

Chapter 4: BIMS & Cognitive Function (C0100- C0500)

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Section C- Cognitive patterns

The following OASIS items remain unchanged: M1700 (Cognitive function); M1710 (When confused (Reported or observed within the last 14 Days); and M1740 (Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or observed)).

CMS added Section C: Cognitive Patterns to capture more data using the following new items:

- C0200 (Repetition of three words)
- C0300 (Temporal orientation)
- C0400 (Recall)
- C0500 (BIMS summary score)
- C1310 (Signs and symptoms of delirium (CAM[®]))

The BIMS is a performance-based cognitive assessment that will be incorporated into OASIS-E and will provide important baseline information about cognitive function. It is a simple test that can assist in detecting the presence of cognitive impairments in older adults. The test is a reliable, validated instrument which is estimated to add three to five minutes to the visit.

Determining cognitive function is essential to create a valid plan of care and achieve quality outcomes. It affects how patients can self-manage their disease state and is linked to reducing hospital readmissions in Medicare patients. Thus, it's important that patients with cognitive impairments have a caregiver, whether family or professional, to teach how to manage the disease state.

The BIMS already is used in skilled nursing facilities and inpatient rehabilitation facilities, so introducing the test in home health means that when a patient is transferred from one setting to another, an agency will receive this information and it will make it easier to appropriately plan care.

More info: Also refer to the article “How Well Does the Brief Interview for Mental Status Identify Risk for Cognition Mediated Functional Impairment in a Community Sample?”

Intro to BIMS screening tool

The Brief Interview for Mental Status (BIMS) is used to assess cognitive status in elderly patients and may provide useful information as to whether the patient should be referred for dementia diagnosis investigations.

Why was the BIMS the choice?

- Direct or performance-based testing of cognitive function decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.

- Cognitively intact patients may appear to be cognitively impaired because of a language barrier, hearing impairment or lack of social interaction.
- Some patients may appear to be more cognitively intact than they actually are.
- If cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities and therapies may not be offered.
- Results in cognitive function score
- Not designed to diagnose dementia or cognitive impairment
- Identifies cognitively impaired who may be at risk for decline
- Cognitive impairment is also associated with re-hospitalization among elderly patients receiving home health care

C0100 (Should brief interview for mental status be conducted?)

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted

Attempt to conduct interview with all patients.

Enter Code

0. **No** (patient is rarely/never understood) → *Skip to C1310, Signs and Symptoms of Delirium (from CAM®)*
1. **Yes** → Continue to C0200, Repetition of Three Words

Item intent

The intent of this item is to identify if the Brief Interview for Mental Status (BIMS), a structured cognitive interview, should occur.

Item rationale

Most patients are able to attempt the BIMS, a structured cognitive interview.

A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.

Without an attempted structured cognitive interview, a patient might be mislabeled based on their appearance or assumed diagnosis.

Structured interviews will efficiently provide insight into the patient's current condition that will enhance good care.

Time points item(s)

- Start of Care
- Resumption of Care
- Discharge from agency