

## Long-Term Care Survey Alert

### MDS ACCURACY: Undo Inaccurate MDS Coding That Skews The Cognitive Impairment QI

**Before you start chasing a high QI, take a deep breath and a step backwards.**

Your smartest initial move in analyzing a high cognitive impairment QI: Look to see if inaccurate MDS coding could be the culprit.

"Understanding [whether that's the case] really starts with knowing which MDS items contribute to the QI," says **Rena Shephard, RN, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego.

**Know the definition for cognitive impairment:** "Cognitive impairment for purposes of the QIs/QMs is defined" as any impairment in cognitive skills for daily decision-making or "B4 is greater than 0," says **Peter Arbuthnot**, regulatory industry analyst with **American HealthTech Inc.** in Jackson, MS. "And B2a (short term memory) is coded as '1,' which means the resident has a problem with it."

The numerator for the QI looking at cognitive impairment includes residents coded as cognitively impaired at B4 and B2a on the target assessment who were not coded as impaired on the prior assessment. The denominator includes all of the residents who weren't cognitively impaired on the prior valid assessment.

Beware the consequences of miscoding: If you don't code these items correctly, your incidence of cognitive impairment will be off the mark.

A change in the MDS staff doing the assessment and coding may help explain a temporary bump up in the incidence of cognitive impairment that's now more accurate--or not. "The tricky thing about incidence-based measures such as cognitive impairment and depression indicators is that you have to make sure the MDSs are being coded consistently quarter after quarter," says **Jennifer Gross, RN, BSN**, a consultant with **LTCQ Inc.** in Lexington, MA.

For an inside look at how to code B4 and B2a, see the July 2006 issue of MDS Alert. For subscription information, call **1-800-874-9180**.