

Why should you have a formalized process for both the Resident Mood Interview and Staff Assessment of Resident Mood?

The RAI Manual is very specific... even offering some suggested language to use prior to the start of the interview process. The RAI Manual also offers suggested language “to explain and/or show the interview response choices”. Within the language, the RAI Manual states **“a cue card with the response choices clearly written in large print might help the resident comprehend the response choices”**.

This type of method or guidance is offered, and suggested, for both the Resident Mood Interview and the Staff Assessment of Resident Mood. A consistent practice followed by all staff will ensure the most accurate collection of the facts. Keeping the interview process as simple and direct as possible will also support that consistency.

The opportunity to use a large print cue card is clear. While the RAI Manual is clear that you “not provide definitions because the meaning must be based on the resident’s interpretation”... the manual also provides the suggested language of “I am going to ask you how often you have been bothered by a particular problem over the last 2 weeks. **I will give you the choices that you see on this card.**” Further direction offered... **“read and show cue card with frequency categories/descriptions”**.

For the Staff Assessment Interview, the direction offered in the RAI Manual states “Ask the staff member being interviewed to select how often over the past 2 weeks the symptom occurred. Use the descriptive and/or numeric categories on the form (e.g., “nearly every day” or 3 = 12-14 days) to select a frequency response.” You have the option to use the descriptive language.

The cue cards are offered on our website (www.nursinghomes.ipro.org) to help guide a more formal process in the collection of your information.

There are 2 versions of both the Resident Mood Interview cue card and the Staff Assessment cue card. Both versions contain virtually the same information taken directly from the MDS 3.0. The only difference is one of formatting... with or without a large print header. The choice is yours.

The suggestion is that you offer the appropriate cue card for **all** interviews (both resident and staff) with a focus on the **“descriptive language”** choices for symptom frequency as opposed to counting individual days.

For the depressive symptoms quality measure, a code of “half or more of the days” may qualify the resident to trigger the quality measure... while a code of “several days” will not.

The IPRO Nursing Home Team

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