

Interviewing

Presented for the DOH by
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October 8, 2015



Updates

- Revised RAI Manual for 10/1/15:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
- Final PPS regulation:
<http://www.gpo.gov/fdsys/pkg/FR-2015-08-04/pdf/2015-18950.pdf>
 - Includes Payroll-Based Journal reporting requirements
- Reform of MC/MC requirements for LTCFs:
<http://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>



Resource

- Video on Interviewing Vulnerable Elders (VIVE) (www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqimds30trainingmaterials.html)



CATS

- 1. Delirium
- 2. Cognitive Loss/Dementia
- 5. ADL Function/Rehabilitation Potential
- 7. Psychosocial Well-Being
- 8. Mood State
- 10. Activities
- 19. Pain



Staff Assessment Completion

- Clarification from CMS
 - Staff interviews and information gathering should take place on or before the ARD during the look back period
 - Responses may be coded on the MDS after the ARD using the date the interview was completed
 - There will be further clarification in the next revision of the RAI Manual



Scheduling of Interviews: BIMS

- BIMS: C0200 – C0500
 - Resident interview
 - Point in Time (no look-back period for responses)
 - On or before ARD within 7-day look-back period
 - IDT identifies who will complete the interviews



Scheduling of Interviews: PHQ-9©

- Mood: D0200 – D0650
 - Resident interview
 - *Preferably* the day before or day of the ARD (p.D-4)
 - Look-back period is 14 days
 - Report only resident responses



Scheduling of Interviews: Preference for Customary Routine and Activities

- Preferences: F0400-F0500
 - Resident interview
 - No look-back period for resident: “While you are in this facility....”
 - NF must complete interviews within 7-day look-back period (p. F-5)



Scheduling of Interviews: Pain

- Pain Assessment: J0300-J0850
 - Resident assessment
 - Look-back period is 5 days (ideally ARD + 4)
 - Conduct close to end of general observation period preferable day before/day of ARD (p. J-7)
 - Resident self-report most reliable means for assessing pain



Scheduling of Interviews: **Unscheduled Standalone PPS**

- Set ARD up to two days after actual date. (p. 2-55)
- Complete resident interview in the two days after the ARD
 - Staff interview would reflect usual 7-day look-back from ARD
- Use interview responses from previous assessment
 - Date of interview must be no more that 14 days previous
 - Not applicable to PPS Scheduled assessments



Interviewing Techniques

- Can she hear you?
 - May smile/be pleasant but really not hear anything you say
 - Be sure it is a quiet, private area
 - If the resident uses hearing aids
 - Be certain the battery is in place
 - Be sure it is functioning
 - Resident with confusion may have lost the ability to insert batteries, check for function and properly place in ear
 - Use a headphone set



Interviewing Techniques

- Can she understand you?
 - If you have any difficulty articulating words, or have an accent, it may be better for someone else to do the interviews
 - If English is not the resident's primary language, consider obtaining the services of an interpreter
 - An interpreter simply translates words from one language to the other; does not interpret meaning
 - Don't shout



Interviewing Techniques

- Can you understand her?
 - May have a thick accent or articulation issues that you can't understand
 - Responses can be made by speech, pointing to the responses on cue cards, in writing
 - Obtain services of an interpreter
 - May be variation in speech abilities



Interviewing Techniques

- Is she willing to be interviewed?
 - Introduce yourself
 - Make sure she is comfortable
 - Explain the purpose of these interviews
 - Introduce each topic
 - Explain that these questions are designed to be asked of everyone so nothing is missed
 - Responses will help the care team develop an individualized care plan



Interviewing Techniques

- How should she respond to the questions?
 - Say and show the item responses for each set of questions
 - It is helpful to both hear and read the response items
 - Show the resident the responses written in large, clear print on a piece of paper or card
 - Resident may respond to questions verbally, by pointing to their answers on the visual aid or by writing out their answers



Interviewing Techniques

- How should the interview be conducted?
 - Ask the questions as they appear in the questionnaire
 - Use a nonjudgmental approach to questioning
 - Don't be afraid of what the resident might say
 - Actively listen



Brief Interview for Mental Status



C0100 Conduct BIMS?

- Should Brief Interview for Mental Status (C0200-C0500) be conducted?
 - 0 No if
 - Resident rarely/never understood
 - Interpreter needed but not present
 - Perform staff interview
 - 1 Yes if
 - Resident is sometimes understood verbally or in writing
 - Interpreter is present if needed



Brief Interview for Mental Status (BIMS)

- The BIMS is a brief screener that aids in detecting cognitive impairment
- It does not assess all possible aspects of cognitive impairment
- A diagnosis of dementia should only be made after a careful assessment for other reasons for impaired cognitive performance
- The final determination of the level of impairment should be made by the resident's physician or mental health care specialist
- Should be conducted during the observation period



C0200 - C0400 BIMS Interview

- C0200 = Repetition of Three Words
- C0300 = Temporal Orientation
 - Correct year
 - Correct month
 - Correct day of the week
- C0400 = Recall
- Non-sensical responses should be coded as zero (0)



C0500 BIMS Summary Score

- The total score is calculated by adding values for all questions from C0200-C0400
 - Ranges from 00 – 15 and 99 (resident unable to complete interview)
 - Allows comparison with future and past performance
 - Decreases chance of incorrect labeling of dementia
 - Improves detection of delirium
 - Provides more reliable estimate of resident function
 - Score ≤ 9 – cognitively impaired for RUG classification purposes
- Interview considered complete if resident attempted and provided relevant answers to at least four of the questions in C0200-C0400



Stopping the Interview

- Stop after C0300C “Day of the Week” if:
 - All responses have been nonsensical OR
 - There has been no verbal or written response to any items up to that point OR
 - There has been no verbal or written response to some items and nonsensical responses to the other questions
- If the interview is stopped
 - Code a dash in C0400 A, B, & C
 - Code 99 in the Summary Score – C0500
 - Code “1”, YES in C0600, and then
 - Complete the Staff Assessment



C0600 Should the Staff Assessment be Conducted?

- When residents are unable or refuse to participate in the resident interview, a staff assessment will need to be completed
- Should the staff assessment for mental status (C0700-1000) be conducted?
 - 0 = No, skip to C1300
 - 1 = Yes, continue to C0700



Staff Assessment of Mental Status

- C0700 = Short-term Memory OK
- C0800 = Long-term Memory OK
- C0900 = Memory/Recall Ability
- C1000 = Cognitive Skills for Daily Decision Making
 - 0 Independent
 - 1 Modified independence
 - 3 Moderately impaired
 - 4 Severely impaired



Interviewing Techniques

- What if the resident has difficulty understanding, asks for clarification, or seems hesitant to respond?
 - Break the question apart if the resident is having difficulty responding
 - Unfolding refers to the use of a general question about the symptom followed by a sequence of more specific questions if the symptom is reported as present



Interviewing Techniques

- Another way to break the question apart is Disentangling
 - Refers to separating items with several parts into manageable pieces
 - Works well with items that include a list and phrases such as “and” or “or”
 - Resident can respond to each part separately
 - Obtain a frequency rating for each part
 - Score the item using the frequency of the component that occurred most often



Interviewing Techniques

- What if the resident appears to understand but is having difficulty selecting a response?
 - Clarify using echoing which means simply restating part of the resident's response
 - Repeat the related response options
 - Useful when resident responds but does not use the provided response scale or fails to directly answer the question



Interviewing Techniques

- Repeat the response options as needed
- Move to the next question if unable to answer
- Break up the interview if resident becomes tired, needs to go to therapy, etc
- Don't try to talk the resident out of an answer
- Record the resident's response
- Support resident as needed



Interviews Matter

- Complete all resident interviews possible
- Only comatose residents are ones that definitely cannot complete the interview
- Complete staff assessments if an interview is not feasible or interpreter is not present
- Do not complete both an interview and a staff assessment



Mood PHQ-9©



Resident Mood Interview

- Identify the presence or absence of clinical mood indicators, not to diagnose depression or a mood disorder
- Determination is made by either a resident interview (PHQ-9©) or by staff assessment (PHQ-9-OV©)
- Attempt to conduct interview with all residents
- D0100 – Should resident mood interview be conducted?
 - 0 = No, skip to and complete D0500-D0600
 - 1 = Yes, continue to D0200
- Conduct interview the day before or the day of the ARD (p. D-4)



D0200 Resident Mood Interview PHQ-9©

- Patient Health Questionnaire (PHQ-9©) is a 9-item validated interview that screens for symptoms of depression
- A standardized severity score and rating for evidence of depressive disorder
- Look-back period is 14 days
- There are two parts for each item
 - Symptom presence (column 1)
 - Symptom frequency (column 2)



D0200 Resident Mood Interview PHQ-9©

- Symptom Presence (column 1)
 - 0 = No
 - 1 = Yes
 - 9 = No response
- Symptom Frequency (column 2)
 - 0 = Never or 1 day
 - 1 = 2-6 days
 - 2 = 7-11 days
 - 3 = 12-14 days



D0300 Total Severity Score

- Definition—a summary of the frequency scores that indicates the extent of potential depression symptoms
- The interview is considered successfully completed if resident answered frequency response (Column 2) on 7 or more items
- If symptom frequency is blank for 3 or more items, interview is not complete, the Total Severity Score is coded 99 and the Staff Assessment of Mood should be done
- Add the numeric scores across all frequency responses from Column 2 for D0300
- Total Severity Score range (00-27)
 - Score ≥ 10 – depressed for RUG classification purposes



D0350 Safety Notification

- Complete only if D0200I Thoughts you would be better off dead or of hurting yourself in some way, is coded as a 1 (symptom present)
- Was responsible staff or provider informed that there is a potential for resident self harm?
 - 0 = No
 - 1 = Yes



D0500 Staff Assessment of Resident Mood (PHQ-9-OV©)

- Alternate means of assessing mood for residents who cannot communicate, or refuse or are unable to participate in PHQ-9© interview
- Look-back period is 14 days
- Use same interview techniques with staff as in PHQ-9© interviews
- The staff assessment has one additional item: D0500J Being short-tempered, easily annoyed



D0600 Total Severity Score

- D0500 Coding
 - Column 1: 0 = No Symptom not present; enter 0 in Column 2
 - Column 1: 1 = Yes; select frequency response in Column 2
- The interview is successfully completed if staff members were able to answer the frequency responses of at least 8 or more items
- Add the numeric scores across all frequency responses from Column 2
- Total Severity Score range (00 and 30)
 - Score ≥ 10 – depressed for RUG classification purposes



D0650 Safety Notification

- Complete only if D050011, States that Life isn't Worth Living, Wishes for Death, or Attempts to Harm Self, is coded as a 1 (symptom present)
- Was responsible staff or provider informed that there is a potential for resident self harm?
 - 0 = No
 - 1 = Yes



Preferences for Customary Routine and Activities



F0400 Interview for Daily Preferences F0500 Interview for Activity Preferences

- Individuals who live in nursing homes continue to have distinct lifestyle preferences
- A lack of attention to lifestyle preferences can contribute to depressed mood and increased behavior symptoms
- Responses may provide insights into perceived functional, emotional and sensory support needs
- Activities are a way for individuals to establish meaning in their lives
- Need for enjoyable activities does not change on admission to a nursing home



F0300 Conduct Interview?

- Attempt to interview residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other.
 - 0 = No, resident is rarely/never understood and family/significant other not available. Skip to F0800 Staff assessment
 - 1 = Yes, continue to F0400



F0400 Interview for Daily Preferences F0500 Interview for Activity Preferences

- Explain interview response choices, showing resident a written list, such as a cue card
- Show resident the coding responses and say “While you are in this home...”
- Resident may respond verbally, by pointing to a response or by writing response
- No look-back period is provided to resident; he/she is being asked about current preferences but is not limited to a 7 day look-back period
- However, facility must still complete the assessment within the 7 day look-back period



F0400 Interview for Daily Preferences
F0500 Interview for Activity Preferences

- 8 items in F0400 and 8 items in F0500 (for a total of 16 items) will be evaluated using the same coding scale
 - 1 = Very important
 - 2 = Somewhat important
 - 3 = Not very important
 - 4 = Not important at all
 - 5 = Important, but can't do or no choice
 - 9 = No response or non-responsive



F0400 Interview for Daily Preferences
F0500 Interview for Activity Preferences

- Interview is considered incomplete if resident gives nonsensical responses or fails to respond to 3 or more of the 16 items
- If interview is stopped because incomplete, fill remaining items with a "9" and proceed to F0600



F0600 Daily and Activity Preferences Primary Respondent

- Indicate primary respondent
 - 1 = Resident
 - 2 = Family or significant other
 - 9 = Interview could not be completed – no response to 3 or more items



F0700 Conduct Staff Assessment?

- Should the Staff Assessment of Daily and Activity Preferences be conducted?
- 0 = No
 - Because F0400 and F0500 was completed by resident or family/significant other
 - Skip to and complete G0110 ADLs
- 1 = Yes
 - Because 3 or more items in F0400 or F0500 were not completed by resident or family/significant other
 - Continue to F0800 Staff assessment of Daily and Activity Preferences



F0800 Staff Assessment of Daily and Activity Preferences

- Twenty items
- Check all that apply in the last 7 days based on staff observation of resident preferences
 - Check all items at which resident appears happy or content during an activity



Pain Management and Assessment



J0100 Pain Management

- 5-day look back period
- If you are reporting interventions at J0100C:
 - The intervention(s) must be included as part of a care plan
 - There must be documentation that the intervention(s) were received and the effectiveness was assessed
 - Intervention(s) do not have to be successful to be counted



J0100 Pain Management

- At any time in the last 5 days has the resident received:
 - A = Scheduled pain medication regimen?
 - B = PRN pain medications OR was offered and declined?
 - C = Non-medication intervention for pain?
- Coding for all of the above:
 - 0 = No, the medical record does not contain documentation of this event
 - 1 = Yes, the medical record contains documentation that
 - there is a scheduled pain regimen.
 - PRN pain medications were given or medications offered, but declined.
 - Non-medication interventions were used and the efficacy is documented.



J0200 Should Pain Assessment Interview be Conducted?

- Attempt to conduct the interview if the resident is at least sometimes understood and an interpreter is present (or not required)
 - 0 = No, resident is rarely/never understood
 - Skip to J0800
 - 1 = Yes, continue to J0300



J0300 - J0600 Pain Assessment Interview

- Conduct this assessment close to the end of the 5-day look-back period preferably on the day before, or the day of the ARD (p. J-7)
- Directly ask the resident each item in J0300 thru J0600 in the order provided
- Use resident's terminology for pain – such as hurting, aching, burning



J0300 Pain Presence

- Ask resident: “Have you had pain or hurting at any time in the last 5 days?”
- Code for the presence or absence of pain regardless of pain management efforts
 - 0 = No, resident says there was no pain even if the reason for no pain was due to receipt of pain management interventions
 - Skip to J1100
 - 1 = Yes, pain was present in last 5 days
 - Continue to J0400
 - 9 = Unable to answer, skip to J0800



J0400 Pain Frequency

- Ask resident: “How much of the time have you experienced pain or hurting over the last 5 days?”
 - 1 = Almost constantly
 - 2 = Frequently
 - 3 = Occasionally
 - 4 = Rarely
 - 9 = Unable to answer



J0500 Pain Effect on Function

- A = Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night?”
- B = Ask resident: “Over the past 5 days, have you limited your day-to-day activities because of pain?”
- Coding for all of the above:
 - 0 = No, pain did not interfere
 - 1 = Yes, pain interfered with sleep or activities
 - 9 = Unable to answer



J0600A Pain Intensity Numeric Rating Scale

- Administer ONLY ONE of the Pain Intensity questions (A or B)
- A = Ask resident: “Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine”
 - 00-10 = Record resident’s two-digit response
 - 99 = Unable to answer



J0600B Pain Intensity Verbal Descriptor Scale

- B = Ask resident: “Please rate the intensity of your worst pain over the last 5 days”
 - 1 = Mild
 - 2 = Moderate
 - 3 = Severe
 - 4 = Very severe, horrible
 - 9 = Unable to answer
 - Use this if resident either unable, chooses not to respond, or gives a nonsensical response



J0700 Staff Assessment for Pain

- The pain interview is successfully completed if
 - The resident reported no pain (J0300 = no) OR
 - If the resident reported pain (J0300 = yes) and the follow-up question J0400 is answered
- Should the Staff Assessment for Pain be Conducted?
 - Code 0 = No (J0400 = 1 – 4); skip to J1100
 - Code 1 = Yes (J0400 = 9); continue to J0800



J0800 Indicators of Pain

- Complete only if Pain Assessment Interview was not completed
- Review the medical record, interview staff and observe the resident during care activities during the 5-day look-back period
- *Check all indicators that apply:*
 - A = Non-verbal sounds (crying, whining, moaning)
 - B = Vocal complaints of pain (that hurts, ouch)
 - C = Facial expressions (grimaces, wincing)
 - D = Protective body movements or postures
 - Z = None of these signs observed or documented, skip to J1100



J0850 Frequency of Indicator of Pain or Possible Pain

- Review medical record and interview staff and direct caregivers to determine the number of days the resident either complained of or showed evidence of pain or possible pain
 - 1 = Indicators of pain or possible pain observed 1 to 2 days
 - 2 = Indicators of pain or possible pain observed 3 to 4 days
 - 3 = Indicators of pain or possible pain observed daily



Questions

- qa-mds@pa.gov
- Next teleconference: January 14, 2016

