

MDS Alert

SURVEY MANAGEMENT: MDS 3.0 Delirium Assessment Trumps MDS 2.0

The new instrument does a better job detecting this potentially lethal problem.

The last thing you want to have happen is to do an MDS assessment that fails to identify delirium. And that's much more likely to happen with the MDS 2.0 than the MDS 3.0, as the latter incorporates the Confusion Assessment Method, or CAM, as it's known.

The CAM is "evidence-based, and research shows that it is an effective tool for identifying delirium whereas the method used to do that on the MDS 2.0 may not be as reliable," says **Rena Shephard, MHA, RN, RAC-MT, C-NE**, president and CEO of RRS Healthcare Consulting Services in San Diego.

The MDS 2.0 method has low sensitivity but high specificity, which means if you identify someone as having delirium using the 2.0, that's probably accurate, but delirium is frequently missed, said **Karyn Leible, MD, CMD**, in a presentation on the MDS 3.0 at the March 2009 American Medical Directors Association annual meeting.

Leible noted that the MDS 3.0 specifically asks questions that remind her of her medical training when she learned what to expect with delirium (see the draft MDS 3.0 delirium section below).

The numbers speak: "We know that 15 to 20 percent of people who are post-acute will have some form of delirium," said Leible in her presentation. And in a field study, the MDS 2.0 identified 3 percent of the resident sample (more than 3,000 nursing home residents) as having delirium, according to a Centers for Medicare & Medicaid Services' Special Open Door Forum. By contrast, the MDS 3.0 identified 7 percent of the resident sample as having delirium -- and an additional 7 percent as being subdelirious. In addition, 64 percent of nurses in the study found that the draft MDS 3.0's Brief Interview for Mental Status or BIMS caused them to observe new delirium behaviors that differed from those documented in the resident's medical record.

The MDS 3.0 is in draft form at this point, of course, with the final version set for release this October. But the SNF PPS proposed rule "relatively confirmed" that the CAM, PHQ-9 (assessment for depression) and the BIMS will be a major part of the MDS 3.0, says **Ron Orth, RN, NHA, CPC, RAC-MT**, president of Clinical Reimbursement Solutions LLC in Milwaukee.

