residents may be reluctant to report symptoms and should be gently encouraged to tell you if the symptom bothered them, even if it was only some of the time.
- Probe by asking neutral or nondirective questions.

- “What do you mean?”
- “Tell me what you have in mind.”
- “Tell me more about that.”
- “Please be more specific.”
- “Give me an example.”

SLIDES

Echoing₁



- Sometimes respondents give a long answer.
- Summarize longer answers to narrow the answer to the response choices available.
- Then ask which response option best applies.

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Echoing₂



- Item D0200E, Poor Appetite or Overeating.
 - Resident response: "The food is always cold and it just doesn't taste like it does at home. The doctor won't let me have any salt."
 - Possible interviewer response: "You're telling me the food isn't what you eat at home and you can't add salt. How often would you say that you were bothered by poor appetite or over-eating during the last 2 weeks?"

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Disentangling

- Separate the item into shorter parts.
- Provide the resident an opportunity to respond after each part.
- Item D0200C, Trouble Falling or Staying Asleep, or Sleeping Too Much.
- Break the item down as follows:
 - "How often are you having problems falling asleep?"
 - "How often are you having problems staying asleep?"
 - "How often do you feel you are sleeping too much?"

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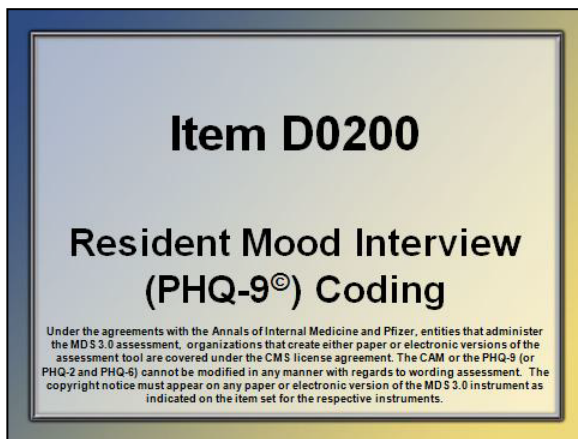
INSTRUCTIONAL GUIDANCE

6. Echoing
 - a. Sometimes respondents give a long answer to interview items.
 - b. To narrow the answer to the response choices available, it can be useful to summarize their longer answer.
 - c. Then ask them which response option best applies.
 - d. For example: Item D0200E, Poor Appetite or Overeating.
 - Resident response: "The food is always cold and it just doesn't taste like it does at home. The doctor won't let me have any salt."
 - Possible interviewer response: "You're telling me the food isn't what you eat at home and you can't add salt. How often would you say that you were bothered by poor appetite or over-eating during the last 2 weeks?"
7. Disentangling
 - a. If the resident has difficulty with longer items, separate the item into shorter parts.
 - b. Provide a chance to respond after each part.
 - c. This method is helpful if a resident has moderate cognitive impairment, but can respond to simple, direct questions.

SLIDES

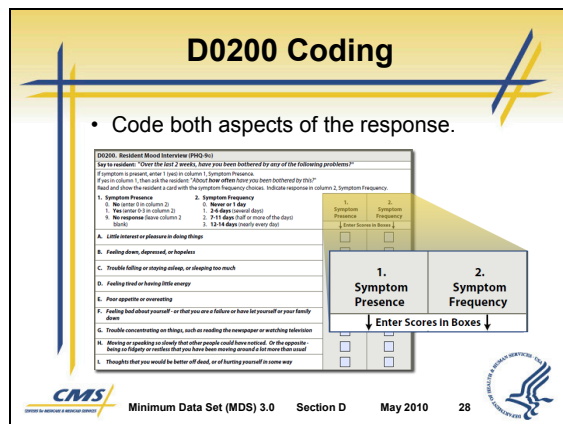
INSTRUCTIONAL GUIDANCE

- d. Example: Item D0200C, Trouble falling or staying asleep, or sleeping too much.
- e. Break the item down as follows:
 - How often are you having problems falling asleep? (pause for response)
 - How often are you having problems staying asleep? (pause for response)
 - How often do you feel you are sleeping too much?"



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V. PHQ-9[®] Resident Mood Interview Techniques Coding



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A. D0200 Coding

1. Code both aspects of a resident's response to each question.
 - a. Presence of the symptom (Column 1)
 - b. Frequency of any identified symptoms (Column 2)
2. Record the resident's responses as they are stated.
3. Code as stated regardless of whether the resident or the assessor attributes the symptom to something other than mood.

SLIDES

INSTRUCTIONAL GUIDANCE

- B. Further evaluation of the clinical relevance of reported symptoms should be explored by the responsible clinician.
- C. D0200 Coding Instructions

- ### 1. Column 1 Symptom Presence

Code the presence of each symptom.

- **Code 0. No.**

If resident indicates
symptoms listed are not
present, enter **0**.

Enter **0** in Column 2,
Symptom Frequency as well.

- **Code 1. Yes**

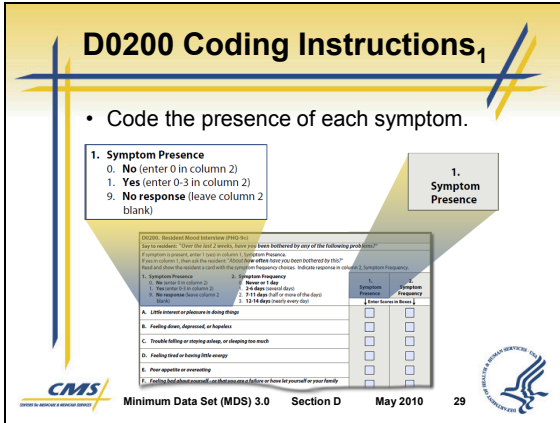
If resident indicates
symptoms listed are present

Enter **0, 1, 2** or **3** in
Column 2, Symptom
Frequency.

- **Code 9. No Response**

If the resident was unable or chose not to complete the assessment, responded nonsensically, and/or the facility was unable to complete the assessment

Leave Column 2, Symptom Frequency, blank.



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SLIDES

D0200 Coding Instructions₂

- Code the frequency of each symptom.

2. Symptom Frequency
 0. **Never or 1 day**
 1. **2-6 days** (several days)
 2. **7-11 days** (half or more of the days)
 3. **12-14 days** (nearly every day)

2. Symptom Frequency

(D0200) Residents should answer the following questions for each of the following problems:
 Day to resident: "Over the last 2 weeks, how often have you been bothered by any of the following problems?"
 If resident answers "never" or "1 day", code 0. Symptom frequency.
 If resident answers "2-6 days", code 1. Symptom frequency.
 If resident answers "7-11 days", code 2. Symptom frequency.
 If resident answers "12-14 days", code 3. Symptom frequency.

1. Symptom Frequency	2. Symptom Frequency	3. Symptom Frequency	4. Symptom Frequency	5. Symptom Frequency
0. Never or 1 day	1. 2-6 days	2. 7-11 days	3. 12-14 days	4. 15-21 days
0. Never or 1 day	1. 2-6 days	2. 7-11 days	3. 12-14 days	4. 15-21 days
0. Never or 1 day	1. 2-6 days	2. 7-11 days	3. 12-14 days	4. 15-21 days
0. Never or 1 day	1. 2-6 days	2. 7-11 days	3. 12-14 days	4. 15-21 days
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0. Never or 1 day	1. 2-6 days	2. 7-11 days	3. 12-14 days	4. 15-21 days

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2. Column 2 Symptom Frequency
 Code the frequency of each symptom.

a. If Column 1 is coded **0. No** (resident indicates symptoms listed are not present), then code Column 2 as **0. Never**.

b. If Column 1 is coded **9. No response**, then leave Column 2 blank.

- The only numerical values allowed in Column 2 are 0, 1, 2 or 3. This is because the values in Column 2 will be added up to generate the Total Severity Score.

- Coding a **9** in this column would inappropriately increase the Total Severity Score.

- Remember that this is a tool that has been adapted to the MDS 3.0, and coding conventions (such as the use of a 9 or a dash) sometimes have to be adjusted to accommodate the particular tool.

c. If Column 1 is coded **1. Yes** (resident indicates symptoms listed are present), then code the frequency of each symptom as indicated by the resident.



Code 0. Never or 1 Day

If the resident indicates that he or she has never experienced the symptom or has only experienced the symptom on 1 day

SLIDES	INSTRUCTIONAL GUIDANCE
	<ul style="list-style-type: none"> • Code 1. 2 – 6 Days (Several days) If the resident indicates that he or she has experienced the symptom for 2-6 days • Code 2. 7 – 11 Days (Half or more of the days) If the resident indicates that he or she has experienced the symptom for 7-11 days • Code 3. 12 – 14 Days (Nearly every day) If the resident indicates that he or she has experienced the symptom for 12-14 days <p>d. If Column 1 is coded 1. Yes (resident indicates symptoms listed are present) but the resident cannot decide on a frequency, then code Column 2 with a dash.</p> <ul style="list-style-type: none"> • This situation should happen rarely. • Every attempt should be made to determine a frequency.

D0200 Coding Guidelines

- Code one frequency response per item.
- Code the higher frequency if resident has difficulty selecting between two options.
- Code the higher frequency if the resident gives different frequencies for items that contain more than one phrase.
- Code **9** for any nonsensical response.
 - Leave Column 2 blank.

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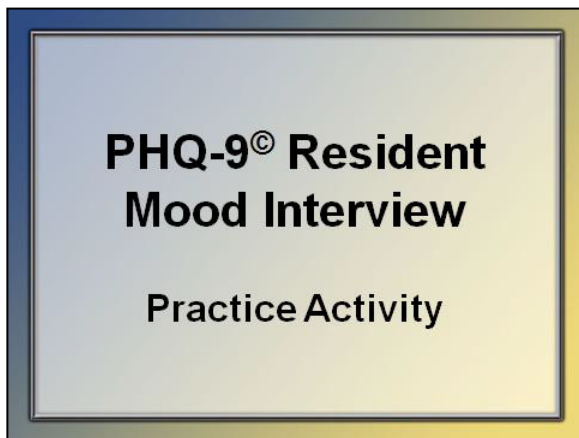
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D. D0200 Coding Guidelines

1. Code one frequency response per item.
2. Code the higher frequency if resident has difficulty selecting between two options.
3. Code the higher frequency if the resident gives different frequencies for items that contain more than one phrase.

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4. Code **9** for any nonsensical response.
 - a. Leave Column 2 blank.



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VI. PHQ-9® Resident Mood Interview Practice Activity

Instructor Notes	
Notes	<p>PHQ-9® Practice Activity</p> <ol style="list-style-type: none"> 1. The goal of this activity is to model how to conduct a PHQ-9® interview and to allow participants to practice coding resident responses to a PHQ-9® interview. 2. Review the instructions for the activity with participants (listed on slide 33). 3. Encourage participants to pay attention to the interview techniques used throughout the interview. 4. Direct participants to code the interview responses throughout the interview. 5. Play the video of the PHQ-9® interview. 6. Confirm that participants have coded the interview responses. 7. Review the coding of the PHQ-9® interview.
Instructor Notes	

SLIDES

Activity Instructions

- Turn to D0200 in your MDS instrument.
- Watch the video of the PHQ-9[®] interview.
- Notice the interview techniques used throughout the interview.
- Code the PHQ-9[®] interview in item D0200 in your MDS instrument.

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PHQ-9[®] Interview Video

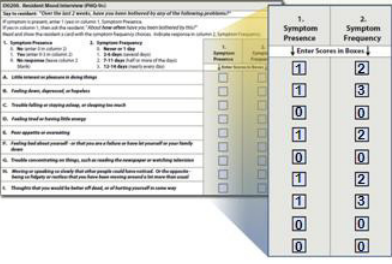




The Video on Interviewing Vulnerable Elders (VIVE) was funded by the Picker Institute and produced by the UCLA/JH Borun Center. DVD copies can be ordered from the Pioneer Network.

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Activity Coding Results



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INSTRUCTIONAL GUIDANCE



- A. PHQ-9[®] Practice Activity Instructions
1. Turn to D0200 Resident Mood Interview (PHQ-9[®]) in your MDS instrument.
 2. Watch the video of the PHQ-9[®] interview.
 3. Notice the interview techniques used throughout the interview.
 4. Code the PHQ-9[®] interview in D0200 in your MDS instrument.
- B. PHQ-9[®] Interview Video
1. Play the PHQ-9[®] interview video for this activity.
 2. Make sure participants are marking the MDS instrument for this interview.
- C. Activity Coding Results
1. D0200A *Little interest or pleasure in doing things*
 - a. Column 1 is coded **1**.
 - b. Column 2 is coded **2**.
 2. D0200B *Feeling down, depressed, or hopeless*
 - a. Column 1 is coded **1**.
 - b. Column 2 is coded **3**.
 3. D0200C *Trouble falling or staying asleep, or sleeping too much*
 - a. Column 1 is coded **0**.
 - b. Column 2 is coded **0**.

SLIDES	INSTRUCTIONAL GUIDANCE
	<p>4. D0200D <i>Feeling tired or having little energy</i></p> <p>a. Column 1 is coded 1.</p> <p>b. Column 2 is coded 2.</p> <p>5. D0200E <i>Poor appetite or overeating</i></p> <p>a. Column 1 is coded 0.</p> <p>b. Column 2 is coded 0.</p> <p>6. D0200F <i>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</i></p> <p>a. Column 1 is coded 1.</p> <p>b. Column 2 is coded 2.</p> <p>7. D0200G <i>Trouble concentrating on things, such as reading the newspaper or watching television</i></p> <p>a. Column 1 is coded 1.</p> <p>b. Column 2 is coded 3.</p> <p>8. D0200H <i>Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.</i></p> <p>a. Column 1 is coded 0.</p> <p>b. Column 2 is coded 0.</p> <p>9. D0200I <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i></p> <p>a. Column 1 is coded 0.</p> <p>b. Column 2 is coded 0.</p>

SLIDES

D0200 The Hard Question₁



- Refer to D0200I *Thoughts that you would be better off dead, or of hurting yourself in some way.*
- Some interviewers may feel uncomfortable asking this question because:
 - Fear upsetting the resident
 - Feel that the question is too personal
 - Worry it will give resident inappropriate ideas

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D0200 The Hard Question₂

- Experience with this question indicates:
 - Residents appreciate the opportunity to express this.
 - It does not give residents any ideas toward self harm.
 - It helps the provider better understand what the resident is feeling.
- Ask this question openly and without hesitation.

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D0200I Interview Video



The Video on Interviewing Vulnerable Elders (VIVE) was funded by the Picker Institute and produced by the UCLA/JH Borun Center. DVD copies can be ordered from the Pioneer Network.

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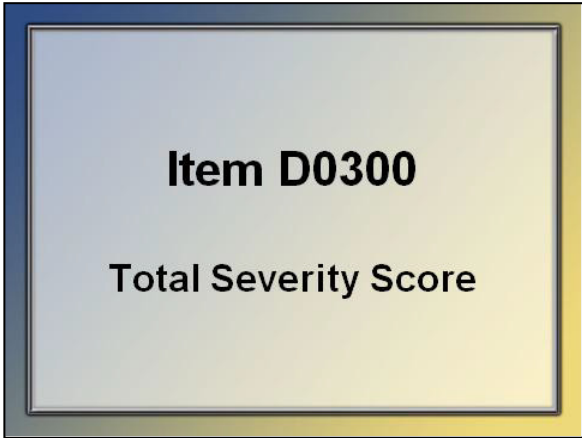
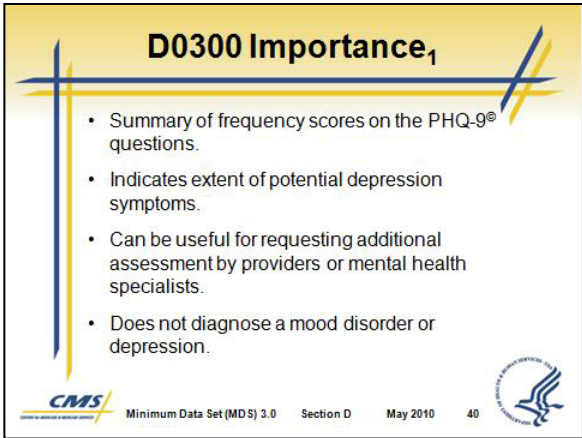
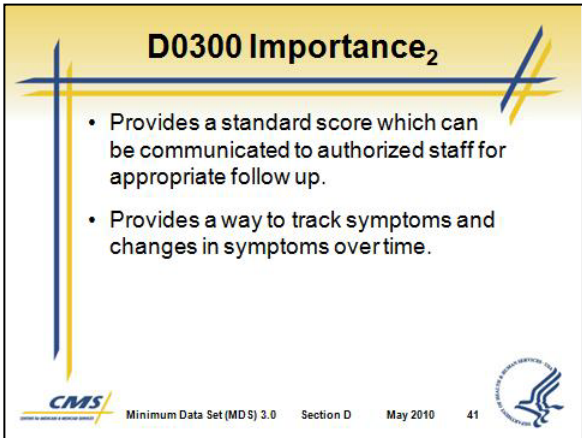
INSTRUCTIONAL GUIDANCE

D. D0200 The Hard Question

- Refer to D0200I *Thoughts that you would be better off dead, or of hurting yourself in some way*
- Some beginner interviewers may feel uncomfortable asking this item because:
 - Fear upsetting the resident
 - Feel that the question is too personal
 - Worry that it will give the resident inappropriate ideas
- Experience with this question indicates:
 - Residents appreciate the opportunity to express this.
 - It does not give residents any ideas toward self harm.
 - It helps the provider better understand what the resident is feeling.
- Ask this question openly and without hesitation.

E. D0200I Interview Video



- Play each scenario for question D0200I *Thoughts that you would be better off dead, or of hurting yourself in some way.*
- Ask participants to consider how the resident responds to the question and the reaction of the interviewer.
- Ask for participant feedback on the resident's response and the interviewer's handling of the interview.

SLIDES	INSTRUCTIONAL GUIDANCE
 <p>Slide 39</p>	<p>VII. D0300 Total Severity Score</p>
 <p>Slide 40</p>	<p>A. D0300 Importance</p> <ol style="list-style-type: none"> 1. The Total Severity Score is a summary of the frequency scores on the PHQ-9[®]. 2. The score indicates the extent of potential depression symptoms and can be useful for knowing when to request additional assessment by providers or mental health specialists. 3. The score does not diagnose a mood disorder or depression.
 <p>Slide 41</p>	<ol style="list-style-type: none"> 4. It provides a standard score which can be communicated to the resident's physician, other clinicians and mental health specialists for appropriate follow up. 5. The PHQ-9[®] Total Severity Score also provides a way for health care providers and clinicians to easily identify and track symptoms and how they are changing over time.

SLIDES

D0300 Conduct the Assessment

- Add the numeric scores across all frequency items in Resident Mood Interview (D0200) Column 2.
- **Total only the frequency items.**
- Do not total the values in Resident Mood Interview Column 1, indicating the presence of symptoms.



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D0300 Coding Instructions

- Do not calculate the score during the interview.
- Focus your full attention on the interview.
- Enter the score as a two-digit number.
- Score will be between **00** and **27**.

D0300. Total Severity Score
 Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.
 Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

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INSTRUCTIONAL GUIDANCE

B. D0300 Conduct the Assessment

1. Add the numeric scores across all frequency items in Resident Mood Interview (D0200) Column 2.
2. **Total only the frequency items (Column 2).**
3. Do not total the values in Resident Mood Interview Column 1, indicating the presence of symptoms.

C. D0300 Coding Instructions

1. Do not calculate the score during the interview.
2. Focus your full attention on the interview.
3. Enter the score as a two-digit number.
4. Score will be between **00** and **27**.
 - a. For example, the Total Severity Score for the interview in the video is 12.
5. MDS 3.0 software should calculate the Total Severity Score automatically.
6. For detailed instructions and examples on manually calculating the Total Severity Score, see Appendix E Scoring Rules in the MDS 3.0/ RAI Manual.

SLIDES

Complete/ Incomplete Interview

- Interview is complete if the resident provides frequency responses for at least 7 of 9 items.
 - Includes code 0 for the frequency.
- If the symptom frequency column is blank for 3 or more items, the interview is **not** complete.
 - Code 9 for the presence of 3 or more symptoms.
 - Code the Total Severity Score as 99.
 - Complete the Staff Assessment of Resident Mood.

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INSTRUCTIONAL GUIDANCE

D. Complete and Incomplete Interview

1. The interview is successfully completed if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9[®].
 - a. This includes responses where resident did not experience the symptoms (code 0 for the frequency).
2. If symptom frequency is blank for 3 or more items, the interview is deemed **NOT** complete.
 - a. Indicates that code 9 has been used for the presence of 3 or more symptoms in Column 1.
 - b. This indicates no response or a nonsensical response to 3 or more items in Column 1.
 - c. Code the Total Severity Score as 99.
 - d. Complete the Staff Assessment of Resident Mood.

Item D0350

Safety Notification

Slide 45


VIII. Item D0350 Safety Notification

- A. This item documents if appropriate clinical staff and/ or mental health provider were informed that the resident expressed that he or she had thoughts of being better off dead, or hurting him or herself in some way.

SLIDES

D0350 Importance

- Untreated depression can cause significant distress and increased mortality beyond the effects of other risk factors.
- Although rates of suicide have historically been lower in nursing homes, indirect self-harm and life threatening behaviors are common.
- Recognition and treatment of depression can be lifesaving, reducing the risk of mortality within the nursing home and also for those discharged to the community.


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INSTRUCTIONAL GUIDANCE

B. D0350 Importance

1. Untreated depression can cause significant distress and increased mortality beyond the effects of other risk factors.
2. Although rates of suicide have historically been lower in nursing homes, indirect self-harm and life threatening behaviors are common.
 - a. Poor nutrition
 - b. Treatment refusal
3. Recognition and treatment of depression can be lifesaving, reducing the risk of mortality within the nursing home and also for those discharged to the community.


C. D0350 Conduct the Assessment

1. Complete item D0350 only if item D0200I1 *Thoughts That You Would Be Better Off Dead, or of Hurting Yourself in Some Way* is coded **1. Yes**.
2. This indicates the possibility of resident self-harm.

D0350 Conduct the Assessment

- Complete this item **only** if D0200I Column 1 is coded **1**.
- Indicates the possibility of resident self-harm.

E. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input checked="" type="checkbox"/>


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SLIDES

D0350 Coding Instructions

- Code 0 indicates that staff has not been notified.
- Code 1 indicates that staff has been notified.

D0350. Safety Notification - Complete only if D02001 = 1 indicating possibility of resident self harm

Was responsible staff or provider informed that there is a potential for resident self harm?

Enter Code: 0 No, 1 Yes

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Item D0500

Staff Assessment of Resident Mood

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D0500 Importance₁

- Persons unable to complete the PHQ-9[®] Resident Mood Interview may have a mood disorder.
- Attempting the interview may provide important insights.
- Identifying symptom presence and frequency and observations are important.
 - Need for treatment
 - Type of treatment

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INSTRUCTIONAL GUIDANCE

D. D0350 Coding Instructions

- **Code 0. No**
If responsible staff or provider was not informed that there is a potential for resident self-harm
- **Code 1. Yes**
If responsible staff or provider was informed that there is a potential for resident self-harm



IX. Item D0500 Staff Assessment of Resident Mood

- PHQ-9[®] Resident Mood Interview is preferred as it improves detection of a possible mood disorder.
 - However, a small percentage of patients are unable or unwilling to complete the PHQ-9[®] Resident Mood Interview.
 - Therefore, staff should complete the PHQ-9-OV[®] Staff Assessment of Mood in these instances so that any behaviors, signs, or symptoms of mood distress are identified.
- D. D0500 Importance**
- Persons unable to complete the PHQ-9[®] Resident Mood Interview may still have a mood disorder.
 - Attempting the interview may provide important insights.
 - Responses that were obtained
 - Observations of the resident's behaviors and affect
 - Identifying symptom presence and frequency and observations are important as they may inform the need for and type of treatment.

SLIDES

D0500 Importance₂



- An alternate means of assessing mood must be used for residents who do not complete the interview.
 - Cannot communicate.
 - Refuse or are unable to participate in the interview.
- This ensures that information about their mood is not overlooked.
- Remember that coding the presence of indicators does not automatically mean a diagnosis of depression or other mood disorder.

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D0500 Conduct the Assessment₁



- Interview staff from all shifts who know the resident best.
- Use the same interview techniques discussed previously when interviewing staff.
- Encourage staff to report symptom frequency.
- Staff should report all symptoms even if they believe the symptom to be unrelated to depression.

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D0500 Conduct the Assessment₂

- Explore unclear responses.
 - Focus discussion on the specific symptom listed.
 - Do not expand into a lengthy clinical evaluation.
- If the resident has been in the facility for less than 14 days:
 - Talk to family or significant other.
 - Review transfer records.

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INSTRUCTIONAL GUIDANCE

4. An alternate means of assessing mood must be used for residents who do not complete the interview.
 - a. Cannot communicate
 - b. Refuse or are unable to participate in the interview
5. This ensures that information about their mood is not overlooked.
6. Remember that coding the presence of indicators does not automatically mean that the resident has a diagnosis of depression or other mood disorder.

E. D0500 Conduct the Assessment

1. Interview staff from all shifts who know the resident best.
2. Use the same interview techniques discussed previously when interviewing staff.
3. Encourage staff to report symptom frequency.
4. Staff should report all symptoms even if they believe the symptom to be unrelated to depression.
5. Explore unclear responses from staff.
 - a. Focus discussion on the specific symptom listed.
 - b. Do not expand into a lengthy clinical evaluation.
6. If the resident has been in the facility for less than 14 days:
 - a. Talk to family or significant other.
 - b. Review transfer records.

SLIDES

D0500 Assessment Guidelines

- The look-back period is **14 days**.
- Ask staff member to select how often a symptom occurred during the look-back period.
- Select higher frequency rating reported for a symptom.
- Code the higher frequency if staff has difficulty selecting between two options.

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D0500 Coding Instructions₁

- Code the presence of each symptom.

1. Symptom Presence
0. No (enter 0 in column 2)
1. Yes (enter 0-3 in column 2)

1. Symptom Presence

Enter Score in Column 2

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D0500 Coding Instructions₂

- Code the frequency of each symptom.

2. Symptom Frequency
0. Never or 1 day
1. 2-6 days (several days)
2. 7-11 days (half or more of the days)
3. 12-14 days (nearly every day)

2. Symptom Frequency

Enter Score in Column 3

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INSTRUCTIONAL GUIDANCE

F. D0500 Assessment Guidelines

- The look-back period is **14 days**.
- Ask the staff member(s) to select how often a symptom occurred during the look-back period.
- Select the higher frequency rating reported for a symptom.
- Code the higher frequency if staff has difficulty selecting between two options.

G. D0500 Coding Instructions

- Column 1 Symptom Presence. Code the presence of each symptom.
 - Code 0. No.**
If symptoms listed are not present, enter **0**.
Enter **0** in Column 2, Symptom Frequency.
- Code 1. Yes**
If symptoms listed are present
Enter **0, 1, 2 or 3** in Column 2, Symptom Frequency.
- Column 2 Symptom Frequency
Code the frequency of each symptom.

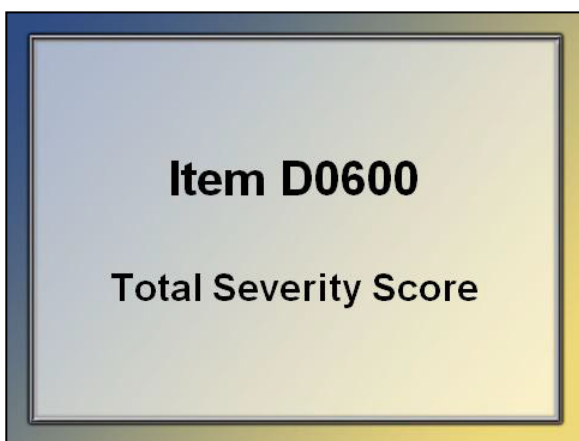
- Code 0. Never or 1 Day**

If staff indicate that the resident has never or has experienced the symptom on only 1 day

- Code 1. 2 – 6 Days (Several days)**

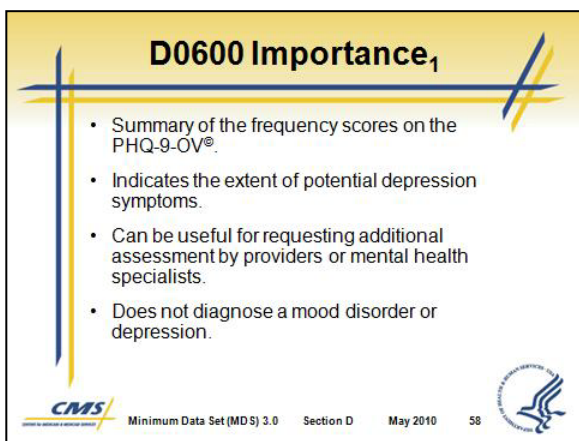
If staff indicate that the resident has experienced the symptom for 2-6 days

SLIDES	INSTRUCTIONAL GUIDANCE
	<ul style="list-style-type: none"> • Code 2. 7 – 11 Days (Half or more of the days) If staff indicate that the resident has experienced the symptom for 7-11 days • Code 3, 12 – 14 Days (Nearly every day) If staff indicate that the resident has experienced the symptom for 12-14 days



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X. D0600 Total Severity Score



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A. D0600 Importance

1. Summary of the frequency scores on the PHQ-9-OV®.
2. Indicates the extent of potential depression symptoms.
3. Can be useful for requesting additional assessment by providers or mental health specialists.
4. The score does not diagnose a mood disorder or depression.

SLIDES

D0600 Importance₂

- Provides a standard score which can be communicated to authorized staff for appropriate follow up.
- Provides a way to track symptoms and changes in symptoms over time.

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D0600 Conduct the Assessment

- Add the numeric scores across all frequency items in the Staff Assessment for Resident Mood (D0500) Column 2.
- Total only the frequency items.
- Do not total the values in Staff Assessment for Resident Mood Column 1, indicating the presence of symptoms.

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D0600 Coding Instructions

- Enter the score as a two-digit number.
- Score will be between 00 and 30.

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INSTRUCTIONAL GUIDANCE

5. Provides a standard score which can be communicated to authorized staff for appropriate follow up.
6. Provides a way to track symptoms and changes in symptoms over time.

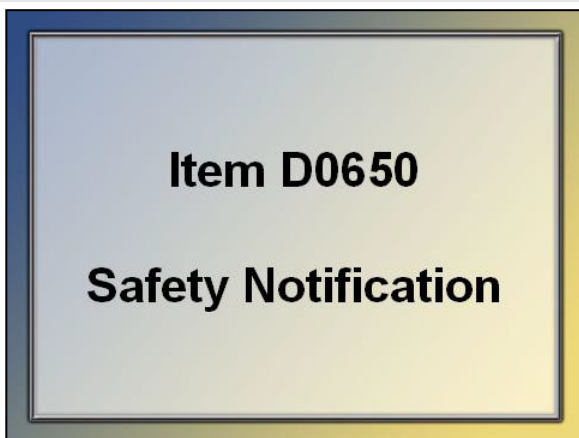
B. D0600 Conduct the Assessment

1. Add the numeric scores across all frequency items in the Staff Assessment for Resident Mood (D0500) Column 2.
2. Total only the frequency items.
3. Do not total the values in the Staff Assessment for Resident Mood Column 1, indicating the presence of symptoms.

C. D0600 Coding Instructions

1. Enter the score as a two digit number.
2. The score will be between **00** and **30**.
 - a. There is one additional item on the staff assessment vs. the resident interview.
3. MDS 3.0 software should calculate the Total Severity Score automatically.
4. For detailed instructions and examples on manually calculating the Total Severity Score, see Appendix E Scoring Rules in the MDS 3.0/RAI Manual.

SLIDES

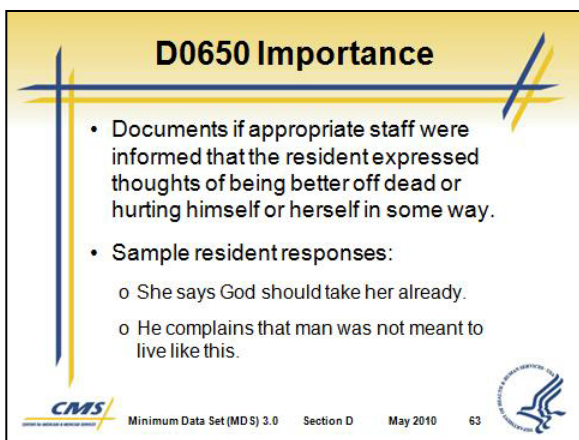


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INSTRUCTIONAL GUIDANCE

XI. Item D0650 Safety Notification

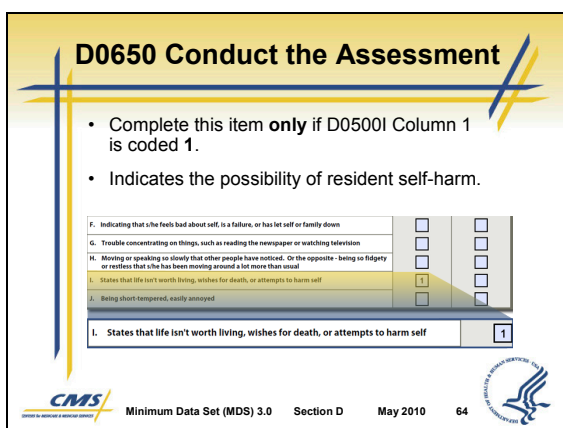
- A. This item documents if appropriate clinical staff and/ or mental health provider were informed that the resident expressed that he or she had thoughts of being better off dead, or hurting him or herself in some way.



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B. D0650 Importance

1. Documents if appropriate staff were informed that the resident expressed thoughts of being better off dead or hurting himself or herself in some way during the Staff Assessment for Resident Mood.
2. Sample resident responses:
 - a. She says God should take her already.
 - b. He complains that man was not meant to live like this.



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C. D0650 Conduct the Assessment

1. Complete item D0650 only if item D0500I *Thoughts That You Would Be Better Off Dead, or of Hurting Yourself in Some Way* Column 1 is coded **1. Yes**.
2. This indicates the possibility of resident self-harm.

SLIDES

D0650 Coding Instructions

- **Code 0. No** indicates that staff has not been notified.
- **Code 1. Yes** indicates that staff has been notified.

D0650. Safety Notification - Complete only if D0500(1) = 1 indicating possibility of resident self-harm.

Was responsible staff or provider informed that there is a potential for resident self-harm?

0 No
1 Yes

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INSTRUCTIONAL GUIDANCE

D. D0650 Coding Instructions

- **Code 0. No**
If responsible staff or provider was not informed that there is a potential for resident self-harm
- **Code 1. Yes**
If responsible staff or provider was informed that there is a potential for resident self-harm

Section D Summary

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XII. Section D Summary

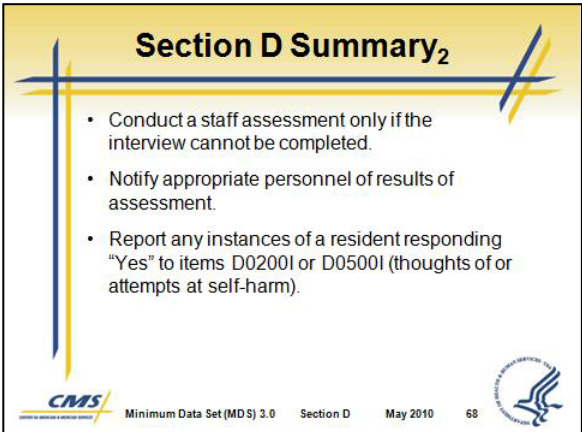
Section D Summary₁

- MDS 3.0 uses the PHQ-9[®] resident interview or staff assessment to assess resident mood.
- Follow guidelines for resident interviews.
- Use interview techniques such as probing, echoing, and unfolding as needed.
- Calculate and enter the Total Severity Score.
- This score can be used to track changes in resident mood over time.

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- MDS 3.0 uses the PHQ-9[®] resident interview or staff assessment to assess resident mood.
- Follow guidelines for resident interviews.
- Use interview techniques such as probing, echoing, and unfolding as needed.
- Calculate and enter the Total Severity Score.
- This score can be used to track changes in resident mood over time.

SLIDES	INSTRUCTIONAL GUIDANCE
 <p>Section D Summary₂</p> <ul style="list-style-type: none">• Conduct a staff assessment only if the interview cannot be completed.• Notify appropriate personnel of results of assessment.• Report any instances of a resident responding “Yes” to items D0200I or D0500I (thoughts of or attempts at self-harm). <p><small>CMS Minimum Data Set (MDS) 3.0 Section D May 2010 68</small></p>	<p>F. Conduct a staff assessment only if the interview cannot be completed.</p> <p>G. Notify appropriate personnel of results of assessment.</p> <p>H. Report any instances of a resident responding “Yes” to items D0200I or D0500I (thoughts of or attempts at self-harm).</p>

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