MDS Alert

MDS 3.0: MDS 3.0 Behavioral Assessment May Improve Care

New assessment model ditches negative labels, looks at behaviors' impact.

Say the word "behavior" in a nursing home and many people immediately think "problem." And the MDS 2.0 may contribute to that perception, given that Section E4 uses the terminology verbally abusive and physically abusive behavioral symptoms and socially inappropriate/disruptive behavioral symptoms. Using the MDS 2.0, behaviors are labeled as "bad behavior, bad resident," before the assessor even decides if the resident has them, said **Katie Maslow, MSW**, **Alzheimer's Association** associate director of quality care, speaking on the MDS 3.0 at the 2008 annual **American Medical Directors Association** meeting.

Positive change on the horizon: The MDS 3.0 doesn't use these negative terms, noted Maslow in her presentation. Instead, the MDS 3.0 draft form asks the assessor to determine whether the resident displays physical and verbal behavioral symptoms directed toward others, or other behavioral symptoms not directed toward others (see the draft MDS 3.0 behavioral assessment section on p. 119).

The draft MDS 3.0 behavioral section also asks the assessor to evaluate whether the behavioral symptoms are affecting the resident and others (see p. 119). Not only is the wording more objective, but "built into this is the possibility" that the behavior may not be bothering the resident or anyone else or interfering with care, Maslow noted. And "that's a wonderful underlying concept" missing in the MDS 2.0, in her view. She believes the assessment approach will often help avoid negative treatment approaches for behaviors that aren't really causing a problem.

Wandering is pulled out as a separate behavior and also evaluated in terms of whether it potentially endangers the resident or intrudes on others' privacy. Maslow noted that wandering may be good for a person with dementia as it's exercise, and the wandering may not be bothering anyone.

The MDS 3.0 assessment does look at whether the behavior affects the resident or others, agrees consultant **Diana Waugh, RN, BSN**. But you still have to look at the underlying root cause or antecedents for behaviors, she says. Also do a cognitive functional assessment to determine the person's functional age in order to put the behavior in context, suggests Waugh in Waterville, OH.

Tools: Assessments that can help determine functional cognitive age include Allen Cognitive Levels (http://www.allen-cognitive-levels.com/levels.htm) and the Reality Comp- rehension Clock Test (http://www.clocktestrcct.com), says Waugh.