

## MDS Alert

### Risk Management: Think Thrice Before Manipulating ARDs To Avoid Triggering QIs/QMs

**Find out why efforts to stay off the survey radar screen can backfire.**

Facilities that set the assessment reference date to sidestep a quality indicator/measure could be opening the door to care shortfalls and survey scrutiny.

The net result may be that the facility won't trigger a RAP and will miss care planning an issue, cautions **Maureen Wern**, president of **Wern and Associates** in Warren, OH. Also, "surveyors tend to look at the bigger picture and not just the quality indicators, which means they are likely to catch a care issue anyway," she cautions.

Thus, the best advice might be to set the ARD to capture the fairest payment--and let the QIs fall where they may. "The facility should be aware of the QIs/QMs, care plan any identified problems--and evaluate how to prevent avoidable ones," advises **Cindy MacQuarrie, RN, MSN**, managing consultant for **BKD LLP** in Kansas City, MO. "Also be prepared to show surveyors or consumers what the facility is doing to address any of the QI/QM issues."

#### Run Sentinel Events Through QA Gauntlet

Some facilities do, however, use a quality assurance (QA) process where they review a potential sentinel event (low-risk pressure ulcer, dehydration or fecal impaction) before coding it on the MDS, says **Nancy Augustine, MSN, RN**, a consultant with **LTCQ Inc.** in Lexington, MA. "The team would review the assessment and diagnosis of the condition, etc. For example, fecal impaction can be confused with severe constipation; yet the RAI manual clearly defines what counts as a fecal impaction," she notes.

To differentiate between this sentinel event and constipation, read pp. 122 and 123 at [www.cms.hhs.gov/quality/mds20/raich3.pdf](http://www.cms.hhs.gov/quality/mds20/raich3.pdf).

Editor's note: For more information, see "Don't End Up High And Dry By Miscoding Signs of Dehydration" in the March 2005 MDS Alert. You can access back issues using the free online subscription service. If you haven't yet signed up for this value-added service, call the editor at 615-370-5042.

#### Take a Good Look at the Lookbacks

Facilities that don't stay on top of the lookbacks for various MDS items driving the QIs/QMs can look is if they were trying to avoid coding certain conditions or accidents. So keep in mind that even though most MDS sections do have a seven-day lookback, that's not true for the following items that will affect your QIs:

- Mood issues (Section E1): 30 day lookback (E2 has a seven-day assessment reference period, however)
- Incontinence and indwelling catheters (Section H): 14 days
- Fecal impaction (H2d): 14 days
- UTI (I2j): 30 days
- Falls (J4a): 30 days

- Hip fracture (J4c) or other fractures (J4d): 180 days
- Weight loss (K3a). Record a "1" for either a 5 percent or more weight loss over the past 30 days or a 10 percent or greater loss over the previous 180 days.