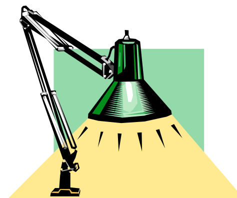
RAI Spotlight



DEPARTMENT OF HEALTH

Susan Williamson
RAI Coordinator
1-717-787-1816
suswilliam@state.pa.us

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Coming to a Nursing Facility Near You....

It seems lately that many different government-sponsored groups want to visit nursing facilities, in addition to the usual visits by surveyors, UMR, etc. The focus of these visits is usually somehow connected to the MDS since that document is used both to assess and plan care for the resident, and to determine payment for both Medicare and Medicaid.

The **DAVE 2** (Data Assessment and Verification program, second phase) contract was awarded to Abt Associates in September 2005. DAVE 2 consists of on-site visits to a selected group of nursing homes by trained nurse reviewers who examine resident records to evaluate the accuracy of MDS assessments, conduct independent resident assessments, and provide educational support to facility staff. The DAVE 2 team will use the findings from these visits to develop training materials that focus on the MDS items with the greatest potential for errors.

Findings will also guide improvements to MDS Coding Guidelines in the RAI Users Manual. However, one of the early findings of these recent reviews is that MDS inaccuracy is often due to the fact that the RAI Manual is not being used in the facility. They have found copies still in their original shipping wraps! You can learn more about DAVE 2 at http://www.cms.hhs.gov/NursingHomeQualityInits/30_NHQIDAVE2.asp .

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New E-mail Address!

If you have questions about the RAI, please submit them to

qa-mds@state.pa.us

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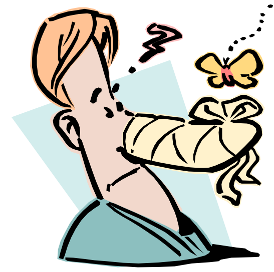
Section G Teleconference

Date: January 11, 2007
Time: 1:30 – 2:30 pm EST (Dial-in 10 minutes earlier)
Topic: MDS Training Section G — ADLs
Handouts: Power Point slides will be available around January 2 on the DOH Message Board at
http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp
Call in number: 1-888-694-4702 or 1-973-582-2741
Conference ID Number: 8143458
Company Name: Myers and Stauffer Moderator: Cathy Petko
A recording of this conference will be available; directions for accessing this will be posted on the DOH Message Board.
Additional questions: suswilliam@state.pa.us

Section M Questions and Answers

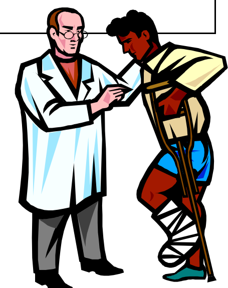


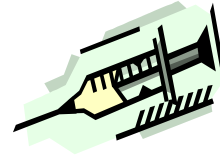
On October 12, 2006, DOH presented a teleconference on Section M Skin Conditions. Some questions were asked about the coding of specific conditions during the Q & A portion of the conference. The following table details possible coding in Section M for each of these conditions along with some information from the RAI Manual definitions in quotation marks. The State RAI Coordinators' Workgroup was also consulted.

If a physician's diagnosis of the condition is present in the clinical record, appropriate entries might also be made at I3 Other Current or more Detailed Diagnoses and ICD-9 Codes for the specific condition. As always, no one solution is correct for all situations; the NAC must use professional judgment and guidance available in the RAI Manual to code the MDS.

Condition	Possible Coding and RAI Manual Information
Abscess/boil	If the abscess is open/draining, code M4c Open lesions/sores. If the abscess is not open, code M4a Abrasions, bruises "Includes…localized areas of swelling, tenderness…"
Psoriasis **Cellulitis of lower extremities**	M4d Rashes "Includes…inflammation…of the skin that may include change in color…and symptoms such as itching, burning or pain"
Blister that develops in the brief line **Dried blood blister on heel**	If due to pressure, these are Stage II Pressure ulcers to be coded at M1b Ulcer and M2a Pressure Ulcer. If not due to pressure, code at M4d Rashes "Includes…blistering…" See clarification in RAI Manual on page 3-163.
Debrided diabetic ulcer	If also identified as a pressure or circulatory ulcer, record in M1 Ulcers and possibly M2 Type of Ulcer. Otherwise, record at M4c Open lesions/sores "Include skin ulcers that developed as a result of diseases…" and M5e Ulcer care "Includes…surgical debridement…" If there is no other Ulcer care than the debridement, be certain debridement occurred in 7-day look back period to code M5e.
Debrided surgical site with sutures	M4g Surgical wounds "Includes healing and non-healing, open or closed surgical incisions…" and M5f Surgical Wound Care "Includes any intervention for treating…any type of surgical wound."
Stage I heel pressure ulcer (not open)	M1a Ulcers and M2a Pressure Ulcer. If this ulcer was at a higher stage, also code M6c Open Lesions on the Foot, one of the few times one lesion may be double counted.
Biopsied cancer lesion/mole (one partially removed, one scraped)	M4g Surgical Wounds and M5f Surgical Wound Care (if applicable). The workgroup felt these were planned surgical procedures, rather than results of injury or disease.
Radiation burn (just red)	A first degree burn (just red) would be coded at M4d Rashes "Includes…inflammation…of the skin that may include change in color…" A second or third degree burn would be reported at M4b Burns.

In addition, a question was asked as to whether wound care done by a surgeon, physical therapist, etc. should be coded on the MDS in Section M. These items are not phrased to place any limitations on the provider of the care, dealing only with the fact that the resident received that particular type of care. Presuming such care was provided within the 7-day look back period, it could be reported in Section M.





Section O1 — Medications

When a survey was conducted this summer about difficult areas on the MDS, several questions were received concerning medications which could be counted in Section O. The directions for O1 sound simple:

- Count the number of different medications (not the number of doses or different dosages)
- Administered by any route (e.g., oral, IV, injections, patch, suppositories)
- Administered at any time during the last 7 days
- Include any routine, PRN, and stat doses given
- Include any medication that the resident administers to self, if known

However, there are many details to be considered and clarifications have been issued. The following table summarizes the guidance provided in the RAI Manual.

Count	Count as only one medication
Prescription and over-the-counter drugs	Same medication given by different routes, e.g., oral and IV Lasix
Long-acting drugs given prior to the observation period, e.g., Vitamin B-12, Depakote	2 or more medications combined in one capsule, e.g., Corzide
Each different **type** of insulin	Different doses of the same medication
Antigens and vaccines	Generic and brand name of the same drug
Medications self-administered by resident	**Do not count**
Medications given off site, e.g., physician's office	Heparin for Heparin lock/flush
Medications given during surgery, dialysis, diagnostic procedures	Dietary or nutritional supplements including herbal and alternative medicine products; Ensure
Additives to Basic TPN solution or IV fluids such as electrolytes, insulin and vitamins	Basic TPN solution
Topical preparations and ointments used for purposes other than preventive skin care	Topical preparations used for preventive skin care
Creams used in wound care, e.g. Elase	Medications ordered but not give during observation period

Medications such as insulin and vitamins added to TPN and IV solutions may also be recorded as IV Medications in P1ac. Dietary supplements might be recorded at K5f Dietary Supplement Between Meals if they meet the definition: "Any type of dietary supplement provided between scheduled meals (e.g., high protein/ calorie shake, or 3pm snack for resident who receives q.am dose of NPH insulin). Do not include snacks that everyone receives as part of the unit's daily routine."

What is a dietary supplement? As defined by Congress in the Dietary Supplement Health and Education Act (www.fda.gov/opacom/laws/dshea.html#sec3), a dietary supplement is a product (other than tobacco) that:

- Is intended to supplement the diet;
- Contains one or more dietary ingredients (including vitamins; minerals; herbs or other botanicals; amino acids; and other substances) or their constituents;
- Is intended to be taken by mouth as a pill, capsule, tablet, or liquid; and
- Is labeled on the front panel as being a dietary supplement.

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Coming to a Nursing Facility Near You....

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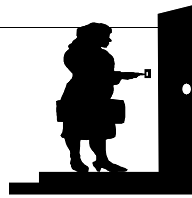

The Resource Utilization Group (RUG) systems used to classify residents into groups according to the MDS item responses are based on time studies. The Staff Time and Resource Intensity Verification (**STRIVE**) project represents the first nationwide time study for nursing facilities in the U.S. to be conducted since 1997, and will provide accurate information for updating payment systems for Medicare skilled nursing facilities (SNFs) as well as Medicaid nursing facilities (NFs). The study is collecting staff time and resident-level clinical data regarding health status, medical conditions, services and facility resources used to provide care from a large sample of nursing homes. The Iowa Foundation for Medical Care (IFMC) were awarded the contract from CMS to collect data and provide analysis for the STRIVE project. You can learn more about STRIVE at http://www.cms.hhs.gov/SNFPPS/10_TimeStudy.asp and https://www.qtso.com/strive.html

Part of the STRIVE project includes evaluating the need for additional data collection to accurately reflect the most recent care practices and resource needs of nursing facilities. The STRIVE staff are working closely with the RAND Corporation which, in 2003, was awarded the contract for the development of **MDS 3.0.** The reasons for revising the MDS are broad:

- To make the MDS more clinically relevant, while still achieving the federal payment mandates and quality initiatives;
- To improve ease of use and efficiency;
- To improve MDS accuracy;
- To integrate selected standard scales; and
- To elicit resident voice by introducing interview questions.

This is an extremely complex project; a final report to CMS is not expected until December 2007. Decisions concerning possible implementation will be made after that date. MDS 3.0 is NOT coming to your facility in the near future! You can see a draft of the MDS 3.0 and read additional information at http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

Section O1—Medications

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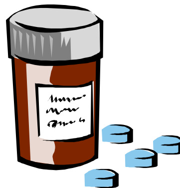

Although dietary supplements are regulated by the U.S. Food and Drug Administration (FDA) as foods, they are regulated differently from other foods and from drugs. The types of claims that can be made on the labels of dietary supplements and drugs differ. Drug manufacturers may claim that their product will diagnose, cure, mitigate, treat, or prevent a disease, which may not be done for dietary supplements. More information can be found from the Office of Dietary Supplements at the National Institutes of Health at http://ods.od.nih.gov/factsheets/DietarySupplements.asp .

The nurse often must research individual substances given to the resident to decide whether they are medications or dietary supplements. For example, Arthroflex contains glucosamine sulfate, manganese and vitamin C. Glucosamine sulfate is considered to be a dietary supplement, so even though the preparation contains vitamin C, it would not be counted at O1 Medications. (RAI Manual p.3-177) Debrox and Metamucil, however, are considered to be medications and could be counted.

Did You Know???

CMS has completed the web based training for MDS. It can be accessed at http://www.mdstraining.org/upfront/u1.asp at any time (24/7). Interactive training is available on all aspects of the RAI.