

## MDS Alert

### Quality Assessment: Know And Show How Your SNF Is Doing In The Rehab Arena

Electronic data collection, analysis reveal utilization, outcomes and more.

Two tools can sometimes be better than one in letting you know how patients -- and the facility's services -- are stacking up.

A case in point: The Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) and MDS may make a good combo for evaluating post-acute rehab therapy outcomes and the potential for quality improvement.

Going electronic: Consulting firm **Fleming-AOD Consulting's** electronic eSNFdata product has, in fact, teamed up the two instruments. "The eSNFdata uses the IRF-PAI in tandem with the MDS solution, which provides outcome reports based on MDS information," says **Lisa Bazemore, MBA, MS, CCC-SLP**. Using the tool, the SNF completes the parts of the IRF-PAI that provide diagnostic and functional performance information on the patient, says Bazemore, director of consulting services for the firm in Silver Spring, MD (see one page of the IRF-PAI assessment on the next page). "This allows the SNF to compare qualitative outcomes on all patients or just a subcategory," such as stroke or orthopedic patients or those with multiple sclerosis. The web-based tool tells you what part of the IRF-PAI to fill out, adds Bazemore.

The SNF can also upload as many MDSs as it wants and develop reports to look at therapy utilization and the type of assessment and discharge information, adds Bazemore.

Getting on the same page: The eSNFdata product translates the rehab information into language used in skilled nursing facilities, Bazemore notes. "The SNF can use the information to show how much better the SNF gets its patients." The MDS reports' length-of-stay and therapy utilization information can show that the SNF rehabilitates post-acute patients efficiently and effectively by getting them to their desired destination, "which is largely community-based settings," Bazemore says.

Manual compilation an option: SNFs could use the cognitive items and motor scores on the IRF-PAI to build their own spread sheets and look at how much the patient improved, Bazemore says. "But they wouldn't have the benchmarking capability that our e-product provides. We case-mix adjust the data so facilities compare themselves to like facilities."

The eSNFdata product also provides quality indicator information to assist the nursing facility in tracking positive or negative changes in patient performance.

"The information provided in the IRF-PAI reports provides measures on the specific motor or cognitive areas while the [MDS-driven] QI/QM reports reveal general trends at the facility and RUG level."

The product also identifies therapy utilization (numbers of minutes) corresponding to the best outcomes for certain types of residents. And it flags instances where therapy utilization fell in between two RUG scores. Of course, you can expect the latter to happen sometimes with good patient care, Bazemore says, but it's important to manage "trends of gross over- or under-[therapy] utilization." The e-product also allows the SNF to track its referrals to identify which physicians are sending patients its way. The SNF can then share its "fabulous patient outcomes" with the referral sources, Bazemore says.