



NEWS YOU CAN USE

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



Special points of interest:

- Let Me Introduce Us
- Plain Talk About Pain—MDS Section J2a & J2b
- MDS Coding Tips
- Automation Tips, Reminders & Updates

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Let Me Introduce Us Sharon Warlick, RN, BA—Director MDS/OASIS

The Oklahoma State Department of Health, Quality Improvement and Evaluation Service—QIES—is the Help-Desk for the Minimum Data Set—MDS.

Daily, QIES staff receive calls from providers across Oklahoma seeking answers to questions concerning MDS training, clinical coding, transmission of assessments, tracking forms, error messages found in the Final Validation Report, accessing helpful reports, web-sites, and technical issues.

QIES staff offer a number of training programs to providers throughout the year to assist nursing home staff to accurately complete and transmit the MDS Assessments and related Tracking Forms.

QIES is planning next year's training programs. In our first planning session, we discussed other ways to inform nursing home staff of changes in MDS coding instructions, manual update releases, computer requirements, etc. occurring between workshops. We chose to produce a newsletter to be sent quarterly to Administrators and MDS Coordinators in all licensed nursing homes in Oklahoma.

We will include a variety of pertinent MDS information from both the clinical and automation aspect of MDS assessments. We encourage you to let us know of topics you are interested in regarding MDS.

In between workshops and the newsletter, **QIES staff encourage you to call our office with your MDS coding and automation questions.** We can be reached at the

MDS HELP-DESK
405-271-5278

Sharon Warlick—Clinical
 Bob Bischoff—Automation
 Michael Jordan—Technical
 Crystal Selfridge—Registration



GOAL
Highest Practicable
Level of Functioning

MDS Refresher Plain Talk About Pain—Frequency (J2a) & Intensity (J2b)

BASIC FACTS

- Pain—is whatever the resident says it is!
- Pain refers to any type of physical pain or discomfort in any part of the body.
- Pain may be localized to one area, or may be more generalized.
- Pain may be acute or chronic, continuous or intermittent, occur at rest or with movement.
- Code for the highest level of pain **reported by any staff member**, not just the professional completing the MDS.
- Code for the presence or absence of pain, **regardless of pain management efforts**, e.g. breakthrough pain.

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Plain Talk About Pain *(continued from page 1)*

Pain—is whatever the resident says it is!

BASIC FACTS *(continued)*

- If you have difficulty determining the exact frequency or intensity of pain, code for the more severe level of pain.

Pain is very subjective. We all feel pain differently. Therefore, we must depend on the resident to tell us about their pain. The residents tell us they have pain in many ways—both verbally and non-verbally.

MDS instructions for *Frequency* state—“*resident complains or shows evidence of pain*”. Therefore, it is our job, as clinicians, to properly assess the resident for pain using a variety of methods.

Residents know their pain best! Listen to their voices and observe their actions!

INTERVIEW

- Ask the resident if he/she has had pain in the last seven days. The way you ask the question means all the difference in the accuracy of your assessment.



You never want to miss an opportunity to relieve pain

- Interview staff across all shifts and all disciplines.

This is one area of the MDS where **all staff members should be trained to identify pain and know to whom they are to report the pain.** It is the nurse’s responsibility to document that pain in the clinical record and assess the resident. The RAI Manual states—“*the assessment should reflect the highest level of pain reported by any staff member, not just the professional completing the MDS.*”

- Interview family. Ask about ways the resident expresses pain.

OBSERVE

- Observe the resident for indicators of pain.

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SCREENING FOR PAIN—A Self-Check

1. Are all staff trained to recognize pain?
2. Do all facility staff know when and to whom to report symptoms of resident’s pain?
3. Do you know *pain is often the underlying cause of behavior problems and depression*?
4. Do you continually ask residents if they are in pain?
5. If the resident has Dementia, do you expect him/her to verbally tell you about pain?
6. If the resident has Dementia, do you observe for physical manifestations of pain?
7. Is the resident able to ask for PRN pain medication?
8. Do your residents know how to report pain?
9. Are you judgmental or biased when you assess pain?
10. Are validated assessment tools used?

MDS Assessment Tip

Because MDS Section J2a targets pain symptoms, many clinicians only focus on that section when assessing for pain. As a result, they do not draw information from the other MDS areas that indicate pain and, thereby, enable the clinician to assess their resident as a whole person. The **KEY** is the phrase in the instructions—“*resident complains or shows evidence of pain*”.

The following MDS Sections may be indicative of pain:

- B5d,
- E1c, E1i, E1k, E1m-o
- E4b, E4c, E4e
- E5
- G6a, G9
- F1a
- J1g, J1h, J1n



- K1a; K3a; K4c
- M1; M2a; b, M4a-g; M5c, M5 e-i; M6
- N2
- I1, I2, I3

Consider conditions/diseases and their symptoms -

Does the resident’s disease or condition typically cause pain as one of its symptoms?

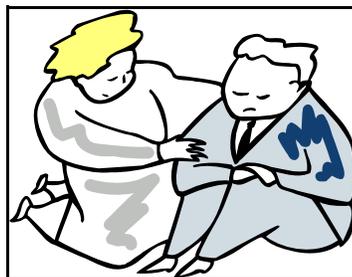
Plain Talk About Pain *(continued from page 2)* **Code for the Highest Level of Pain**

OBSERVE *(continued)*

- Indicators of pain include moaning, crying out, grinding teeth, and other vocalizations such as “help me, help me”.
- Wincing or frowning and other facial expressions may indicate pain.
- Body posture such as guarding/protecting an area of the body, or lying very still may show pain.
- Restlessness or frequent rocking may show pain.
- Decrease in usual activities may be a result of pain.
- Resisting care and other behaviors such as criticizing, cursing, yelling, screaming, pacing, refusing to eat, striking out at a nurse

assistant who tries to move them or touch a body part may be a sign of pain.

Although such behaviors may not be solely indicative of pain, but rather may be indicative of multiple problems, code for the frequency and intensity of symptoms if in your clinical judgment it is **possible** that the behavior could be caused by the resident



Pain is whatever the resident says it is.

experiencing pain.

CLINICAL RECORD

- Review the Medication Administration Record (MAR) to **determine if any PRN pain medication has been given** in the 7-day look-back period. If it has been given during that time, **even if it was only once and even if they are on a pain management program**, you must still reflect pain in J2a.
- If they have **no PRN** during that time and have **no complaint of pain**, even if on a pain management program, you may code “0”, no pain.
- Review nurse’s notes, physician and other discipline progress notes.

How you ask the resident about pain directly affects the accuracy of your assessment!

Nursing Home Goal—Highest Practicable Level of Functioning Assure your resident reaches this goal—Ask the Right Questions!

It is the resident who best knows his/her pain. Listening to your resident and asking open-ended questions provide the most information, e.g. “Tell me about your pain.” This gives the resident the chance to tell you the details that help you assess the underlying cause.

Other questions about pain to

help you assess your resident and enable them to reach their highest practicable level of functioning include:

- What do you call your pain?
- What do you think caused your pain?
- Why do you think it started when it did?

- What does your pain do to you?
- What problems does your pain cause you?
- What do you fear most about your pain?
- What are the most important results you hope to receive from treatment?

SCENARIO QUIZ HOW WILL YOU CODE FREQUENCY & INTENSITY?



Mr. T is cognitively intact. He is up and about and involved in self-care, social and recreational activities. During the last week he has been cheerful, engaging and active. When checked by staff at night, he appears to be sleeping. However, when you ask him how he’s doing, he tells you that he has been having horrible cramps in his legs every

night. He’s only been resting, but feels tired upon rising.

Code for J2a & J2b—

J2a = ?

J2b = ?

(See Page 4 for answer.)

Although Mr. T may look comfortable to staff, he reports to you he has terrible cramps. Best clinical judgment for coding this “screening” item for pain would be to record codes that reflect what Mr. T tells you. It is highly likely that Mr. T warrants a further evaluation.

Oklahoma State Department of Health
 Protective Health Services
 Quality Improvement & Evaluation
 Service (QIES)
 Room 1212
 1000 N. E. 10th Street
 Oklahoma City, OK 73117-1299
 Phone: (405) 271-5278
 Fax: (405) 271-1402

Website:
<http://www.health.state.ok.us/PROGRAM/qies/mds/index.html>

MDS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

How do you compare with Nursing Homes in Oklahoma? Top 5 Automation Errors for Oklahoma, September 1, 2004 through August 31, 2005:

1 Message 81 Resident Information Updated	13.92%
2 Message 82 Resident Provider Updated	9.13%
3 Message 377 Record Submitted Late	7.85%
4 Message 70 Assessment Completed Late	3.54%
5 Message 71 Inconsistent Record Sequence	2.21%

Order your MDS Error Summary Report through Certification And Survey Provider Enanced Report, (CASPER) and match your date criteria to the above.



MARK YOUR CALENDAR!

Upcoming MDS Training

October 25, 2005
 MDS Advanced Clinical Quality Indicator Workshop
 Gordon Cooper Vo-Tech Shawnee

December 6, 2005
 MDS Automation—Introductory and Beyond
 Gordon Cooper Vo-Tech Shawnee

Accessing the New QM/QI Reports

Effective July 18, 2005

Access and interpret your new Quality Measures and Quality Indicator Reports (QM/QI) through CASPER.

Instructions can be obtained at www.qtso.com by clicking MDS on the left side of the home page. This will take you to an automatic download page. Scroll to the bottom of this page. Under the category Guides & Manuals, refer to Facility Guide for MDS QM/QI Reports.

Answer from page 3

J2a = 2 (pain daily)
 J2b = 3 (horrible or excruciating)

Did you code correctly?

REMINDER!

Computer Hardware Changes, Effective December 31, 2005

CMS has changed the minimum system requirements to the following:

MINIMUM

- CPU Pentium 3
- CPU 500 MHz
- Memory 256 Mb
- Operating System Windows 2000 or XP
- Hard Drive 500 Mb free space
- Browser Internet Explorer v 5.5 SP2

How Does Your Missing Assessment Report Look?

The Missing Assessment Report is a report that lists all residents that the State has not received an assessment or tracking form for 138 days or longer. These missing assessments and tracking forms can impact your QM/QI reports.

Note that 102005 denotes month and year of the report e.g., October 2005. A new report will appear on the 5th of every month.

Where is it?

This report is located in the same place as your validation reports. Simply scroll down on the page and locate the report named MR102005.txt and click.



AUTOMATION NO-NO

When entering your assessment data do not routinely override the software warning that states “a significant change assessment is required. It may be necessary for you to complete a Significant Change in Status Assessment in order to assist your resident in obtaining the highest practicable level of functioning.