MDS Alert

Industry News to Use: How You Can Smooth Care Transitions For Residents

Plus: Brace yourself for revisions in these F-Tags.

If you're looking to improve care transitions for residents in your facility, you'll be delighted to know that there's a new toolkit that you can add to your knowledge and practice arsenal.

The **American Medical Directors Association** (AMDA) recently released a Clinical Practice Guideline, entitled "Transitions of Care in the Long-Term Care Continuum." This treasure trove of tools, advice and resources focuses on best practices when transitioning care within a care setting, between care settings, across care levels, and across health care providers.

The Guideline also offers seven steps to implement an effective care-transition program:

1. Identify when a resident has a recognized status change.

2. The interdisciplinary team members communicate with each other and with the patient/family (unit of care) to determine the most appropriate care transition.

3. The sending facility or care entity communicates with the receiving entity. The receiving entity must have the patient information prior to patient arrival.

4. The patient is physically handed over to the receiving level or setting of care.

5. Both sending and receiving entities verify that the patient has been handed over and that essential patient information has been received.

6. The sending facility follows up to confirm that the patient has been successfully transitioned to the new level or setting of care.

7. Monitor the facility's performance in managing care transitions.

Resource: To download the entire Clinical Practice Guideline, go to www.amda.com/tools/clinical/toccpg.pdf.

In other news ...

Watch for Changes to Key RAI Contacts

On Aug. 20, CMS issued an update of Appendix B to the RAI manual. The update, officially dated Aug. 18, contains changes to the list of state RAI coordinators, MDS automation coordinators, RAI panel members, and regional office contacts.

Link: To view the updated Appendix B, go to www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-RAI-Manual-Appendix-B-8182014.pdf.

Study 20 Revised Interpretive Guidelines' F-Tags

On July 3, CMS revised the Interpretive State Operations Manual Guidelines, as well as the Investigative Protocols for

these F-Tags:

F161 ☐ Assurance of Financial Security
F202 ☐ Documentation for Transfer and Discharge
F208 ☐ Admission Policy
F221 ☐ Physical Restraints
F278 ☐ Accuracy of Assessment/Coordination/Certification/Penalty for Falsification
F281 ☐ Services Provided Meet Professional Standards of Quality
F286 ☐ Maintaining 15 Months of Resident Assessments (Use)
F332 ☐ Medication Errors/Free of Medication Errors of 5% or Greater
F333 ☐ Medication Errors/Residents are Free of Significant Medication Errors
F371 ☐ Sanitary Conditions
F387 ☐ Frequency of Physician Visits/Timeliness of Visits
F388 ☐ Personal Visits by the Physician
F390 ☐ Physician Delegation of Tasks in SNFs/Performance of Physician Tasks in NFs
F425 ☐ Pharmacy Services
F428 ☐ Drug Regimen Review
F431 ☐ Service Consultation/Labeling of Drugs and Biologicals/Storage of Drugs and Biologicals
F441 ☐ Infection Control
F492 ☐ Compliance with Federal, State and Local Laws and Professional Standards
F514 ☐ Clinical Records
F516 ☐ Resident Identifiable Information/Safeguard Against Loss, Destruction, or Unauthorized Use

CMS revised these F-Tags as needed to incorporate survey and certification policy memos issued from October 2003 through May 2014, explained **Evvie Munley**, senior health policy analyst for Washington, D.C.-based **Leading Age**, in a July 9 analysis.

Link: To read the entire S&C memo (S&C: 14-37-NH), go to www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-37.pdf.

Reminder: What Surveyors Want to See from Your EHR

If your facility uses an electronic health record (EHR), you must provide read-only access to the complete clinical record for surveyors during a survey, revisit or complaint, the **Kansas Department for Aging and Disability Services** (KDADS) recently stressed to providers.

Surveyors' determination of your facility's compliance depends on when you put an intervention into place, so "it is important to know the date the care plan was updated to include the new intervention," KDADS said. You must ensure that your software can retain the date the intervention was implemented to get credit for promptly addressing a concern.

You also "must have the evidence to support when (the date) a care plan was updated," KDADS pointed out. You can get more information from a CMS memo on surveying facilities that use EHRs, at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter09_53.pdf.