



Oklahoma State
Department of Health

NEWS YOU CAN USE

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

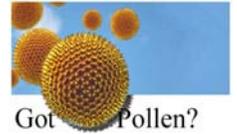
MDS

Special points of interest:

- Allergies
- Antihistamine Use
- MDS Automation Tips

Volume 9, Issue 2

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Congratulations to our very own Diane Henry!

We would like to take a minute to congratulate one of our own. CMS directs a National RAI Panel that is composed of a handful of State RAI Coordinators and CMS staff responsible for MDS. These are the subject matter experts on the MDS process and coding conventions. CMS consults with the RAI Panel on various issues related to the MDS. As a group, they answer MDS questions that come from the remaining state RAI coor-

dinators. You don't get to just join this group—you have to be invited to apply. And, even though



you've been invited to apply, that doesn't mean you will be invited to be a member.

About a month ago, Diane Henry, Oklahoma's RAI Coordinator, was invited to apply for membership, so she forwarded her resume to the panel for review. Last week she received an invitation from the group to be a member. Diane is the first RAI Coordinator in Oklahoma to serve on the RAI Panel. We are so proud of Diane, and want to congratulate her for receiving this tremendous honor from CMS.

Seasonal Allergies

As most people who live in Oklahoma know nasal allergy season (seasonal allergic rhinitis) is fast approaching. The Asthma and Allergy Foundation of America ranked Oklahoma City number 3 on their Spring 2015 Allergy Capitals.

Allergic rhinitis is prevalent among people 65 years and older. Allergy sufferers often have the following symptoms: a runny nose, watery eyes, sneezing, coughing, itchy eyes/nose, and other symptoms that come

with spring allergies.

Pollen and mold are frequent triggers for allergy symptoms. Pollen is found in grass, tree, and weeds commonly. Mold can grow in numerous places where you live making it difficult to avoid exposure.

Allergy symptoms from pollen tend to be worse on breezy days because the wind carries the allergens in the air. Rainy days cause a drop in pollen counts, because the rain washes the allergens away.

The best preventive treatment for allergies is to avoid the substances which trigger allergic reactions. This however is frequently difficult to achieve.

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Seasonal Allergies (from page 1)



Allergies can lead to vision problems and increase the risk of falls.



Treatment for allergy symptoms is based on the individual's history. Treatment may include three different strategies: avoidance of allergens, medication options, or immunotherapy. Individuals with allergies should be carefully assessed and treated to possibly prevent further illness and discomfort.

Some medications available for the treatment of allergies are:

Antihistamines reduce sneezing, sniffing, and itching by lowering the amount of histamine (the substance produced during an allergic reaction) in the body.

Decongestants shrink the blood vessels in the nasal passageways to relieve congestion and swelling.

Antihistamine/decongestants combine the effects of both drugs.

Nasal spray decongestants relieve congestion and may clear clogged nasal passages faster than oral decongestants without some of the side effects.

Steroid nasal sprays reduce inflammation and are the preferred initial treatment. Only two, Nasacort and Flonase, are currently available over the counter. Cromolyn sodium nasal spray can help prevent hay fever by stopping the release of histamine before it can trigger allergy symptoms.

Eye drops relieve itchy, watery eyes. Ketotifen is available over-the-counter.

Allergy Shots (Immunotherapy) injections received at regular intervals over a period of approximately three to five years to stop or reduce allergy attacks.

If receiving antihistamines and decongestants some common side effects could be: drowsiness, dizziness, dry mouth/nose/throat, headache, upset stomach, constipation, or trouble sleeping may occur. The individual may require additional assistance with ambulation and ADL's to prevent falls or injuries.

The majority of side effects from topical steroids occur within the nose at the site of local application. These side effects commonly include nasal irritation and nose bleeds.

Individuals may experience reactions to allergy shots, local allergic reactions which are considered to be mild, or they may experience systemic reactions which are more serious. Local reactions occur more frequently than systemic reactions and involve pain, redness, and swelling where the allergen vaccine was injected.

Reactions can appear with any medication in a more serious form known as anaphylaxis (severe allergic reaction). In anaphylaxis, life threatening events can occur such as swelling of the throat and tightness of the chest. These reactions usually occur within a short period of time after receiving the medications and they require immediate medical intervention.

To reduce individual's exposure to the things that trigger their allergy signs and symptoms (allergens) encourage the following:

Stay indoors on dry, windy days. The best time to go outside is after a good rain, which helps clear pollen from the air.

For Severe Allergy sufferers consider:

- Placing clothes that have been worn outside in the laundry and shower to rinse pollen from the skin and hair.
- Use a pollen mask for outside activities.

It is important to know if an individual is having allergy issues when assessing hearing, speech, and vision for the MDS. Allergies can cause congestion which can make an individual's speech more difficult to understand. The resident's hearing can also be affected. Both of these are important considerations during interviews. If the individual is suffering from allergic conjunctivitis, vision can be affected possibly increasing falls and affecting safety.

1. *Asthma and Allergy Foundation of America.* (2016, January 29). Retrieved from <http://www.aafa.org/page/allergy-capitals.aspx>
2. MD More, D (September 16, 2015) *Seasonal Allergies How to Treat Seasonal Allergies.* Retrieved from <http://allergies.about.com/od/allergies101/a/seasonalallergy.htm>
3. Mayo Clinic Staff (2016, January 29) *Seasonal allergies: Nip them in the bud.* Retrieved from <http://www.mayoclinic.org/diseases-conditions/hay-fever/in-depth/seasonal-allergies/art-20048343>



Antihistamines and the Elderly

**“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being...”
(Code of Federal Regulation, 42 CFR 483.25)**

Antihistamines used to treat allergies fall into two classes: first generation (sedating) and second generation (non-sedating). An aging adult becomes increasingly sensitive to the side effects of antihistamines. The reasons for this include reduced hepatic and renal function, and increased blood-brain permeability. This leads to significant central nervous system side effects, including drowsiness, fatigue, cognitive decline, psychomotor effects, and loss of coordination. Moreover, delirium and hallucination can result

from using first generation antihistamines which could put someone at risk for being prescribed antipsychotic medication.

Nurses and other healthcare professionals can advocate for residents by working with their families and prescribers to discourage using the first-generation antihistamines (some of which are: brompheniramine, chlorpheniramine, clemastine, dex-brompheniramine, diphenhydramine). Along with the possibility of causing significant harm, using these anticholinergic medications in nursing home residents could have a negative

impact on the facility's quality measures. Some that could be impacted are: the use of high-risk antipsychotic medications, the percentage of patients with a decline in their ADLs, the percentage of patients with falls with serious injury, and UTI rates.

Using second generation antihistamines should be used for allergy treatment before considering the use of the first generation antihistamines.

1. Coggins, M. D. (n.d.). Antihistamine Risks. Retrieved February 12, 2016, from <http://www.todaysgeriatricmedicine.com/archive/0313p6.shtml>
2. Tietze, K. J. (2012, December 01). Nonprescription antihistamines: Geriatric considerations. Retrieved February 12, 2016, from <https://www.pharmacist.com/nonprescription-antihistamines-geriatric-considerations>

MDS Coding Tips O100K-Hospice

In October of 2015 CMS updated instructions related to the Significant Change in Status Assessment in the RAI manual. The new instructions state that a SCSA needs to be completed if a resident changes hospice providers. The reason for this is to aid in coordinating the plan of care between the Nursing Home and the Hospice provider.

The SCSA is still required when a resident elects hospice as well as when the resident revokes hospice.

The following is an excerpt from the RAI manu-

al where the issue is discussed.

A SCSA is required to be performed when a terminally ill resident enrolls in a hospice program **or changes hospice providers** and remains a resident at the nursing home. There are limited exceptions if hospice is elected on admission. (See page 2-21 of the RAI manual.) The ARD must be within 14 days from the effective date of the hospice election (which can be the same or later than the date of the hospice election statement, but not earlier than). A SCSA must be performed regardless of whether an assessment was recently conducted

on the resident. This is to ensure a coordinated plan of care between the hospice and nursing home is in place. A Medicare-certified hospice must conduct an assessment at the initiation of its services. This is an appropriate time for the nursing home to evaluate the MDS information to determine if it reflects the current condition of the resident, since the nursing home remains responsible for providing necessary care and services to assist the resident in achieving his/her highest practicable well-being at whatever stage of the disease process the resident is experiencing.





MDS Automation Tips

Recent Q&A's to our QIES Help Desk

We have been receiving calls related to **Payroll-Based Journal (PBJ)**.

CMS has begun to collect staffing data through the PBJ system on a voluntary basis that began October 1, 2015, and will become mandatory beginning on July 1, 2016. CMS has been communicating this information for some time now. Additional detail can be located with a google search of CMS PBJ.

Questions related to PBJ should be directed to 1-800-339-9313. You will need an independent user ID and password for the PBJ submissions. These password requests should be started in advance of the mandatory time line for submitting the data. Prior to calling the above number, make sure you know your CCN number, which in Oklahoma all start with 37. You should also have available your facility ID, which appears on the validation reports.

Your Help Desk in Oklahoma is also available to verify your identifying numbers and for general information related to this new upcoming mandatory requirement at 405-271-5278.

Strongly recommended CASPER provider reports to review

In CASPER, under the category of Reports, subcategory MDS 3.0 NH Provider, I encourage you to periodically order and review at minimum the following reports:

MDS 3.0 Activity report. This lists all assessments submitted during a given time frame defined by the requestor.

Missing OBRA. This lists all OBRA assessments that have had no activity for over 138 days (Regulatory).

MDS 3.0 Roster Report. This lists all residents in your facility that are appearing as active residents in your facility.

Error Summary by facility. This lists the percentage of errors by type of error and percentage of assessments received with this error message.

I encourage you to review these reports as needed. This will help ensure a better percentage of accuracy for your QM reports. Our QIES Help Desk can assist you with requesting these reports.

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Contact Us

Oklahoma State
Department of Health

QIES Help Desk

1000 N. E. 10th Street
Oklahoma City, OK
73117-1299

Phone: (405) 271-5278

Fax: (405) 271-1402



**Diane Henry RN
Wanda Roberts RN
Stephanie Sandlin RN
Bob Bischoff**

MARK YOUR CALENDAR!

Upcoming MDS Training (Tentative)

Automation
April 20, 2016
Shawnee

3 Day Clinical
Training
May 18-20, 2016
Shawnee

Automation Tip:

Ensure that there is no gap with your MDS submissions by making sure you have 2 people with user id's and passwords. This will ensure you have a better handle on the continuity of operations in the event that one employee has a prolonged absence. This is also a great opportunity for cross training.