

Long-Term Care Survey Alert

MDS, Research & Compliance News

Did you catch the July 13 RAI manual update? On its MDS 3.0 website, CMS notes that it has updated Appendix A and Section M "to clarify the definition of 'worsening.' The clarification is as follows: 'Pressure ulcer 'worsening' is defined as a pressure ulcer that has progressed to a deeper level of tissue damage and is therefore staged at a higher number using a numerical scale of 1-4 (using the staging assessment determinations assigned to each stage; starting at the stage 1, and increasing in severity to stage 4) on an assessment as compared to the previous assessment. For the purposes of identifying the absence of a pressure ulcer, zero pressure ulcers is used when there is no skin breakdown or evidence of damage.'"

SNFs might heed research findings on cell phones published in the American Journal of Infection Control. The study found that "cell phones used by patients and their visitors were twice as likely to contain potentially dangerous bacteria as those of healthcare workers," states a press release on the research.

Microbiologist researchers at the Inonu University in Malatya, Turkey came to that conclusion after testing the cell phones' "microphones, keypads, and ear pieces," according to the release.

Findings: Samples from almost 40 percent of 133 patients' phones had the bacteria compared to about 21 percent of 67 healthcare workers' phones. "Additionally, seven patient phones contained multidrug resistant (MDR) pathogens such as methicillin-resistant Staphylococcus aureus (MRSA) and multiple resistant gram-negative organisms," the release warns. By contrast, the testing didn't uncover any hospital employee phones that had MDR bacteria.

"The types of bacteria that were found on the patients' [mobile phones] and their resistance patterns were very worrisome," state the study authors in the release. "Some investigators have reported that MPs of medical personnel may be a potential source of bacterial pathogens in the hospital setting. Our findings suggest that mobile phones of patients, patients' companions and visitors represent higher risk for nosocomial pathogen colonization than those of HCWs. Specific infection control measures may be required for this threat."

In e-mail comments about the study provided to Eli, **Marcia Patrick, RN, MSN, CIC**, says she thinks "the study points out that objects in patient environments can be contaminated. What we don't know is what role this plays in the acquisition of infection in healthcare settings," adds Patrick, a board member for the Association for Professionals in Infection Control and Epidemiology Inc., and director of infection, prevention, and control at MultiCare Health System in Tacoma, Wash.

"Certainly if someone touches a dirty phone and then a patient's wound or dressing, there is potential for contaminating the wound leading to infection," she adds.

The issue "begs further study," says Patrick, noting that it's difficult "to determine the exact cause of the various infections that patients get [as the causes] usually are multifactorial."

"So much of the risk of infection depends on patient factors," Patrick points out. "Age, underlying illnesses, and obesity have all been linked with increased risks of infection. Probably half of the surgical site infections are from the patient's own flora, the germs we all have on our bodies," she says.

"Perhaps if the phones' users washed their hands more often or used alcohol based hand rubs, the phones wouldn't be so contaminated," she surmises. "Perhaps everything in the patient's environment needs to be disinfected more often."

Patrick reports that since she read the study, she's been wiping her "phone down with a disinfectant wipe more frequently."

A July 1 survey & cert memo reminds survey agencies that "on April 1, 2011, CMS revised its MDS 3.0 assessment modification policy to prohibit nursing home and swing bed providers from revising an existing MDS 3.0 record to correct an event date or a reason for assessment. Instead, these providers must make these corrections by inactivating the incorrect record in the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system. A new MDS 3.0 record with the correct event date or reason for assessment must then be created and submitted."

Also: "Effective Feb. 1, 2011, the Resident Assessment Validation and Entry system (jRAVEN) version 1.0.5 provides for more signature lines in Section Z of the MDS. In addition, the Centers for Medicare & Medicaid Services made a decision that the print format provided by jRAVEN for a MDS 3.0 assessment is acceptable for review in the nursing home survey process," states the memo summary.

You can download the full memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_31.pdf.

In a recent HEAT training session on documentation, Julie Taitsman, MD, chief medical officer for the OIG, warned that "going forward, you should be aware of an increased enforcement of documentation requirements."

Why: "The administration is pursuing an initiative to cut the improper payment rate in Medicare fee-for-service in half by 2012," Taitsman said. And the "OIG has recommended that CMS and contractors focus on error-prone providers, and CMS is increasingly tasking Medicare contractors (MACs, RACs, etc.) to review medical records to prevent improper payments."