

Reprinted from May 2006 FHCA *Pulse*, the monthly publication of the Florida Health Care Association

Guest Commentary

Will you find the discrepancies in your MDS records before the surveyors do?



by Marti McFadden

We have long been told that we are judged by the company we keep, and these days a long term care facility is certainly judged by the Minimum Data Set data it submits to state and federal agencies.

MDS data is used to report the status of a patient's condition during a given period of time. However, this record has some very far-reaching effects.

- It determines your reimbursement for a patient's care
- It is used to compile publicly reported Quality Measures
- Resident Assessment Protocols triggered by a person's MDS data are used to develop the care plan

In essence, your MDS data affects your livelihood, your reputation, and your patients' quality of care.

Accuracy crucial

Fortunately, computer technology long ago removed the burden of handwritten MDS records and the manual calculation of RAP and Resource Utilization Group scores. MDS software can also error-check unsubmitted MDS records to locate errors and missing information that would result in a rejected assessment. Some MDS software systems can also read MDS data to compile Quality Indicators and the CMS 672 (Resident Census and Conditions) and the CMS 802 (Resident Roster) allowing you to review your survey data on an ongoing basis, and put interventions in place to address conditions before your surveyors arrive.

The above mentioned RUGs, RAPs, QMs, QIs and CMS reports all depend on the integrity of your MDS data to provide an accurate profile of your facility for the purposes of reimbursement, publication of

New computer software can help

QMs, surveys that assure continued licensing and high-quality patient care.

Logic-checking

To assure MDS accuracy, a facility should implement MDS data logic-checking software that goes beyond CMS-based error checking. Logic-checking software tests for MDS response combinations that might conflict with each other, but which CMS will accept. Unfortunately, the discrepancies that CMS will accept are the same ones your surveyors will not accept.

For example, a patient who is incontinent of bladder (H1a), has no scheduled toileting plan (H3a) and/or no bladder retraining program (H3b) would be noted by the survey team. This is the type of discrepancy a software program would catch for you. Such a program might alert you that a patient's MDS indicates a Short-term Memory problem at B2a, but Independent Cognitive Skills at B4. If you review these responses and discover that the patient actually does experience cognitive impairment, changing this response could raise the patient's RUG rate into the Impaired Cognition category.

An MDS might indicate at Item M2a that the patient has Pressure Ulcers, but also no pressure-relieving devices for chair (M5a), or bed (M5b), no turning/repositioning program (M5c) and no nutrition or hydration intervention (M5d). If you correct M2a to indicate zero pressure ulcers, this person will not be included in Skin Care QMs reported to the public, and this could remove the patient from the pressure sore and skin integrity areas of the CMS survey reports. More important, this person will not show up as receiving no care for pressure ulcers.

If the patient actually has stage 3 or 4 pressure ulcers, and you change the response to indicate that Skin Treatments are being given, (M5 a, b, c, or d) this can increase the person's RUG rate into the Special Care category.

Trends, training

MDS data logic-checking should also provide trend analysis reports that reveal how often a particular response combination occurs. This information can be used to identify areas where more MDS training is needed. Monthly trend reports will reveal whether the training program is effective in reducing these conflicts.

Allowing technology to manage your facility's MDS data integrity will help to unburden your staff of the anxiety over MDS accuracy. It will allow your nursing staff to focus that energy on patient care, and it will provide correct information for the formulation of that care. It will also assure that your facility is being fairly "judged" for quality of care that you provide.

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