

MDS Alert

MDS Alert: First Quarter 2006 CE Offering

TEST QUESTIONS: Directions: Please read the January, February and March 2006 issues of the newsletter and then circle the correct answers to the test questions on this form. Also review the objectives for the CE offering in the March 2006 issue. To earn up to 4.5 free CE contact hours in nursing, e-mail or snail-mail your answers to the test questions. E-mail the answers to mdsceu@eliresearch.com. E-mailers can simply number the questions and put the answers next to the correct number. In your e-mail, please also include the registration information below. Snail-mailers can clip the test form, circle the correct answers and mail their answers to: **ATTN: MDS CEUs** • The Coding Institute • PO Box 12038 • Durham, NC 27709

Another option: Clip and fax the completed test form to 800-789-3560. Please write "Attention: MDS CEUs" on the cover sheet. Before submitting the test answers, please complete the registration questions. Participants who achieve a grade of 80 percent or higher will receive an e-mailed certificate in PDF form to download and print. **Past issues of MDS Alert:** Access past issues online by logging onto <http://www.elihealthcare.com/login/>. The login is your e-mail address and customer number. If you haven't already set up your OSS option, please contact customer service: 1-800-508-2582. **Deadline:** Please submit your test answers by May 31 to receive credit.

March 2006 MDS Alert

Article: "Don't Let OMRA Confusion Throw You For A Loop"

1. When is a SNF required to do an Other Medicare Required Assessment or OMRA for a resident?
 - a. Whenever a resident on Part A or Part B therapy stops receiving therapy
 - b. When a resident's therapy ends but he continues to receive skilled nursing monitoring for a couple of days for a fever to see if he's stable before being discharged from a Part A stay
 - c. When a resident in a rehab RUG or rehab plus extensive services will continue to be skilled for nursing eight to 10 days after he stops all therapy
2. What is the timeframe for setting the ARD for an OMRA?
 - a. Within eight to 10 days after the resident stops receiving all therapy
 - b. Within 14 days of the last day of therapy
 - c. By the time the next quarterly is due

Article: "The Right Risk Score Doesn't Mean You're Home Free In Preventing Pressure Ulcers"

3. Facilities might consider augmenting the Braden scale by assessing which of the following areas?
 - a. Mobility
 - b. Pain
 - c. Cognitive impairment
 - d. Shearing forces
4. Which of the following set of MDS assessment parameters is all triggers for the Pressure Ulcer RAP?
 - a. Urinary incontinence, weight loss, current pressure ulcer
 - b. Previous pressure ulcer, bowel incontinence, limited assistance required for bed mobility
 - c. Current pressure ulcer, urinary incontinence, bedfast, coma

d. Pain, hypnotic drug, bedfast, depression

Article: "Jump These Hurdles To Achieve Optimal Therapy Outcomes, Fair RUG Payment"

5. The "In the Spotlight" case study discussed all of the following clinical factors as potential impediments to a resident achieving therapy goals except:

- a. Anemia
- b. Depression
- c. Functional limitation in range of motion
- d. Behavioral symptoms and impaired cognition

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Article: "Manage Significant Change Assessments Before They Drain Your Coiffers"

6. A new Stage III pressure ulcer might qualify as a significant change based on the RAI manual requirement in which of the following scenarios?

- a. If the resident required antibiotics
- b. If the resident had a decline in ADLs and nutrition, such as weight loss
- c. If the resident is certified by the physician as having end-stage disease
- d. If the resident's pressure ulcer doesn't heal with 4-6 weeks

7. A nursing facility must complete the Significant Change in Status Assessment within what timeframe?

- a. Within seven days after determining the significant change in status
- b. Within 14 days after determining the significant change in status, including the RAPs
- c. Within 14 days after determining the significant change in status, but RAPs don't have to be completed for another two weeks after that

Article: "Get Your UTI Coding In Line With New Survey Expectations"

8. If you code urinary tract infection in Section I2 based on a physician's working diagnosis with urinalysis results pending ...quot; and the urinalysis is reported as normal ...quot; what action is appropriate?

- a. Complete a correction to remove the UTI diagnosis from the MDS
- b. Leave the diagnosis but don't code it on the subsequent MDS assessment
- c. Leave the diagnosis but make a notation in the medical record that the resident doesn't have UTI

9. Restorative nursing interventions that might be helpful to residents in RLX (rehab low plus extensive services) include which of the following, according to the article "Capitalize On Rehab Low Plus Extensive Services For Certain Types Of Patients"?

- a. Working on communication for a stroke patient or someone who is on a ventilator.
- b. Focusing on transfer training, range of motion or ambulation to increase the person's endurance so he can tolerate more therapy.
- c. Providing activities to promote socialization.
- d. A and B only.

10. The article "Don't Let Surveyors Accuse You Of Being Asleep At The Assessment Wheel" specifically recommends checking which of the following MDS items for a resident coded as receiving a hypnotic?

- a. G7 (task segmentation)

- b. F3c (resident perceives daily routine is very different from prior pattern in the community).
- c. Pressure ulcers (Section M)

January 2006 MDS Alert

11. To qualify for rehabilitation plus extensive services, a resident with a minimum ADL score of 7 who qualifies for a rehab RUG must receive at least one of which of the following services during the designated lookback period?

- a. IV fluids, IV meds, wound debridement, cast care
- b. IV fluids, IV meds, suctioning, tracheostomy care, ventilator
- c. IV fluids, injections, oxygen, tube feedings

12. Case-mix index maximization rank orders the RUGs in what way?

- a. From the highest to lowest paying, which differs somewhat for urban and rural facilities
- b. Based on the nurse case-mix weight
- c. Based on the therapy case-mix weight
- d. In hierarchical order

Article: "Use The MDS To Red Flag Physician Care Shortfalls"

3. To compare the number of physician visits and orders to the resident's potential need for physician attention, you could look to which of the following MDS items?

- a. IV medications or other procedures in P1a
- b. Emergency room usage (P6)
- c. Delirium (B5)
- d. All of the above

Article: "In The Spotlight: Get In Step With Residents' Palliative Care Needs"

14. The nursing facility discussed in the case study focuses on what diagnosis or diagnoses in Section I as potentially signaling someone may need palliative care now or in the future?

- a. Cancer
- b. End-stage Alzheimer's disease
- c. Parkinson's disease
- d. All the above

Article: "The MDS Can Give Your End-Of-Life Care A Quality Reality Check"

15. Which of the following outcomes represents a strategy that can help prevent skin breakdown in a palliative care setting, according to study findings presented in the article?

- a. A standardized turning and positioning program for everyone
- b. Use of pressure-relieving devices
- c. Emphasis on good nutrition and hydration
- d. Massage of the bony prominences

REGISTRATION QUESTIONS

Your Name & Title: _____

Facility Name/Address: _____

Phone Number & E-mail Address: _____