

## MDS Alert

### MDS Section G: Are You Missing An Easy QI Fix?

#### Use mealtime assistance MDS documentation to curb weight loss.

Implementing protocols about staff assistance during mealtimes and documenting feeding assistance can help your facility maintain high-quality indicators. Effectively implementing and documenting mealtime assistance can also help you notice any red flags for mood disorders or notice any decline in function sooner.

When residents eat in the dining room or other common eating area, they're privy to social interaction and societal eating norms. Plus, your team members will have an easier time observing and documenting the percentage of a meal each resident consumes. With residents gathered in a common area, staff can also make sure those who need assistance receive it, which provides you with more accurate information for the clinical record and the MDS.

**Caution:** Medical reasons may require some residents to eat in bed, but eating and drinking while semi-reclined can increase the danger of choking or aspirating. Serving residents in the dining room or other common area helps ensure that they're consuming food and liquids while in a safe position.

#### Evaluate eating as a benchmark

Section G is the place to document resident performance and assess whether a resident needs staff assistance to function in daily life. A sense of independence can go a long way in residents' confidence, better moods and dignity, among other important quality of life signifiers. And the MDS is a crucial tool for recording residents' ADLs as a means of maintaining function and not slipping into decline. Look for significant change, which the RAI Manual defines for unplanned weight loss as a 5 percent change in 30 days or a 10 percent change in 180 days.

**How to code:** Eating is a single sub-item of G0110 (Activities of Daily Living Assistance): G0100H (Eating; how a resident eats and drinks, regardless of skill). G0110H has a lookback period of seven days.

You're coding both self-performance and support, respectively, in items G0100H1 and G0100H2. Per the RAI Manual, you need to consider the "rule of three" (page G-7) for coding any activity that requires the same level of assistance three or more times. The rule of three says:

- When an activity occurs **three or more times at any one level**, code that level.
- When an activity occurs **three or more times at multiple levels, code the most dependent level that occurred three or more times.**
- When an activity occurs **three or more times and at multiple levels, but not three times at any one level**, code full-staff performance and weight-bearing assistance that occurs three or more times as 3 (Extensive assistance), and code a combination of full-staff performance/weight-bearing assistance/non-weight-bearing assistance occurring three or more times as 2 (Limited assistance).

For G0100H1, choose from the following options to describe your resident's assistance needs when eating, if the activity occurred three or more times:

0 (Independent) for simple observation;

1 (Supervision) for queuing such as staff saying, "there's your fork" or "you haven't eaten any potatoes yet";

2 (Limited assistance) like when staff helps a resident grip the fork and guides her arm to her mouth, without bearing any of the weight of her arm;

3 (Extensive assistance) when, for example, staff provides weight-bearing support three or more times. For example, helping the resident hold her fork and guiding and lifting the resident's arm to get the fork to her mouth; or

4 (Total dependence) when the resident is not capable or willing to participate over the entire 7-day lookback period and staff feeds the resident.

If the activity occurred two or fewer times, code 7 (Activity occurred only once or twice) or 8 (Activity did not occur).

**Remember:** Only code 4 (Total dependence) if staff alone performed every instance.

For G0100H2 (Eating, ADL Support Provided) code the level of staff support for eating across all shifts. Don't take the resident's "performance" into account, and don't code assistance if the resident's family or someone else who doesn't work at the facility helped at mealtimes.

Choose from values 0-3 or 8 for the entire 7-day lookback period:

- 0 (No staff setup or assistance)
- 1 (Setup only)
- 2 (One-person physical assist)
- 3 (Two- [or more] person physical assist)
- 8 (ADL did not occur or family/nonstaff assist)

**For example:** Mrs. Hardy is usually very hungry and eager to eat, but she has been very tired in the evenings lately (maybe because of a switch in medication). In the past week, she has needed a reminder to eat three times, assistance picking up her fork twice, and staff had to guide her fork to her mouth once, providing actual weight-bearing assistance. Her family visited three evenings and reminded her that it was time to eat and to pick up her fork. For the 7-day lookback period, you would code G0100H1 1 (Supervision) and G0100H2 2 (One-person physical assist).

**Remember:** Observe residents' swallowing during mealtime. If a therapist or other staff member notices or diagnoses a swallowing disorder, care-planning for mealtimes is crucial. Code any findings in Section K, item K0100 (Swallowing Disorder).

**Top tip:** Utilize all of your team members' specialties to help residents eat safely. "Speech therapy can also be good to identify if the resident has swallowing problems or needs to be fed with different utensils. OT works with different utensils, like built-up spoons. Therapy usually figures out the needs of the resident and what tools or utensils the resident can benefit from, but therapy doesn't see residents as much as staff does," says **Terry Raser, Rn, RaC-Ct, Dns-Ct, QCP**, Senior Consultant at **LW Consulting Inc.** in Harrisburg, Pennsylvania.

### **Your Comments Matter: PPS Proposal Comment Deadline Soon**

On May 4, 2017, CMS issued a proposed rule [CMS-1679-P] that outlines Fiscal Year (FY) 2018 Medicare payment rates and quality programs for skilled nursing facilities. The CMS website says, "CMS encourages comments, questions, or thoughts on this proposed rule and the RFI (CMS-1679-P) and will accept comments until June 26, 2017. The proposed rule and the RFI can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection>."