

## MDS Alert

### Quality of Care: Help Your Physicians Tap MDS 3.0 Scores to Improve Resident Care

**These tips can help attendings quickly home in on what they need to know.**

If physicians at your facility aren't integrating residents' mood and cognitive scores in patient care, they might take some notes from a popular session at the March 2011 American Medical Directors Association annual meeting.

In the presentation, **Dallas Nelson, MD, CMD**, encouraged physician conferees to think of the assessment scores as important as X-rays and laboratory tests.

To illustrate how she uses the scores, Nelson provided a brief case study involving an 87-year-old resident with advanced dementia and a history of refusing medication. The medical record indicated that the resident had a score of 15 on the PHQ-9 on the MDS 3.0, "which was consistent with moderate to severe depression." The person's cognitive score on the Brief Interview for Mental Status (BIMS) was six, which was "consistent with severe cognitive impairment," she relayed.

The resident had previously received an SSRI antidepressant but was refusing it every other day or so, which made it ineffective, Nelson recounted. The resident had since moved to the dementia unit, so Nelson asked the nurses there if they could find a time of day when the resident would take the SSRI.

Long story short: The resident did take the SSRI on a regular basis and her depression improved.

Clinicians can use the mood score not only to flag potential depression but also monitor how patients are faring on antidepressant therapy, said Nelson and copresenter **Thomas Caprio, MD**. Caprio noted that the literature supports repeating a screening tool such as the PHQ-9 every two weeks to monitor people on antidepressant therapy.

On the other hand: The BIMS "is a screening tool -- not a tracking tool," Nelson said. "You'd go to something much bigger with more fine grain if you wanted to track efficacy of treatments," she relayed.

#### Know the Scoring

The RAI User's Manual notes that if the resident doesn't have delirium, and he could hear all the questions asked in the interview, the BIMS total score suggests the following:

13-15: cognitively intact

8-12: moderately impaired

0-7: severe impairment

You can interpret the PHQ-9 Total Severity Score, as follows, according to the manual:

0-4: minimal depression

5-9: mild depression

10-14: moderate depression

15-19: moderately severe depression

20-30: severe depression

#### Provide Physicians Easy Access to Scores

When the MDS 3.0 came out, Nelson told nursing home staff that she wanted to know residents' mood and cognitive scores, which she noted pleased them. To be able to quickly zero in on the scores, however, she asked staff doing the interviews to note the scores at the top of their medical record notes -- for example, "BIMS score = 13/15." "I can't find it if it's not well flagged in some of the large bodies of hand-written notes," she said.

Tip: One facility keeps the scores in an MDS section of the chart where she can review how they completed the worksheets, Nelson reported. She includes the residents' MDS 3.0 BIMS and PHQ-9 scores in her own documentation so she can track them.