

USING THE MDS AND MMSE FOR DETERMINATION OF LEVEL OF CARE ALONG THE LONG-TERM CARE CONTINUUM

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The difficult decision to relocate to a retirement facility typically comes secondary to caregiver concerns or declines in cognitive or functional status. Decisions are often made without knowledge of types of available residential care and factors to consider in choosing a long-term care (LTC) setting. Information must be provided to match residential setting with cognitive and physical abilities for the provision of a supportive environment.

The long-term care Minimum Data Set (MDS) and Mini Mental State Examination (MMSE) are frequently used to assess functional and cognitive status but no studies test their combined effectiveness in determining level of care. These tools offer advantages over multidimensional tools because of their simplicity and widespread use. In addition, because a recommended setting may not be the client's or family's preference, easily understood criteria assist in open discussion of matching care needs with resources.

The purpose of this descriptive comparative study was to determine if there were differences in MDS Texas Index of Level of Effort (TILE) clinical categories, MDS Activities of Daily Living (ADL) scores, and MMSE scores between 60 residents in skilled nursing units designed for dementia care, chronic medical care, ambulatory care, or an assisted living facility. Findings indicate a significant association between resident location and clinical category, resident location and MMSE category, and a significant main effect of location on ADL scores (age not being a significant covariate). From these findings, the following algorithm was constructed to assist staff and families with determining level of care requirements using objective criteria from MDS TILE clinical categories and MDS ADL and MMSE scores.

LTC Level of Care Algorithm

Step One:

If any of the following criteria are met, the resident is to be admitted to the Chronic Care Skilled Nursing Unit:

1. Coma
2. Quadriplegia
3. Stage III or IV decubitus with physician ordered decubitus care and/or wound dressings twice a day
4. Non-oral administration of 60% or more of the resident's nourishment
5. Daily oral or nasal suctioning
6. Daily tracheostomy care or suctioning
7. MDS ADL Score ≥ 6

If one of these conditions is not present, proceed to step two.

Step Two:

If MMSE ≤ 17 and MDS ADL Score ≤ 5

Admit to Dementia Care

If MMSE ≥ 18 and MDS ADL Score < 6

Admit to Ambulatory Care

If MMSE ≥ 24 and MDS ADL Score ≥ 3

Admit to Assisted Living