

Long-Term Care Survey Alert

MDS Corner: Know When To Do An SCSA For Palliative Care Residents

A terminally ill resident receiving palliative care has a decline in condition that affects her ADL functioning and pain management needs. **Does the clinical team have to do a significant change in status assessment (SCSA)?**

Not if the change in condition is expected and a well-defined part of the course of the disease that's being addressed in the care plan, said **Sheri Erickson, RN, MS**, in a presentation at the March 2007 **American Medical Directors Association** meeting. If the change in condition is "well-documented and well outlined" in that way, surveyors aren't going to be looking for "repetitive MDSs" as the resident's condition changes, said Erickson. She provided an example where a facility would not be required to do an SCSA for an anticipated change in condition related to the resident's end-stage disease. The scenario involves an 84-year-old resident who is bed-bound, has vascular dementia, frequent bouts of pneumonia, heart failure, pulmonary congestion, and aspirates everything she eats. She has an advanced directive that says she doesn't want artificial nutrition or hydration. The dementia unit caring for the resident has very detailed protocols for managing her care needs. The resident's family is very active in the resident's care planning and life and understands and supports her wishes. As changes in the resident's condition have occurred, the staff has responded appropriately using the protocols. The attending physician has clearly documented the resident's end-stage dementia and what the disease progression is anticipated to include.

Beware: You would, however, need to do an SCSA if the resident developed a condition unrelated to her end-stage disease -- for example, a broken hip, Erickson said. Also, when a person is newly diagnosed with end-stage disease where his status will not normally resolve itself, that's a red flag that you should "probably do one," Erickson said.

Tip: The physician should document the resident's end-stage disease prognosis in the chart and who knows about it, including the specifics of the family members, suggested **Mark Leenay, MD**, who co-presented with Erickson.