1-203 Folstein

TIPS Question:

A Long-term care facility had expressed interest in implementing the Folstein as part of their admission process. What would be an appropriate period of adjustment, following admission, to implement the Folstein Mini Mental State Exam?

Response:

It is always a good thing when a long term care facility implements a standardized assessment. Information such as this is very important when

(1) getting to know the client
(2) planning a care plan
(3) collecting baseline information

As you point out this information may not be accurate if done too early in the admission. Long-term care facilities have commonly asked this question, but there is no specific time-line recommended by literature. One must be cognizant of the factors affecting the results of the Folstein MMSE, such as environment, client anxiety, client/ interviewer rapport, and physical status. Therefore, when staff and family feel the individual is "settled in" then it may be an appropriate time to administer assessment tools. Certainly it can be generalized that if there is a reason for assessment, then this should be done at any point in the client's facility stay. An example of this would be a sudden change in the client's presentation, suspecting a delirium or depression. It is generally acknowledged that there is a "honeymoon" period in which the client acts differently as he/she gets used to their new environment. The length of this time period will vary according to the client, their strengths/ deficits, the facility and staff, etc. I would commend staff on their wish to implement standardized tools at the time of admission. Acknowledge that the time in which this should occur will vary according to the individual. If the situation warrants an assessment, the staff should not get too restricted with the time-frame, but instead carry out the assessment in the best way they can. If over time it is suspected that the client would benefit from a repeat Folstein, and then staff will have the benefits of a baseline measure with which to compare the results.

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! PIECES 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.*