Oklahoma State Department of Health
Creating a State of Health

News You Can Use

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
Nancy Atkinson, Chief

MDS

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Special points of interest:

- Mood Disorder
- The MDS Connection
- Automation Tips, Reminders & Updates

Mood Disorders
The Assessment Process

Diane Henry, RN, HCA—Director, MDS/OASIS

Spring is here and many of us look forward to warmer days ahead!

Some suffer from cabin fever, but not more so than our residents. They are unable to brave the cold and icy conditions to even venture outside for short periods of time. This can lead to increased depression and behaviors that affect others.

Accurate assessment of these behaviors is critical so that residents aren't placed on unnecessary medications such as antipsychotic drugs.

Identifying if the resident's change in behavior is related to seasonal affective disorder or something more serious, can help staff accurately care plan the needs of the resident and assist them in maintaining their highest practicable level of functioning.

According to the National Institute of Medicine, Seasonal affective disorder (SAD), is a type of depression that occurs at the same time every year and is usually in the winter months, but can also occur with any change in seasons.

Symptoms of SAD might include: hopelessness, social isolation, change in appetite, and unhappiness and irritability. These symptoms may be difficult to accurately assess in elderly residents since they occur with so many other co-morbidities.

That's why consistent assignment and knowing the resident's story is extremely important. Staff who care for residents on a consistent basis, quickly identify if a significant change has occurred in the resident's status.

GOAL
Highest Practicable Level of Functioning

MDS Connection—SCSA

We recently co-presented with OSDH's LTC Surveyor Trainers at three different "Stakeholder's Forums to Improve Care". WOW! What a great time we all had!

Participation between attendees and speakers was amazing. Topics discussed included Significant Change in Status Assessment, CAAs and Care Plans from the Surveyors, QIES Staff, and Providers. Evaluations and comments reflected how beneficial the information was for everyone.

Key points related to SCSA included:

—What is a Significant Change?

—When is a Significant Change in Status Assessment Appropriate?;

—Identification of MDS Assessment Items in Determining if 2 or more areas are consistently noted to have a decline or improvement.

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The MDS Connection—Significant Change in Status Assessment (SCSA) (continued from page 1)

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A Significant Change is a decline or improvement in the resident's status that will not normally resolve itself...

What Is a "Significant Change"?

A decline or improvement in a resident's status that:

—Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" (applies to declines only);

—Impacts more than one area of the resident's health status; and

—Requires interdisciplinary review and/or revision of the care plan.

When Is a SCSA Appropriate?

The IDT is responsible for making the determination if a significant change (either decline or improvement) has occurred in the resident's status. The following steps provide strategic guidelines on when a SCSA might need to be completed:

1) The IDT compares the resident's current status to the most recent comprehensive assessment and any subsequent quarterly assessments and determines that a significant change in the resident's status has occurred from baseline.
2) The resident's condition is not expected to return to baseline within 2 weeks.
3) If a resident has been discharged return anticipated and returns within 30 days the IDT should determine if a SCSA should be completed upon the resident's return.

4) A SCSA is required to be completed when a terminally ill resident enrolls in a hospice program and remains a resident at the nursing home.
5) If a resident decides to discontinue or revoke hospice services, a SCSA is required.
6) A SCSA would be completed if a resident experienced an improvement in two or more of the following areas:
   — improvement in ADLs;
   — decrease in the number of Behavioral symptoms;
   — decision making changes for the better;
   —incontinence pattern improved;
   — overall improvement of resident's condition.

ARD Timelines

If the IDT is not certain whether the resident's change in status meets the SCSA guidelines, the nursing home may take up to 14 days to determine whether or not a SCSA should be completed.

Once determination has been made regarding the resident's change in status, document and date what the staff reported and the decision made by the IDT whether or not a SCSA was warranted.

The ARD, MDS Completion Date (Z0500B), and CAAs (V0200B2) must all be completed in 14 calendar days after determination (determination date + 14 calendar days).

The MDS

Applicable MDS Sections (not all inclusive) for determination if 2 or more areas of decline or improvement are consistently noted:

Decline:

Section C: Resident's decision-making changes from 0 (Independent) or 1 (Modified Independent) to 2 (Moderately Impaired) or 3 (Severely Impaired) at C1000.

Section D (Mood) and Section E (Behavior): Presence of a resident mood item not previously reported and/or an increase in the symptom frequency for items in Section E.

Section G: Any decline in ADL *assistance* where a resident is newly coded as 3 (Extensive Assistance), 4 (Total Dependence) or 8, (Activity Did Not Occur) in Column 1 "Self-Performance" on G0110 since last assessment.

The Assessment Process

(Continued from page 2)

Welcome, Wanda! We are pleased to announce Wanda Roberts, BSN, has joined the QIES Help Desk Team!

Section H: Resident's incontinence pattern changes from 0 (Always continent) or 1 (Occasionally incontinent) to 2 (Frequently incontinent) or 3 (always incontinent) at H0300 and H0400; Or, there was placement of an indwelling catheter (H0100).

Section K: Emergence of unplanned weight loss problem (5% change in 30 days or 10% change in 180 days) (K0300).

Section M: Emergence of a new pressure ulcer at Stage II or higher or worsening in pressure ulcer status (M0300, M0800).

Section P: Resident begins to use trunk restraint or a chair that prevents rising when it was not used before; (P0100—B, E, G); and/or

—Overall deterioration of resident's condition.

Improvement:

Includes Same MDS areas as "Decline Categories" previously listed, with the exception of:

- Section K—Unplanned Weight Loss,;
- Section M—Skin Condi tions; and
- Section P—Restraints

The RAI Manual and SOM list the previous sections, but additional sections should be considered as well, when determining if a SCSA is warranted.

Is a SCSA required for a terminally ill resident? Determine if the change is expected as part of the disease course and already addressed in the care plan.

MDS sections and items, while assessed independently, offer clues to underlying causes of conditions assessed in other MDS sections.

Recognizing this MDS connection aids you in early detection of significant changes in the resident's status.

So, closely review each MDS Assessment section and item as they are crucial in identifying a significant change in resident's status and the impact on accurate assessment and care plan development.

UPDATES:

CMS recently announced the release of 4 MDS 3.0 Provider Training Series—Chapter 3 Sections O, M, G, and I

View them at:

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/

Nursing Home Goal— Highest Practicable Level of Functioning

Full physician review of the most recent MDS assessment or ongoing input into the assessment currently being completed can be very useful. For the physician, the MDS assessment completed by facility staff can provide insights that would have otherwise not been possible.

For staff, the informed comments of the physician may suggest new avenues of inquiry, or help to confirm existing observations, or suggest the need for additional follow-up. Both are crucial components to assure residents reach their highest practicable level of functioning—**The nursing home goal.**

Reference: RAI Manual, Chapter 1

SCENARIO QUIZ—

Mr. B is very interactive with others, likes to joke and make others laugh. He loves to garden so the nursing home has provided a small area where he can plant seasonal flowers and small shrubs. Mr. B. takes walks around the courtyard and enjoys sitting outside.

Lately, staff have reported a change in Mr. B's status. For the past two weeks Mr. B has been staying in his room, not participating in activities and has started yelling at the staff when they encourage him to take his shower.

The IDT assessed the findings reported for Mr. B and made their determination.

Is a SCSA Required?

If so, What MDS Items would you consider?

What are the Care Plan Considerations?

(Refer to Page 4 for the answer.)

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MDS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

MDS 3.0 Discharge Assessments (DC) that have not been completed or submitted should have been completed by September 30, 2013 based on CMS S&C 13-56 NH letter dated August 23, 2013. I occasionally review roster reports and know we have several facilities that have old MDS assessments where the last assessment completed still goes back to 2010. The residents appearing on this report reflects either no DC has been received since the date of the last assessment, which is reflected on the report, or that another resident has been created within the Federal database by your facility. I recommend that you access your report through CASPER and clear your roster report of residents who are no longer in your facility as soon as possible. By not completing discharges, or inadvertently creating another resident in your facility, your quality measure report, missing assessment report and roster report would not reflect accurate information. This would also reflect that your facility may have more residents than certified beds. Please contact us at the QIES Help Desk for any assistance in this matter.

MARK YOUR CALENDAR!

Upcoming Trainings:

- **May 21, 22 and 23**
  Clinical 3-day
- **June 5, 10, 11, 18, 19, 24, and 25**
  Journey to Quality with OFMQ and LTC
- **December 9, 10 and 11**
  Clinical 3-day

See Training Calendar:

- http://mds.health.ok.gov
  Then click:
  Educational Resources

Answer to Scenario:

A SCSA should be completed. Mr B. experienced a significant change in 2 areas: Section D—Mood and Section E—Behavior.

Care Plan Considerations (not all inclusive): New Onset of depression, isolation, no interest in activities or performing ADLs, and behavior change. Provide Social Work consultation to identify root cause of behavior and mood change. Identify and provide activities important to Mr. B; Encourage increased family visits.

Internet Explorer 8

Effective 10-1-2014

CMS states that IE 8 will no longer be supported effective 10-1-2014 because of a security risk. States and Providers are expected to use IE 9 or IE 10 (compatibility mode only) by that date if not earlier. I recommend that you annually review a current list of all computer requirements during September which go into effect October 1.

You can locate these minimum requirements on the home page at www.qtso.com, then click on:

Minimum System Requirements for Home Health Agencies, Hospice Providers, Long Term Care Facilities, Inpatient Rehabilitation Facilities and Long Term Care Hospitals.

Passwords & HIPAA

Please remember to safeguard your password and do not share your password with any other employee at your facility. If you share your password this is considered a security breach and is not taken lightly. Request additional passwords, when needed, and remove existing passwords for employees who are no longer with your facility. By designating more than one user you ensure the continued transmission process in the event an employee leaves.

Are you ready to go?

Effective 10-1-2014

At present CMS has new Data Specs and Item Set Codes (ISC) (assessment forms) that will go into effect October 1, 2014. I encourage you to begin contacting your software vendors to ensure they are "good to go" when the time arrives. This upgrade should not be a major change. The delay in implementing the ICD - 10 changes until October 2015, should not affect this release.

Automation Tip: Utilization of Time

Make sure you take full advantage of your time by dual or triple coding when the time arises. Remember the most stringent of the rules has to be the one you utilize. An example could be an end of therapy, quarterly and a discharge, if all rules apply.

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