



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

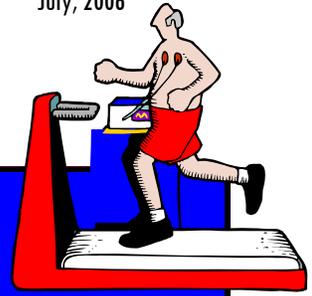


**Special points of interest:**

- Activity Pursuit Patterns—Section N—The Assessment Process
- MDS Accuracy Quick Check—Section N—Activity Pursuit Patterns
- The MDS Connection
- Automation Tips, Reminders & Updates

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## Activity Pursuit Patterns Section N—The Assessment Process

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It's summer time and the living is easy. At least, that's what we hope. But, during those dog days of summer, what do you do in your facility to assure the resident's highest practicable level of functioning is achieved in relation to the resident's activity pursuits? In this issue, we will look at the various aspects of Section N, its intent, definitions, processes, and impact on the resident's quality of life in the facility.

Remember, **information learned in Section N**, as well as information identified in all other sections of the MDS, **drives the care**

**plan.** Therefore, activity types and preferences related by the resident, or resident's family, when appropriate, should not be forgotten when the interdisciplinary team meets during the care planning session. All



**GOAL  
Highest Practicable Level of  
Functioning**

information gathered during Section N assessment should be an integral part of the care plan. Unfortunately, that is not always the case. Therefore, to aid in connecting the MDS Assessment to the care plan, let's look at Section N in depth.

The **INTENT** of Section N, Activity Pursuit Patterns, is to record the amount and types of interests and activities the resident **currently pursues**, as well as activities the resident **would like to pursue** that are not currently available at the facility. *(Continued on page 2)*



## MDS Accuracy Quick Check—Section N

**If this MDS Item is:**

- **N1a, b, or c = checked**

Does your staff know the time frames that constitute morning, afternoon, and evening?

Has your resident napped more than an hour during any time period? If so, that time period cannot be checked.

- **N2 = 0, 1, 2, or 3**

Does your care plan reflect the goal of the activity? Do your activity's staff document the resident's response to activities and progress towards goal achievement? In other words,

if you code the resident is involved in activities 1/3 or 2/3 of the time, is there supporting evidence?

- **N3 = a, b, c, d**

Are the activities in your resident's care plan designed to meet their need in their desired setting?

- **N4 = any item listed**

Does your resident's care plan reflect their preferences?

- **N5a or b = 1, 2**

Does the resident's care plan reflect a change in activities?

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Activities provide increased self-esteem, pleasure, comfort, education, creativity, success, and financial or emotional independence



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## Activity Pursuit Patterns—Time Section N The Assessment Process *(continued)*



The **definition** of Activity Pursuits, refers to any activity, other than ADLs, a resident pursues in order to enhance a sense of well-being. These include activities that provide increased self-esteem, pleasure, comfort, education, creativity, success, and financial or emotional independence. So, since we now know the intent and definition of Section N, let's review the individual items in more depth.



### N1—Time Awake

The **intent** of N1 is to identify those time periods of a typical day (over the last seven days) when the resident was awake all or most of the time, i.e., no more than a total of a one-hour nap during any such period. To assess, you will check all time periods when the resident was awake

all or most of the time (did not nap more than one-hour during any time period).

- **Morning** is from 7:00 a.m. (or when resident wakes up, if earlier or later than 7 a.m.) until noon.
- **Afternoon** is from noon to 5 p.m.
- **Evening** is from 5 p.m. to 10 p.m. (or bedtime, if earlier)

If the resident is comatose, code "d", None of the Above, and skip all other Section N items and go to Section O on the MDS.



Activities the resident pursues to enhance a sense of well-being.

Knowing time periods when the resident is awake assists in care planning to assure residents become mentally, physically, and/or socially involved in activities to avoid possible boredom and depression

### N2—Average Time Involved in Activities

The **Intent** of this item is to determine the amount of available time the resident was actually involved in activity pursuits. The **definition** includes the amount of free time a resident has while awake and not involved in receiving nursing care, treatments, or engaged in ADL activities. Eating is not considered an activity. *(Continued on page 3)*

## The MDS Connection Section N—Activity Pursuit Patterns



If N1a, b, & c (Time Awake) = checked

**Then** review this MDS item:

- **B5e (lethargy) = 1, 2**

With periods of lethargy, is it really accurate the resident was awake all periods of the day? Validate the resident did not nap more than one hour during any time period of the day. If they did, you cannot check that item.

If N2 (Time Involved in Activities) = 0, 1

**Then** review these MDS items:

- **F1a (at ease with others) = not checked**

- **F1b (at ease activities) = not checked**

- **F1c (pursues involvement) = not checked**

- **G6 (bedfast) = checked**

If resident is not at ease with others or with structured or unstructured activities, does not pursue involvement in the life of the facility, or is bedfast, validate to assure you have accurately coded N2. Evaluate your care plan and the activity goal and documentation of the resident's progress to determine if the resident is actually involved in this much activity.

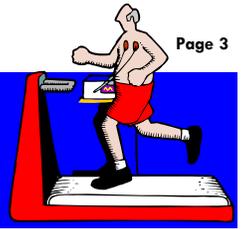
If N5a,b (Prefers Change in Daily Routine)= 0

**Then** review these MDS items:

- **E1o (withdrawal from activities) = 1, 2**
- **E1p (reduced social interaction) = 1, 2**

Assess the resident's reason for withdrawal from activities or reduced social interaction. It may be the resident **does want change** in his/her daily routine. Validate to assure accuracy of N5a,b.

Remember, it is crucial to accurately assess this and all other MDS items to care plan appropriately.



# Activity Pursuit Patterns—N

## The Assessment Process (Continued from page 2)

Don't forget the Independent Activities

### N3—Preferred Activity Setting

The **intent** of N3 is to determine activity settings the resident prefers, including (though not limited to) circumstances in which the resident is at ease.

### N4—General Activity Preferences

The **intent** of N4 is to determine which activities, of those listed, the resident would prefer to participate in (independently or with others). **Choice should not be limited by whether or not the activity is currently avail-**

**able to the resident**, or whether the resident currently engages in the activity or not.

The **definition** includes all the activities listed in the MDS Form and described in detail in the RAI Manual. The key thing to remember when coding N4, is there are many ways the resident may participate in activity prefer-



Choices are not limited by whether or not the activity is currently available.

ences. As an example, residents who say they enjoy gardening don't have to actually get out into a garden and plant seeds. They may regularly watch a TV show about gardening, or tend to a plant in their room. If they do, then gardening would be a preference item you would check. Other activity preferences offer similar ways to engage in the activity of the resident's liking.

Observe and interview the resident, interview staff and family, and review the medical record to accurately code these items.

*Reference: RAI Manual Chapter 3, page 169-175*

**ALERT!**  
MDS Manual Revision—  
November &  
December,  
2005 &  
January,  
March, &  
June, 2006

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

## Nursing Home Goal— Highest Practicable Level of Functioning Stay Informed—Section N4—Activity Preferences



As “baby-boomers” reach nursing home age, activity demands will be very different from what many facilities are currently providing. **N5—Prefers Change in Daily Routine** speaks to this issue.

The goal of nursing home care, is to assure your residents meet their “Highest Practicable

Level of Functioning”. We don't, however, have to wait for the “baby boomers” to demand change. Residents today often want change. One way to achieve that is through activity choices.

In current practice, many nursing homes across the country have placed computers in their

facilities for resident use. Volunteers often provide classes in genealogy. Activity staff teach residents how to “surf the web” and e-mail skills to e-mail their friends and family across the country. Others teach residents how to play computer games.

So, the question is, what are you doing to meet the activity needs of your residents?

## SCENARIO QUIZ—Section N—Activity Pursuits



Mr. N is awake all day with an occasional catnap of 30 minutes or less. Even though he doesn't have a computer, he says he loves computer games. Now, he spends all his free time either reading, watching gardening or racing on TV,

and talking to friends, family and other residents. While he prefers most activities in his own room, he says “I don't mind doing some things in the day room a couple times a week”. He adds, “I really want to do something different,

something outside these walls. I want to work on a computer, e-mail my friends, work on genealogy. I want to do that instead of a lot of the things you do around here.”

**How will you code Section N?**

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## MARK YOUR CALENDAR!



### Upcoming MDS Training

July 18, 19, 20 2006  
 3 Day Clinical  
 August 17, 2006  
 Automation

For more, see Training Calendar at: [www.health.ok.gov/PROGRAM/qies/mds/index.html](http://www.health.ok.gov/PROGRAM/qies/mds/index.html)

# MDS Automation

Bob Bischoff Program Manager, MDS/OASIS Automation

Oklahoma's top 5 automation errors directly linked to timeliness and increased risk for deficiencies. (Timeframe 5-1-2005 through 4-30-2006)

1 Message 377 Record Submitted Late (+31)	7.79%	
2 Message 70 Assessment Completed Late (+92)	3.56%	
3 Message 226 R2b Date Late (+14)	0.84%	
4 Message 217 VB2 Date Late (+14)	0.82%	
5 Message 393 Comprehensive Completed Late (+366)	0.70%	

Order your MDS Error Summary Report through Certification And Survey Provider Enhanced Report, (CASPER) using the same date criteria above.



## NATIONAL PROVIDER NUMBER

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 1-800-465-3203.



Answer: Scenario—Section N

- N1a (morning) = checked
- N1b (afternoon) = checked
- N1c (evening) = checked
- N2 = 0 (more than 2/3 time)
- N3a (own room) = checked
- N3b (day/activity room) = checked
- N3d (outside facility) = checked
- N4a (other games) = checked
- N4c (sports) = checked
- N4e (reading) = checked
- N4i (gardening) = checked
- N4l (watching TV) = checked
- N4k (talking) = checked
- N5a = 2
- N5b = 0

## Header Record Errors

Are you aware that you may unknowingly be placing your facility at risk for a deficiency by not updating the facility set up program in your MDS software? This is called a Header Record Error. The facility set up contains demographic information about your facility. Two items included in the setup are your Facility Medicare and Medicaid numbers. In the event this information is incorrect, that incorrect data will automatically complete sections AA6a and AA6b, in the Identification Section of your OBRA and PPS assessments, along with all tracking forms. As a double check, it is imperative to review the first page of all validation reports to determine if header record errors exist. The header record error is flagged as the very first warning message on your final validation report by the term **“Record: Header”**. Following this message will be detailed information describing the error to include: the name of the message, the invalid data, followed by a number warning of +14, +15, or both. Once you review the validation report and determine that a header record error does exist, you should contact your State MDS Automation Coordinator at the MDS Help Desk to determine exactly how to correct this error as soon as possible. **Do not attempt to correct this without contacting your software vendor.**

**P.S. This was a Data Assessment and Verification (DAVE) finding.**

## Top QM/QI Question

The top call received by the QIES helpdesk related to QM/QI's is: “Why is this QM/QI either appearing or not appearing” on my report? The best resource to determine what triggers all QM/QI's can be located at [www.qtso.com](http://www.qtso.com), then click MDS on the left side of the home page. This takes you to a download page. Scroll down to Guides and Manuals and locate Revised Facility Guide for the MDS QI/QM Reports. Click the drop down arrow and highlight Appendix A (technical specifications), then print. This will detail all QM/QI triggers.



## Automation Tip: Security & Safeguards

When a person who had access to MDS information leaves your facility, consider having all the passwords changed. Contact the MDS Help Desk for assistance.