



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:

- A Season of Losses—Accidents—Section J4—The Assessment Process
- MDS Accuracy Quick Check—Section J4—Accidents
- The MDS Connection—Section J4—Accidents
- Automation Tips, Reminders & Updates



A Season of Losses—Accidents Section J4—The Assessment Process

Sharon Warlick, RN, BA—Director MDS/OASIS

Autumn brings to mind thoughts of pumpkins, apple cider, wood fires, and turning leaves. If we are not so formal in speaking however, instead of referring to the season as “the Autumn”, we might say “the Fall”. For most of us, changing the name of the season from the Autumn to the Fall makes no difference and still creates similar thoughts of cozy fires, pumpkin pies, and family. But, as we age, changing just one small word that comes in front of fall, (e.g., changing “the” fall, to “a” fall) takes on new meanings - many producing fear in even the sturdiest elderly.

Old Age has been called “A Season of Losses.” Often that season begins with “a fall”.

To assure the word “fall” continues generating fond memories for our seniors

rather than creating fear, our fall newsletter’s focus will be on MDS Section J4— Accidents.

The **INTENT** of J4-Accidents is to determine the resident’s risk of future falls or injuries. Falls are a common cause of morbidity and mortality among elderly nursing facility residents. Residents who have sustained at least one fall are at risk for future falls.

The **DEFINITION** of falls for this section include 5 areas of assessment: a) Fell in the past 30 days, b) Fell in the past 31-180 days, (Continued on page 2)



GOAL
Highest Practicable
Level of Functioning

MDS Accuracy Quick Check—Section J4

If MDS Item is:

- J4a = unchecked or
- J4b = unchecked

Do staff understand the definition of a fall? Do staff know who to report a fall to? Have you asked the resident if he/she has had a fall or became weak/dizzy requiring support of another person or object to avoid falling to the floor? Have you interviewed staff across all shifts using the definition of a fall?

If the resident is a new admission, have you asked the resident and family about falls at

home prior to admission because if a fall(s) occurred at home during the look back period, you will capture it on the MDS.

- J4c = checked, or
- J4d = checked

Have you reviewed the medical record and Incident Reports to determine the cause of the fracture? If the resident is a new admission, have you asked the resident and family about fractures prior to admission and, if a fracture happened, how it occurred?



Inside this Issue

A Season of Losses (Cont)	2
The MDS Connection—Section J4	2
A Season of Losses (Cont)	3
Nursing Home Goal	3
Scenario Quiz—Section J4	3
MDS Automation Tips	4
Training Calendar	4



A Season of Losses—Accidents

Section J4—The Assessment Process (continued from page 1)



An intercepted fall is still a fall

c) Hip fracture (from any cause) in the last 180 Days, d) Other Fracture (from any cause) in Last 180 Days, and e) None of the Above.

The **PROCESS** of assessment for **new admissions** is to consult with the resident, the resident's family, and review transfer documentation. You will code any fall the resident has had during the look back period, even if it was prior to admission to your facility, for the time frames in J4.

The **PROCESS** of assessment for **current residents** is to review the resident's records including incident reports, current nursing care plan, and monthly summaries. Consult with the resident. Sometimes, a resident will fall, and believing that he or she "just tripped," will get up and not

report the event to anyone. Therefore, do not rely solely on the clinical records but also ask the resident directly if he or she has fallen during the indicated time frames. Also, interview staff across all shifts since the resident may have fallen and the staff may not have told you or documented the occurrence in the clinical record.

If staff do not understand MDS criteria for falls, they may not know to report it to the nurse



A FALL WITHOUT INJURY IS STILL A FALL

or to document it in the record. When that occurs, resident falls may go unreported. Unreported falls may lead to failure to properly assess and care plan which places the resident at greater risk for future falls.

The current CMS policy regarding falls includes:

- An episode where a resident lost his/her balance and would have fallen, were it not for staff intervention, is a fall. In other words, **an intercepted fall is still a fall.**
- The presence or absence of a resultant injury is not a factor in the definition of a fall. **A fall without injury is still a fall.**
- When a resident is found on the floor, the facility is

(Continued on page 3)



MDS HELP-DESK

405-271-5278

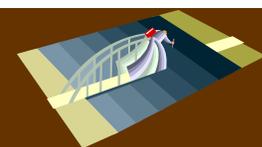
Sharon Warlick—
Clinical

Bob Bischoff—
Automation

Michael Jordan—
Technical

Crystal Selfridge—
Registration

The MDS Connection Section J4—Accidents



If J4a or J4b = checked

Then review this MDS item:

- **E4aA (wandering)**

Have you accurately assessed the resident's behavior? Wandering is a Falls RAP Trigger. Be sure you and your staff have observed your resident in his/her world. Does the resident exhibit wandering behavior? If he/she does, have you assured the areas he/she wanders in are environmentally safe? If the resident has a history of falling, did you assess all environmental issues associated with the falling episodes?

If J4a or J4b = checked

Then review these MDS items:

- **O4b (Use of Antianxiety Drugs) or O4c (Use of Antidepressant Drugs)**

Both antianxiety drugs and antidepressant drugs place the resident at risk for falling due to associated side effects. Have you accurately assessed the use of both of these drugs, i.e., **have you coded them according to their pharmacological classification** in the PDR or other reputable drug hand book and **not for their use?** MDS coding instructions state the drug is **to be coded according to the drug's pharmacological classification** and **not its**

use. How you use the drug does not change the chemical make-up of that drug nor the resulting side effects and risks for your residents.

If J4a or J4b = checked

Then review this MDS item:

- **P4c (Trunk Restraint)**

Use of a trunk restraint is a Falls RAP Trigger. Be sure to assess to determine if the restraint contributed to the fall causing a decline in function or an increase in agitation. A trunk restraint also increases the risk for pressure ulcer development. Reference: RAI Manual, Appendix C, pages C-59 - C-62 & Chapter 3, page 180



A Season of Losses—Accidents

Section J4—The Assessment Process *(continued from page*

If a resident rolled off a bed or mattress close to the floor, this is still a fall!

- obligated to investigate the fall to determine how he/she got there and to develop an intervention to prevent this from happening again. **Unless there is evidence suggesting otherwise, when a resident is found on the floor, the most logical conclusion is that a fall has occurred.**
- The distance to the next lower surface (in this case, the floor) is not a factor in determining whether or not a fall occurred. **If a resident rolled off a bed or mattress that was close to the floor, this is still a fall.**

The point of accurately cap-

turing occurrences of falls on the MDS assessment is to identify and communicate resident problems and potential problems, so staff will consider and implement interventions to prevent future falls and resulting injuries from falls.

In the instance of a resident rolling off a mattress that is close to the floor - even though this is still recorded as a fall, it might be true that staff have already assessed and intervened, and that placing a bed close to the floor to avoid injuries is the intervention that best suits this individual resident. An evaluation of your care plan interventions, in light

of this new fall, will assist you in assuring you have the correct plan of care when you review it along with other aspects of the resident's life.

When you conduct your review, you may find other choices are available that will prevent falls, increase the resident's self-esteem and dignity, (e.g., you may find the resident is on a medication producing side effects causing the falls). Interdisciplinary review, medication regimen review, and discussion with the physician is vital to determine the best care plan interventions and approaches.

Reference: RAI Manual, Chapter 3, Pages 145-147

Nursing Home Goal— Highest Practicable Level of Functioning Stay Informed—Section J4—Accidents



To assure the residents' risk for falls decreases and their highest practicable level of functioning is achieved, it is crucial for RNs to follow the MDS process and assess the resident according to the RAP guidelines in Appendix C of the RAI Manual. Shortcutting the process often leads to inadequate care plans, continued

falls, and declines in the resident's health status. **Remember, an RN must coordinate the RAP process and sign at VB1.** (RAI Manual Chap 3 page 238) RAP #11, Falls, guides the clinician through specific assessment points. Additionally, the MDS items triggering the Falls RAP may also trigger other RAPs, (e.g., Behavior Symp-

tom RAP, Pressure Ulcer RAP, Physical Restraint RAP, Psychotropic Drug Use RAP).

Falls have many underlying causes. Until the cause is identified, your resident continues to be at risk for future falls.

Highest practicable level of functioning = following the MDS & RAP process.

ALERT!
**MDS Manual
Revision—
January ,
March, and
June 2006**

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

SCENARIO QUIZ—Section J4—Accidents



You are completing Section J4 of Mr. A's MDS Admission Assessment. His admission date is 09/22/06 and his Assessment Reference Date is 09/30/06. Medical record review reveals no incident reports. When you interview Mr. A he says he had a fall at

home on 07/04/06 when he "hurried to stomp out a grass fire from a sparkler." The fall resulted in a broken wrist. A 7-3 shift CNA tells you Mr. A hasn't fallen since admission but says he did get weak the day of admission and would have fallen

to the floor if she "hadn't caught him." Mr. A's wife tells, "He sure would have fallen if I hadn't caught him when he got up from the bed yesterday—(09/29/06)."

How will you code Section J4?



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

MARK YOUR CALENDAR!



Upcoming MDS Training

- **October 24, 25, 26, 2006**
3-Day Clinical
- **November 1, 2006**
Automation
- **November 29, 2006**
Clinical Focus Work shop

See Training Calendar at: www.health.ok.gov/PROGRAM/qies/mds/index.html

NATIONAL PROVIDER NUMBER

Required at W1, effective May 23, 2007. Obtain online at www.nppes.cms.hhs.gov or call toll free 1-800-465-3203.

Scenario Answer from page 3

J4a (fell in last 30 days) = checked
 J4b (fell past 31-180 days) = checked
 J4d (other fracture in last 180 days) = checked

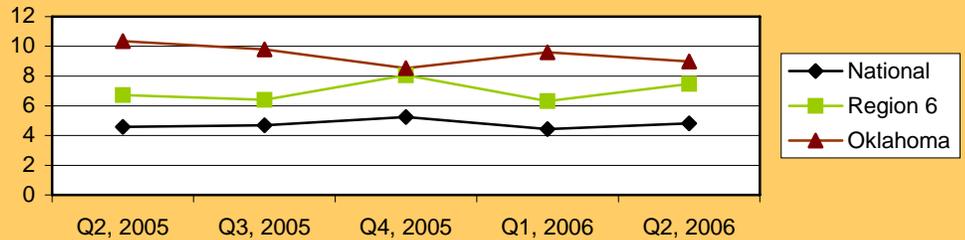
Rationale

1. Mr. A fell on 09/22/06 when the CNA caught him and again on 09/29/06 when his wife caught him. These occurred in the last 30 days. **Remember, an intercepted fall is still a fall.**
2. Mr. A fell on 07/04/06—within the last 180 days. **You capture all falls during look back period**, even though they were not in your facility at the time.
3. His wrist was broken in the 07/04/06 fall—in last 180 days.

MDS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

MDS Records Submitted Late



	Q2, 2005	Q3, 2005	Q4, 2005	Q1, 2006	Q2, 2006
▼ National	4.59	4.89	5.24	4.43	4.83
▼ Region 06	6.73	6.40	8.05	6.32	7.48
► OK	10.35	9.79	8.52	9.59	8.98

Tag F287: Speaking of falls, where do you fall? Oklahoma falls short when it comes to timely transmission of assessments. These figures (reported as percentages) are available to CMS Central and Regional Office, along with the State Survey Agency. To summarize, we tend to be double the Nation in transmitting our assessments late. Oklahoma ranks highest in 4 of the 5 quarters reflected for our region. How do you compare? Retrieve your MDS Error Summary Report through CASPER under the MDS Provider Reports section. Select a date range of 4-2005 thru 6-2006. Locate error #377 and compare to the above. Be aware, that CMS and States have the ability to select your facility to determine your compliance rate. Late submissions is the #1 Automation Error directly linked to compliance. Final Validation Reports also reflect late submissions for each assessment with an error message #377.

Are you utilizing the MPAF assessment form?

The Medicare Prospective Payment System Assessment Form is a four page assessment that was implemented July 1, 2002 and can be utilized for all PPS assessments. The form should be available in your MDS software and will save you from having to complete 3 pages for all skilled assessments. If you are still utilizing the 7 page PPS assessment, the state will only retain the 4 pages of MPAF items when the assessment is transmitted. This form can also be used when dual coding a skilled assessment along with a quarterly. Since Oklahoma utilizes the 2 page quarterly, do not use the MPAF for OBRA only quarterlies. Further detail can be located on page 2-34 of the RAI manual, scenario # 3.

Automation Tip: Utilization of Time

Do you have skilled residents? If so, are you dual coding every chance you can? Remember that you can dual code your reason for assessment at AA8a and AA8b (satisfy both PPS and OBRA requirements), as long as your time frames coincide. This is covered in detail at our 3 day clinical workshop.