3-146 Assessment tools used on admission

TIPS Question:

For the new admission, what kind of assessment tool do you recommend to use for elderly to assess their mental status (for all new admission)? The assessment tools I currently use are Folstein Mini-Mental Status Examination and the Clock Drawing Test.

Response:

The P.I.E.C.E.S. framework and the associated tools provide an excellent baseline framework for a newly admitted resident. Also, since the P.I.E.C.E.S. education program is now available for community nurses, it is possible that a P.I.E.C.E.S. assessment was done in the community prior to admission to LTCF. Many LTCFs request the Community Care Access Centre forward any previous cognitive assessment including MMSE, clocks, depression scales, reports from specialized geriatric outreach teams, etc. Remember also, the MDS-HC provides some cognitive testing and is a source of information to you. As the in-house Psychogeriatric Resource Person for your facility, you can encourage your team to look to these other Partners in Care for information.

To create your own baseline, I would encourage you to think holistically. As the PRP in the facility, you can be instrumental in ensuring that the team adopts the P.I.E.C.E.S./U-First! philosophy of the "centrality of the person." This philosophy recognizes the:

- well-being, self-determination, and quality of life of that person and their family/significant others
- the central role that both the unregulated professional and you, the PRP as her coach and mentor have

With this in mind, it is possible to document comprehensive baseline data that captures mental status. By using the P.I.E.C.E.S. acronym you can capture comprehensive information about a person, for example, under Social, many LTCFs ask the resident and their family to write a life story. This assists front-line staff to have meaningful dialogue with the person and to better respect and understand them and their behaviours.

Your specific question asks which tools to use on admission to assess cognition. If you refer to Assessment Guides and Tools in the Resource section of the P.I.E.C.E.S. guide you will find an overview chart of the tools you were taught during your P.I.E.C.E.S. training. Many of these focus on mental status and emotion:

- CAM & I WATCH DEATH may be useful if you think the behaviours of the new resident are related to a delirium.
- SIG E CAPS & Cornell Scale for Depression are useful for screening for depression. Remember that depression can look like a dementia with some memory loss.
- MMSE and Clock are the two tests you are currently using. Some LTCFs routinely use the Dementia Observation System during the first 7-14 days following admission to establish a baseline behavioural profile CMAI can be used to specifically look at behaviours as needed

These tests may assist you in answering Question #4 of the 6-question template "How do we describe and record what we see? As PRP, you can coach the team you work with to think about all aspects of the P.I.E.C.E.S. process and focus on all possible causes for the behaviours that you see. Mental status falls under "I" of the P.I.E.C.E.S. acronym. Under "I" in your P.I.E.C.E.S. manual, you will find a description of the 7As. You can use 7As to observe the resident for memory changes. Remember that other causes can affect mental status, such as diseases or medication. That is why thinking about the entire person is so valuable. As the PRP in the facility, you can coach others to broaden their thinking and not rely only on tests. Remember also, the U-First! wheel can help you to consider other causes to mental status changes.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*