

## Long-Term Care Survey Alert

### MDS Corner: Shore Up Assessment, Coding, Care For Unintended Weight Loss

4 strategies will trim down your quality indicator.

A high prevalence of unintended weight loss puts your facility at risk for some heavy survey consequences. That's why these key strategies definitely need to be on your quality improvement menu, if you haven't already implemented them.

- **Make sure nurses are doing the weight-related resident assessments.** Consultant **Sheryl Rosenfield, RN**, notes, for example, that oftentimes, CNAs are given the responsibility to not only take and record a resident's weight, but make some determinations about whether the person has experienced weight loss.

**Instead:** The professional staff has to manage the issue, says Rosenfield, a consultant with **Zimmet Healthcare Services Group** in Morganville, NJ. Make sure the process identifies the reporting chain so that CNAs know whom to notify that a resident has lost a specified amount of weight. Also develop a standardized system to ensure staff weighs residents at the same time and in the same way each time -- for example, with or without prostheses and wearing the same amount of clothing.

- **Obtain a good baseline weight and history at admission.** "Obtaining a good weight history is necessary to find out, for example, if the person has always been 10 to 30 percent over or under his or her ideal body weight," advises Rosenfield.

- **Target residents who aren't eating well before they lose weight.** Look at whether they are consistently consuming less than a designated amount of their meals -- and how they are coded for eating in Section G1.

"A lot of residents who are physically independent and can eat on their own don't do so," says **John Schnelle, PhD**, at **Vanderbilt University**, who helped develop a dining assessment tool to identify the amount and quality of dining assistance residents receive.

The residents "have poor appetite for various reasons and require as much staff time to get them to eat an acceptable amount as do residents who are totally physically dependent," Schnelle reports. (For a free copy of an MDS Alert article on the dining assessment method and how to tell if a resident needs more ADL assistance as opposed to other interventions to eat more, e-mail the editor at [KarenL@Eliresearch.com](mailto:KarenL@Eliresearch.com).)

- **Address weight loss before it triggers the QI/QM reports**, advises Rosenfield. The QI will trigger when a resident who isn't coded as being on hospice (P1ao) loses weight (K3a = 1) of 5 percent or more over 30 days or 10 percent or more in the last 180 days.

Rosenfield notes that "when a resident has undergone a significant weight loss, clinical teams frequently do not want to complete a significant change in status assessment," which requires RAPs and care planning. They will reason it's only weight but it's never about the pounds alone, Rosenfield cautions.

Keep in mind: "Various sections of the MDS form relate to issues associated with weight management, including the mood section and customary routines and preferences," Rosenfield says.

