



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

**Special points of interest:**

- Section I—ALLERGY ALERT!—The Assessment Process
- MDS Accuracy Quick Check—Section I1nn—Allergies
- The MDS Connection—Allergies—Antihistamines—and, the MDS
- Automation Tips, Reminders & Updates



**Section I1nn—ALLERGY ALERT!  
The Assessment Process**

**Sharon Warlick, RN, BA—Director, MDS/OASIS**

It's Spring and many things come to mind but, if you are allergic to something, allergies find their way to the top of the list. So, while other folks are sniffing and sneezing, we, as MDS Coordinators, have to take a fresh look at the way we assess allergies and, thereby, accurately identify and care plan for those pesky miseries.

Tucked into MDS Section I, item 1 (Disease Diagnoses), is an often overlooked category—Other. Listed beneath Other is item 'nn' (Allergies). Today, I1nn is our focus.

Accurate assessment of allergies has three components:

1) good interview skills, 2) a knack for asking probing questions, and 3) a thorough understanding of MDS coding instructions. If any component is missing, a dilemma occurs and, to fully understand and appreciate the dilemma clinicians experience when coding allergies, necessitates a look at some recent findings.

During the Data Assessment and Verification (DAVE) Project, the DAVE Teams reviewing MDS Assessments found clinicians often misunderstood and miscoded I1nn. In fact, MDS section and item I1nn was among errors most frequently listed in their findings.

The DAVE Team also found while clinicians were more accurate when assessing drug allergies, they often failed, during the same assessment, to identify other allergies such as dust, pollen, dogs or cats. This was especially true if the resident was not exhibiting allergy symptoms at the time of the assessment. *(Continued on page 2)*



**GOAL  
Highest Practicable Level of  
Functioning**

**MDS Accuracy Quick Check—Section I**



**If MDS Item:**

- **I1nn = checked (✓)**  
**then** identify and document the allergy in the medical record, including the resident's response when exposed to the allergen, and assure all appropriate staff are aware of the allergy.
- **I1nn = checked (✓)**  
**then** assess the allergy's impact on W2b (Influenza vaccine) or W3b (Pneumococcal vaccine). Any allergy to eggs or one of the vaccine's com-

ponents will render the resident ineligible for the vaccine containing that component.

- **I1nn = checked (✓)**  
**then** thoroughly assess the resident at MDS Section K5e if it is a food allergy. Are there Drug-food interactions? Is a therapeutic diet required?

Also assess K4c if the resident is on an antihistamine, since this type drug may cause appetite changes.

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## Section I—ALLERGY ALERT!

### The Assessment Process (continued from page 1)



#### MDS HELP-DESK

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**“Adverse reactions can easily be misinterpreted as age-related changes.”**

When the DAVE Teams met with the MDS Coordinators to reconcile errors found in MDS assessments, the clinicians rationale for failure to code I1nn for residents with dust or other allergies was because the resident was not currently having symptoms from the allergy. As we’ll see, when we review the coding instructions for I1nn, **failure to code allergies because symptoms are not currently present is inaccurate.** So, let’s look at the process and coding for this MDS Section and item to better understand

the clinician’s responsibility in allergy identification and, thereby, improve the accuracy of the resident’s assessments and care.

The **INTENT** of Section I is to code those diseases or infections which have a relationship to the resident’s current ADL status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. In general, these are **conditions that drive the care plan.** Resident allergies certainly fall within

that description, i.e., conditions that drive the care plan.



The definition of ‘allergy’, according to MDS instructions, is: **“Any hypersensitivity caused by exposure to a particular allergen.”** This includes agents (natural and artificial) to which the resident is susceptible for an allergic reaction, not only those to which he or she currently reacted to in the last seven days. (Continued on Page 3)

## The MDS Connection

### Allergies—Antihistamines—and, the MDS



The Nursing 2005 Drug Handbook warns, “In elderly patients, adverse drug reactions can easily be misinterpreted as the typical signs and symptoms of aging.” To assure we, as clinicians, do not make that mistake, we need to use available tools to avoid that pitfall. The MDS Assessment is one of those tools. As such, for accurate assessment and care planning, it is vital to understand the MDS Connection.

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 medication side effects that may occur from drugs prescribed by the resident’s physician or from over-the-counter (OTC)

drugs. So, let’s look at just a few MDS Assessment sections and items crucial to identification of medication side effects and their impact on accurate assessment and care plan development.

If I1nn = checked (✓)

Then review these MDS items:

- B5b—Periods of altered perception/awareness = 1, 2
- B5d—Restlessness = 1, 2
- B5e—Lethargy = 1, 2
- D1—Vision = 1, 2
- E1k—Insomnia = 1, 2
- G4c-e(B) - Voluntary movement = 1, 2
- H1b—Bladder incontinence = 1, 2, 3, 4
- H2b—Constipation = ✓
- H2c—Diarrhea = ✓
- J1f—Dizziness = ✓
- J1o—Vomiting; = ✓
- K4c Nutritional Problems = ✓
- M4d—Rash = ✓
- J2a—Pain Symptoms = 1, 2
- J3d—Headache = ✓
- P9—Abnormal lab values = 1

If I1nn and any of the above MDS items are also coded in the MDS Assessment and the resident receives an antihistamine, then the resident may be experiencing a medication side effect.

Reference: Nursing 2005 Drug Handbook, pages 1300-1301; RAI Manual, Chapter 3.



## Section I—ALLERGY ALERT!

### The Assessment Process (Continued from page 2)

**Allergy symptoms may go away temporarily, but allergies do not.**

This item includes allergies to drugs (e.g., aspirin, antibiotics), foods (e.g., eggs, wheat, strawberries, shellfish, milk), environmental substances (e.g., dust, pollen), animals (e.g., dogs, birds, cats), and cleaning products (e.g., soap, laundry detergent), etc. Hypersensitivity reactions **include but are not limited to**, itchy eyes, runny nose, sneezing, contact dermatitis, etc.”

**In a nutshell, the resident does not have to be exhibiting symptoms of the allergy for you to code it at Section I1nn.**

posed. Therefore, allergies is a critical area requiring identification and care planning.

To accurately assess the resident for allergies, consult transfer records, review the in-house

medical record, interview resident, and/or family if applicable, and interview staff across all shifts. Remember, physician involvement in this part of the assessment process is crucial.

The physician should be asked to review the items in Section I, close to the scheduled MDS. The RAI Manual states, “**It is the responsibility of the facility staff to aggressively solicit physician input.**” Inaccurate or missed diagnoses can be a serious impediment to care planning. Thus, you should share this section of the MDS with the physician and ask for his or her input.



**Animals in your facility? How do you protect your residents allergic to animals?**

*Reference: RAI (Resident Assessment Instrument) Manual, Chapter 3, pages 127-132.*

**ALERT!**

**MDS Manual Revision November & December 2005 & January 2006**

**To Download Manual [www.cms.hhs.gov/nursinghomequality/nits/20\\_nhqimds20.asp](http://www.cms.hhs.gov/nursinghomequality/nits/20_nhqimds20.asp)**

Regardless of current symptoms, if a person is allergic to a particular allergen, that person will be allergic to that allergen whenever they are ex-

### Nursing Home Goal—Highest Practicable Level of Functioning Stay Informed—Section I1nn—Allergies

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 fa-

cility 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 ex-

isting 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 3, page 131*



### SCENARIO QUIZ—Section I1nn—Allergies



During your interview with Mrs. A, she tells you she is not allergic to any medication. Medical record review indicates an allergy to shellfish, documented by the dietician, and a note by the CNA stating a “rash” was found on

Mrs. A’s legs. During your second interview with Mrs. A, to validate information found in the medical record, she confirms her allergy to shellfish and also asks, “What kind of laundry soap do you use on the sheets?” You tell her you use “XYZ detergent.”

She says she’s allergic to “XYZ detergent.” She also tells you she is allergic to dogs and talks about “all those dogs the activity staff brought in last Friday.”

**How will you code I1nn?**

**What are your care plan considerations?**

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# MDS Automation Tips

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## Ooops— I miscoded allergies (11nn)

After reading “Allergies” coding instructions featured in this newsletter, you may find you have miscoded “allergies” on some of your residents. If allergies, or any other MDS items are miscoded, then you have an inaccurate assessment (42 CFR 483.20(f)(5) - F-278) and need to correct it according to MDS regulation (42 CFR 483.20(f)(3)(iv) - F-287).

Failure to correct MDS assessments may directly affect your resident’s care (e.g., failure to trigger appropriate RAPs, inaccurate care planning, and erroneous QI/QM reports). These failures may lead to resident decline and increased risk for deficiencies. If you are not familiar with the regulations and instructions regarding the MDS Correction Policy, you should contact the MDS Helpdesk (**405-271-5278**), attend MDS training covering the correction process, refer to the RAI Manual (Chapter 5) and review the MDS Correction Policy Manual. Both the RAI Manual and Automated Correction Manual may be downloaded at [www.qtso.com](http://www.qtso.com). Click MDS on the left side of the home page, this takes you to a down-load page. Scroll down to MDS Correction Manual and RAI Manual and click each one.

### MARK YOUR CALENDAR!



#### Upcoming MDS Training

- **April 11, 12, 13, 2006**  
Clinical 3-day
- **May 17, 2006**  
Automation
- **June 21, 2006**  
Clinical Focused  
Workshop- Psycho  
tropic Drug RAP

#### See Training Calendar

- [www.health.ok.gov/PROGRAM/qies/mds/index.html](http://www.health.ok.gov/PROGRAM/qies/mds/index.html)

#### National Provider I.D.

Required at W1, effective May 23, 2007. Obtain online at [www.nppes.cms.hhs.gov](http://www.nppes.cms.hhs.gov) or call toll free for the form at 1-800-465-3203

#### Scenario Answer from page 3

##### 11nn checked

##### Rationale

Mrs. A is allergic, whether currently symptomatic or not, to shellfish, dogs, and XYZ detergent.

##### Care Plan Considerations

Different detergent to wash Mrs. A’s bedding & clothing  
 Ways to limit or prevent contact with animals  
 Review diet and all medications that may have shell fish as a component, (e.g., glucosamine) and bring to doctor’s attention

### REMINDER!

#### Computer Hardware Changes, Effective

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

**Without these upgrades you will not be able to access Quality Indicator/Measure Reports and all CASPER reports.**

### Update New Validation Report Messages

The Error Message Manual was updated January 15, 2006 to reflect the new ICD-9 code for Dehydration.

Old ICD-9	276.5
<b>New ICD-9</b>	<b>276.50</b>
	<b>276.51</b>
	<b>276.52</b>

At present, CMS has relaxed this field to reflect a warning message when using the old ICD-9 code. **CMS states this will become a fatal record message in the near future.** Make sure you are coding correctly and your software vendor has upgraded your ICD-9 codes if applicable.

### More Validation Report Information

Effective November 22, 2005 the new RUGS warning messages 306, 307, 310, and 311 began appearing on your Validation reports. **These warning message numbers should no longer appear on your validation reports** but if they are, refer to the Validation Report Manual.

**In the event these messages continue appearing on your reports, contact the MDS Helpdesk as soon as possible to resolve these issues.**

### Automation Tip: Utilization of Time

**CMS asked states to inform providers that delays will be experienced when requesting QI/QM and all CASPER reports, if requested on Mondays. Especially the first Monday of every month. To save time try to request your reports on any other day.**