

MDS Alert

MDS Integrity: DAVE Says Take These 6 Steps To Prevent MDS Snafus

Keep your MDS process on track with these communication systems and policies.

If you want to avoid MDS errors - and keep the fiscal intermediary off your trail - follow these expert tips from the government's watchdog, DAVE:

- 1. Make sure all interdisciplinary team members know the assessment reference date, as well as the observation periods for all MDS sections,** advised **Michelle McDonald, RN, MPH**, the DAVE onsite clinical review manager, during a recent **Centers for Medicare & Medicaid Services'** Webcast on improving MDS accuracy for ADLs and restorative nursing. Not all MDS sections have a seven-day lookback.
- 2. Implement policies and procedures identifying who is on the interdisciplinary team.**
- 3. Designate the person responsible for setting the assessment reference date or ARD.**
- 4. Identify who is responsible for completing various MDS sections and how the facility will share MDS assessment information.** "You can conduct short team meetings, for example, or more comprehensive weekly meetings," McDonald said. (For more information, see the "In the Spotlight" feature, Article 6.)
- 5. Complete the MDS using the latest regulatory standards.** Assign someone to check for the latest manual updates on a regular basis at www.cms.hhs.gov/quality/mds20.
- 6. Target the MDS error-prone sections on DAVE's hit list.** These are: Section P (special treatments and procedures, including therapy minutes and restorative nursing); Section I (disease diagnoses); Section O (medications); Section J (health conditions, including falls and pain); Section G (activities of daily living). DAVE has found problems in Section G1 with self-performance scoring for transfer, bed mobility and toilet use; and in coding support provided for bed mobility; and in coding G1d(A) - Walk in Room/Self-Performance.

Watch the Aug. 27 CMS Webcast on improving MDS accuracy of ADLs and restorative at www.cms.internetstreaming.com.