MDS Alert

MSA Alert: Second Quarter 2006 CE Offering

TEST QUESTIONS: Directions: Please read the April, May and June 2006 issues of the newsletter. Also review the related measurable learning objectives in the June 2006 issue. Then circle the correct answers to the test questions on this form.

To earn up to 4.5 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. Please wait for four weeks for the Eli staff to process your test.

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 August 31 to receive credit.

Testing will be available the month after the end of each quarter. Thus, the test for the third quarter (July, August and September issues) will be inserted in the October 2006 MDS Alert.

Eli Research/The Coding Institute is providing this quarter's contact hours for free to all subscribers. Hereafter, subscribers can obtain the contact hours for a $30 processing fee.

If you have any questions about the CE program, please contact editor Karen Lusky, MSN, RN, at 615-370-5042 or at EditorMON@aol.com.

June 2006 MDS Alert

1. A resident has an open lesion on his left leg that staff had been coding as a pressure ulcer. A new biopsy report indicates the lesion is actually malignant. You would code this ulcer in which section of Section M?

a. M1
b. M4c
c. M2b
d. M6

2. One strategy for assisting frontline staff to capture accurate information about resident's activities of daily living includes:

a. Encourage staff to document or report a resident's ADL functioning more than once during a shift.
b. Only use the licensed nurse's assessment of the resident's ADLs.
c. Invest in a computerized program that teaches staff how to perform ADL assessments?]
d. Avoid using a flow sheet, as these are notoriously inaccurate.

3. To accurately calculate the average time a resident spent involved in activities coded at N2, you have to know which of the following information about a resident's day?

a. The time he's awake
b. The time he's involved in care-related tasks, including ADLs
c. How much time he spent in activities
d. All of the above

4. Which of the following activities could count toward a resident's restorative nursing coded in P3 if the facility had a program that met RAI manual criteria?

a. An exercise group with four members per supervising caregiver
b. A Monday makeover program focused on improving self-care and range of motion
c. A "let's vent" program focused on communication for people on ventilators
d. All of the above

5. According to the article, "8 Ways CMS Says You Can Help Resident Re-engage," a care plan strategy for encouraging someone to re-engage in his usual interests might include:

a. Antidepressant therapy
b. Counseling to find out why the person isn't involved in activities
c. Encouraging volunteer-type work that begins in the resident's room and needs to be completed outside the room
d. All the above

May 2006 MDS Alert

1. Which of the following diagnoses should alert the MDS staff that a resident likely had an IV or IV medication in the hospital lookback?

a. Dementia with severe behaviors
b. Congestive heart failure
c. Pneumonia
d. B and C

2. Based on the RAI manual rules, you should NOT code an IV or IV med that the resident received solely as part of which of the following?

a. The hospital stay
b. A visit to the emergency room
c. Chemotherapy
d. B and C only

Test Questions continued...

3. The RAI manual defines pneumonia as:

a. Any lower respiratory infection
b. Inflammation of the lungs--most commonly of bacterial or viral origin

c. Synonymous with bronchitis
d. All of the above

4. One strategy for eliminating ADL inaccuracies, according to the article, "Root Out ADL Inaccuracies," includes which of the following:

a. Break down more complex ADL tasks, such as toileting, into subtasks.
b. Code all bedridden residents as a "4" in all late-loss ADLs
c. Focus on what counts as "extensive assistance"
d. A and C only

5. Which of the following MDS sections was NOT discussed in "Use The MDS To Rein In Pain And F Tags," as a section that the interdisciplinary staff can use to perform a pain assessment and evaluate the facility's pain management program?

a. Section E (mood and behavior)
b. Section M (skin condition)
c. Section I (diagnoses)
d. Section 04 (hypnotic)

April 2006 MDS Alert

1. Which of the following diagnoses is a RUG driver that can place a resident into a clinical RUG?
a. Pneumonia
b. A single stage 2 pressure ulcer
c. Depression
d. Congestive heart failure

2. Identify the elements below that determine whether a resident who qualifies for Extensive Services goes into SE1, SE2 or SE3:

a. IV fluids, IV med, behavioral symptoms, pneumonia
b. IV fluids, IV med, cognitive impairment, the resident also qualifies for clinically complex or special care
c. Depression as an end split

3. A resident "fails" the physical performance test for bed mobility, as described by "Drill Down Your Bed Mobility Assessment To Prevent Pressure Ulcers," if he:

a. Requires any verbal cuing to change position in bed.
b. Doesn't change position independently without any prompting based on staff observation.
c. Requires any hands-on assistance at all to turn and reposition.
d. Requires a two-person assist to change position or get out of bed.

4. True or False? The MDS staff should always code an OMRA as such on the MDS regardless of whether the assessment replaces
a regularly scheduled Medicare assessment.

a. True
b. False

5. Which of the following statements BEST describes why a balance problem coded at G3 can signal a fall risk that the MDS team may miss?

a. G3 doesn't trigger the fall resident assessment protocol (RAP).
b. G3 is easy to miscode and may be inaccurate.
c. Only therapists can complete Section G3, so nursing doesn't pay attention to it in all cases.
d. None of the above

REGISTRATION QUESTIONS

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