Long-Term Care Survey Alert

Beat DAVE To The Punch: Target These MDS Inconsistencies Now

To prevent survey woes in the future, facilities will have to at least match what DAVE knows about common MDS errors that can compromise resident care.

In case you have yet to hear about DAVE, the acronym stands for Data Assessment Verification, a centralized intelligence program that the **Centers for Medicare & Medicaid Servic**es plans to rollout nationwide this fall. And that means DAVE reviewers will be targeting some nursing facilities for offsite and onsite reviews of their MDS data and supporting documentation.

While CMS says the main objective of the DAVE program is to assess and improve the accuracy of MDS assessments, the agency has never hidden the fact that DAVE reviewers will report facilities with significant MDS integrity issues to survey agencies and/or fiscal intermediaries. In that regard, DAVE may potentially be an enforcement action in sheeps clothing, cautions Washington attorney **Marie Infante.**

Use DAVEs Cheat Sheet

Facilities can ramp up for the heightened scrutiny by taking a good look at what DAVE discovered during a beta test of the program in two states last year. The list of error-prone MDS areas identified by the pilot provides a helpful cheat sheet for what the national program may use to target facilities for review, advises **Ruta Kadonoff**, a health policy analyst with the **American Association of Homes & Services for the Aging**. (A handout listing all of the MDS inaccuracies uncovered by DAVE onsite reviewers is available when you view the June 20 CMS Web cast on DAVE at www.cms.internetstreaming.com.)

Many of the MDS inaccuracies identified by the DAVE pilot had to do with items that drive payment. But an accurate assessment is critical to good resident care, Kadonoff points out. For example, DAVE found inaccuracies in Section G where staff had coded residents activities of daily living (ADLs) better than residents actually performed. And inaccurate ADL assessment will affect the care plan and residents functional outcomes, Kadonoff notes.

Based on the MDS hot spots identified by DAVE thus far, your facility might consider targeting the following sections and supporting documentation:

ADLs. Use the full look-back period over three shifts for recording residents activities of daily living. Perform ADL audits to make sure the coding in Section G reflects what the resident actually performs.

Advance directives. Make sure the background section includes this critical information (see first story).

Mood. Implement a mood assessment form for all shifts over the 30-day lookback period. Direct staff to record all instances of a sad mood, anxiety or depression. Audit charts to see if staff is documenting such instances in the medical record but not capturing them on the MDS.

Information carried forward from one assessment to the next. Some of the inconsistencies uncovered by the DAVE pilot can result from MDS software that pulls information forward from the prior assessment, such as residents weights or diagnoses, cautions **Nancy Augustine**, director of quality improvement and risk management with **LTCQ Inc.** in Lexington, MA. The staff actually has to override that function or they will carry forward sentinel events like dehydration or fecal impaction, she notes. As a precaution, review all MDS fields and make sure the information reflects the residents current condition and status.

Supporting documentation. Make sure the interdisciplinary team is on the same page when assessing residents psychosocial wellbeing, activities and cognitive functioning. Audit charts to identify and explain any discrepancies among team members or between the MDS and the documentation. For example, clinicians might have a legitimate difference in opinion or have assessed the resident at different times or under varying circumstances.