MDS News You Can Use

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

Special points of interest:

- Allergies
- Welcome
- The MDS Connection
- Automation Tips, Reminders & Updates

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Section I1nn—Allergies

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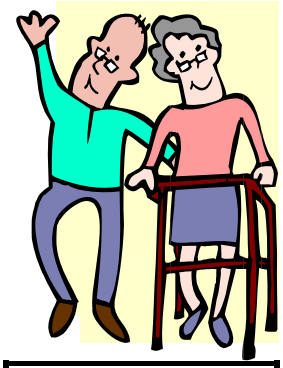
Quality Improvement and Evaluation Service

The alarm goes off . You stir a little and try to drag yourself out of bed, but your eyes are glued shut, your nose is so stopped up you can barely breathe and your head feels like a basketball. Most all of us have had mornings like that. Quite simply put—you are miserable.

Nursing facility residents are no different. In fact, because of their compromised condition, allergies may have an increased affect on the elderly. This underlines the importance of careful evaluation, assessment and care planning. By identifying clinically significant allergens and instituting appropriate interventions, we can assist residents to achieve their highest practicable level of functioning.

Allergies are triggered by substances called allergens. The term "allergen" refers to any substance that can trigger an allergic response. So, let's begin with a review of the various types of allergens we encounter.

Environmental allergens include dust mites, mold, animal dander, and cockroach droppings. To reduce dust mites as much as possible, make sure the filters in the cooling and heating systems in the building are changed routinely, vacuum frequently, and regularly wash curtains and bed linens.



GOAL
Highest Practicable Level of Functioning

Mold grows in bathrooms, refrigerators, garbage containers, carpet and upholstery. Try to keep bathroom and kitchen surfaces dry. Fix any leaky plumbing, and use a dehumidifier in damp areas to reduce humidity.

If the facility has a dog, cat, or other animals and the resident is allergic to any one of the animals, the MDS Coordinator would code I1nn = checked. After assessing the resident, and reviewing the MDS, the nurse developing the care plan will use this information in the care

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Help Us Welcome the New RAI Coordinator

On April 21, 2008 Gail Livengood, RN, BSN, joined the QIES team to serve as the Director of the MDS-OASIS Program.

Gail brings to us 35 years of nursing experience in various settings including med-surgical, IV therapy, coronary care, pediatrics, emergency room, occupational health, recovery room and case management nursing. She is a Lieutenant Colonel in the United States Air Force Reserve where she is Chief Nurse of Clinical Services. In addition, Gail has worked for the State of Oklahoma for 22 years.

We are looking forward to working with Gail in our endeavors to assist you in your role as MDS Coordinator.

Welcome to the team, Gail!

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Section I1nn—Allergies

The Assessment Process *(continued from page 1)*

The most critical piece of information you need to assist in reducing food allergies is the resident's history

plan to detail interventions the facility staff will use to assure the resident's exposure to the animals and the allergen is minimized.

To reduce allergens from cockroaches, make sure the facility is following the established extermination schedule.

Other environmental allergens that are common in Oklahoma include pollen, ragweed, trees, and grasses. To avoid these allergens, you must identify what the resident is allergic to and then reduce the resident's contact with that allergen.

Individuals susceptible to allergies may also be affected by a group of allergens that are often overlooked. Airborne irritants such as tobacco smoke, aerosols, paints, perfumes, cleaning products or other strong odors can cause severe allergic reactions in some individuals.

Food allergies affect about 2% to 2.5% of adults. According to the American College of Allergy, the most common causes of food allergies in adults include peanuts, tree nuts, fish and shellfish, mollusks, fruits and vegetables.

Food allergies can appear at any age and can be caused by foods that have been eaten for years without problem. This is an item you need to assess if you are noticing a change in a resident after consumption of a particular food.

Residents who are allergic to a particular food may also be allergic to related foods. Sometimes people who are allergic to peanuts are also allergic to peas and beans which come from the same legume family.

A resident's physical condition may exacerbate some food allergies. For instance, a resident who is suffering from a cold, upset stomach, stress or an allergy such as hay fever may be more likely to experience an allergic reaction to food.

Some allergic reactions to food have been known to disappear for months, or even years, only to reappear later.

Not all adverse reactions to food are due to a food allergy. For example, some reactions to milk are due to a deficiency of the lactose enzyme which breaks down the sugar in milk. Therefore, some residents may require further evaluation to determine the underlying cause of the reaction.

In rare instances, food allergies can cause anaphylaxis. Seek emergency help immediately if you notice a resident experiencing severe symptoms such as swelling of the throat, tongue and nose, flushing, difficulty breathing, a sudden drop in blood pressure or loss of consciousness.

The most critical piece of information you need to assist in reducing food allergies is the resident's history. This is where your assessment skills as the MDS Coordinator are so important to the health of your residents. Can you find the connection between the food being consumed and the resident's symptoms?

Medication allergies are extremely important to the successful management of your resident's health. Drug allergies are much less common than adverse drug reactions.

Elderly adults are far more susceptible to adverse drug reactions, because of the complex drug therapies being prescribed involving multiple medications.

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Scenario Quiz

You give Mr. T medication for his wheezing and nasal symptoms. You're also gathering data for his MDS so you sit down to visit with him.

Mr. T tells you he can't eat shell fish because it makes him wheeze and his throat "almost closes up" whenever he comes near "the stuff."

You jot that down as he tells you about the new wonder drug his wife brought up to him two weeks ago—Glucosamine. He says he would feel like a new man if he just didn't wheeze so much, and then shows you a massive bruise on his forearm.

While reviewing Mr. T's chart you see that he is currently taking heparin.

How will you code I1nn?

What other care plan considerations did you discover during your conversation with Mr. T?

(Answer on page 4)

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Section I1nn—Allergies

The Assessment Process *(continued from page 2)*

Almost every medication has the potential to cause an adverse reaction

Medication allergies occur when the immune system incorrectly responds to a substance that is harmless to most people. Almost every medication has the potential to cause an adverse reaction.

Common medications that have been known to cause allergic reactions in patients include penicillin and related antibiotics, sulfa drugs, anticonvulsants, insulin preparations (especially animal sources of insulin), local anesthetics such as Novocain, and iodine.

An allergic reaction to a medication may occur immediately, within a few days or as much as three weeks after the treatment is started. Sometimes the first exposure to the medication only causes sensitization. The second time the medication is taken, an immune response may occur that could have harmful effects on a wide range of body symptoms.

Medications administered by injection or applied as an ointment on the skin are more likely to cause an allergic reaction than those that are used orally.

Most medication allergies result in minor skin rashes, mild wheezing, itchy eyes, and hives. However, just as with food allergies, medication allergies can also result in anaphylaxis. This reaction usually occurs minutes after exposure to the drug but may occur within a few hours.

Make sure you observe the resident's reaction to a medication, particularly if the medication is new. Remember, **your assessment is key in maintaining the resident's health**.

The MDS Connection— Coding Section I1nn

According to the RAI manual, allergies are defined as "Any hypersensitivity caused by exposure to a particular allergen. 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."

One of the major findings of the Data Assessment and Verification (DAVE) Team was that many MDS Coordinators were not coding allergies if the resident was not exhibiting symptoms at the time the MDS assessment was being completed. When we review the instructions in the RAI manual, we find that **failure to code allergies because symptoms are not currently present is not accurate.**

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 into that description and must be evaluated for possible inclusion in the care plan.

Reference: RAI Manual, Chapter 3, Page 3-310

ALERT!

MDS Manual Revision— January 2008

To Download Manual

www.cms.hhs.gov/nursinghomequalityinits/20_nhqimds20.asp

MARK YOUR CALENDAR!

Upcoming MDS Training

(Tentative Schedule)

October 15, 2008	Clinical Workshop
November 6, 2008	MDS Automation

For more, see the MDS Training Calendar at:

http://www.ok.gov/health/Protective_Health/Quality_Improvement_and_Evaluation_Service/Minimum_Data_Set/Educational_Resources/index.html

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MDS Automation Tips

Bob Bischoff—MDS/OASIS Automation Coordinator

Oklahoma's top 5 automation errors are directly linked to timeliness and increased risk for deficiencies.
(Time frame 4-1-2007 through 3-31-2008)

#1—Message 377, record submitted late 8.38%

#2—Message 70, assessment completed late 3.15%

#3—Message 71, Inconsistent record sequence 2.25%

#4—Message 226, R2b date late (>14 days) .88%

#5—Message 217, VB2 date late (>14 days) .83%

Order your MDS error summary report through Certification And Survey Provider Enhanced Report, (CASPER) using the same date criteria listed above and see how you compare.

CMS Requiring Broadband Transmissions by August 1, 2008

CMS has developed a method for transmitting your assessments through a broadband internet connection. This means your facility will need to install, connect and submit assessments and retrieve reports using a new version of AT&T's Global Network Client. The software and installation instructions can be found at:

https://www.qtso.com/mdcn.html

Facilities throughout the United States are being required to obtain connectivity to AT&T via an Internet Service Provider (ISP). The ISP connection may be made through dial-up, a digital subscriber line (DSL), a cable modem, satellite internet access, or through a corporate internet connection.

Most facilities in Oklahoma are located in an area with access to an ISP—even facilities in rural areas. In those RARE instances where a facility cannot access an ISP, the provider may apply for a waiver from CMS which will allow the facility to continue transmission through the direct dial-up currently being used. We have been informed that the waiver form will be available at the website listed above within the next few days.

CMS strongly recommends you convert as soon as possible and has indicated that broadband transmission will become mandatory August 1, 2008. You may want to check the website listed above for periodic updates and deadlines.

The QIES Help Desk is ready to help you transition to broadband. Please give us a call if we can assist you in any way.

QIES HELP DESK: 405-271-5278

Answer to Scenario Quiz (from page 2)

- I1nn = (√) Rationale: Mr. T is allergic to shellfish.

Care Planning Considerations:

Glucosamine (a common over-the counter medication that elderly folks take for joint pain) is made of shell fish. This drug also carries the side effect of increasing the coagulation time of blood. If you have a resident who is allergic to shell fish and you are not aware that Glucosamine is made of shell fish and that the resident just happens to be on heparin, coumadin, or aspirin therapy, you not only have a resident that is set up for an allergic reaction to the drug because of the shell fish al lergy, but also a possible bleed out due to the enhanced effect of this drug on heparin.

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