

MDS Alert

Reader Question: Fractures May Signify Significant Change

Question: Do I need to complete a Significant Change in Status Assessment (SCSA) for a resident who suffers a fracture? I know timelines come into play.

Hawaii Subscriber

Answer: "It isn't just the timeframe that you need to think about - the resident meets the significant change guidelines for either decline or improvement," says **Jane Belt, RN, MS, RAC-MT, RAC-CT, QCP**, curriculum development specialist at the **American Association for Nurse Assessment Coordination (AANAC)** in Columbus, Ohio.

The October 2018 Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (RAI Manual) says:

"A 'significant change' is a major decline or improvement in a resident's status that:

1. "Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered 'self-limiting;'"
2. "Impacts more than one area of the resident's health status; and
3. "Requires interdisciplinary review and/or revision of the care plan."

In this instance, the need for an SCSA may depend on the type of fracture, because you need to look ahead and determine how soon a resident will return to pre-fracture status or if the fracture will cause some other decline in physical function or psychological state. For example, a hip fracture would require a resident to receive clinical intervention, and also make him prone to significant changes like weight loss or gain beyond the two-week timeframe the RAI Manual sets.

The RAI Manual says, on page 2-23:

- "There is a determination that a significant change (either improvement or decline) in a resident's condition from his/her baseline has occurred as indicated by comparison of the resident's current status to the most recent comprehensive assessment and any subsequent Quarterly assessments; and
- "The resident's condition is not expected to return to baseline within two weeks."

According to the RAI Manual, the interdisciplinary team (IDT) should make the decisions about expectations on returning to baseline.

"A condition is defined as "self-limiting" when the condition will normally resolve itself without further intervention or by staff implementing standard disease-related clinical interventions. If the condition has not resolved within 2 weeks, staff should begin a SCSA. This timeframe may vary depending on clinical judgment and resident needs," the RAI Manual says.

"A SCSA is appropriate if there are either two or more areas of decline or two or more areas of improvement. In this example, a resident with a 5% weight loss in 30 days would not generally require a SCSA unless a second area of decline accompanies it. Note that this assumes that the care plan has already been modified to actively treat the weight loss as opposed to continuing with the original problem, 'potential for weight loss.' This situation should be documented in the resident's clinical record along with the plan for subsequent monitoring and, if the problem persists or worsens, a SCSA may be warranted," the RAI Manual says.

