MDS FOCUSED SURVEYS – HOW TO WEATHER THE STORM

Presented for KHCA by:
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YOU’VE WORKED HARD TO ACHIEVE:
- Census – Good!
- Five Star Rating – GREAT!
- Annual Survey – DONE!
- Staffing – SOLID!
- Medical Reviews – DOWN!
- Quality Measures – IMPROVED!

SURVEYOR ALERT!

But just as things are looking good – SURVEYORS arrive!
- Why are they here?
- What do they want?
- You’re not in your ‘survey window’
- You’ve had no negative outcomes that should result in a complaint survey
SURVEYOR ALERT!

Panic ensues and quickly ripples throughout your home-like environment! Dark clouds have rolled in and you are about to experience an MDS Focused Survey storm!!

NOW WHAT?
First of all – take a deep breath: **KEEP CALM AND CARRY ON!**
Remember you know how to handle surveys!

- Annual Surveys
- Complaint Surveys
- Life Safety Surveys

These are all commonplace in your world.

NOW WHAT?
Keep in mind all that you ALREADY do:
- MOCK Surveys
- QIS Checklists
- Staff and Resident Interviews
- Audits
- Performance Improvement Plans
WHAT MAKES THIS SURVEY DIFFERENT?

MDS Focused Survey
- Piloted in 2014
- Rolled out nationally in 2015
- State Specific Facility Selection Process
- 3 Surveyors trained per State
- Specifically focuses on MDS Accuracy with added review of certain clinical areas and staffing patterns

WEATHERING THE STORM – WHAT TO EXPECT

- Adherence to MDS Reporting Requirements
  - Such as RN coordinating MDS assessments
  - Timeliness of MDS per RAI Guidelines
  - Medical Record and MDS Match!
- Review nursing home staffing to help CMS assess how staffing levels may fluctuate throughout the year
  - Checking to more closely align reported Medicare CMS 671 form with actual staffing patterns
- Will allow CMS to determine if sufficient staff is available to meet resident care needs

WEATHERING THE STORM – WHAT TO EXPECT

- See CMS Survey and Certification memo S&C: 15-25-NH (2/13/15)
- Delineates the process by which surveyors will be trained and what will be surveyed
- At least one of on-site surveyors will be an RN
- One individual from CMS Regional offices to serve as a point of contact for the States & CMS Central Office
WEATHERING THE STORM – WHAT TO EXPECT
Appendix PP of SOM RAI Manual are basis of survey

• “There are no new regulations involved in these surveys” - “The focus of the survey is on nursing home compliance with existing and long-standing regulations.”
• MDS Focused Surveys were rolled out in two phases in 2015
• CMS nor States announced which states fell into which phase

WEATHERING THE STORM – WHAT TO EXPECT
Worksheets – needed within 1 hour of Entry with Resident Information on Census & Clinical Conditions
- Restraints,
- Falls with Major Injuries,
- Pressure Ulcers,
- UTI’s,
- Urinary Catheters,
- Antipsychotic Medications,
- Ext assist of 2,
- Level of Care: Skilled, LTC.
SO HOW WILL YOU WEATHER THE STORM?

Worksheets – needed within 1 hour of Entry
- Admission/Readmissions within the last 90 days from an Acute Care or Psych Hospital
- Resident Name and Room Number
- Dates of Discharge (if discharged)
- Dates of Admission/Readmission to facility
- Disposition
- Admitted from
- Level of Care: Skilled or LTC
- Will also need a CMS-671 form – LONG TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID listing staffing patterns for most recently completed pay period (2 weeks) of being

WEATHERING THE STORM – WHAT TO EXPECT

Will need:
- Copy of Floor Plan
- List of Key Personnel including Wound Nurse
- Policy and Procedures:
  - Staffing / Scheduling
  - RAI Process
SO HOW WILL YOU WEATHER THE STORM?

Surveyors will need:
• Computer Access
• Sign-on and Passwords
• Instruction on how to utilize your E.H.R. software

RESIDENTS SAMPLE SELECTED

SO HOW WILL YOU WEATHER THE STORM?

Be ready with the information and think about how you already are tracking these key clinical functions.
Ensure staff members understand what is expected.
• MDS Nurses
• Wound Care Nurses
• Nurse Managers
• Direct Care Staff
SO HOW WILL YOU WEATHER THE STORM?

Make sure that MDS assessments are accurate! Not only will this improve your chances of a great MDS Focused Survey should your facility be selected, it will ensure that:

- Your Quality Measures are accurate
- Your Five Star Rating appropriately reflects quality in your facility
- Your reimbursement is right for payers who base payment on MDS answers like Medicare and Medicaid
- Most importantly that your care plans reflect resident’s current needs

SO HOW WILL YOU WEATHER THE STORM?

So what are your options?

- A formalized MDS accuracy audit on all assessments?
  - Although regular review of a sample of assessments is a great idea – this lofty goal may not be necessary or even possible
  - Before drilling down to that level, why not start with the systems you currently have in place and incorporate MDS accuracy checks into current practice

SO HOW WILL YOU WEATHER THE STORM?

Most facilities review high risk areas during regularly scheduled meetings:

- Incorporate a double-check of MDS coding during regular meeting
- Ensure the MDS and Care Plans are accurate for the residents who are high risk or who have the conditions identified
- If an MDS item is found to be incorrect, modify the MDS to correct
- Update the plan of care to reflect the resident’s needs
- Doing this during the regularly scheduled meeting will not only prove efficient but will improve accuracy as well
SO HOW WILL YOU WEATHER THE STORM?

- Have an up-to-date MDS 3.0 User’s Manual – just updated 10/1/15
- Review item rationale, coding definitions, clarifications and steps for assessment for each MDS item
- Has your staff been trained appropriately?
- Don’t ‘assume’ – review specific coding guidance
- MDS Sections focusing on Pressure Ulcers, UTIs, Restraints and Therapy minutes can be difficult to navigate
- Double check against clinical reports
- Do you copy previous MDS answers onto current MDS?
  - If so – you may be opening yourself up to mistakes if not appropriately edited for the current look-back period!

SO HOW WILL YOU WEATHER THE STORM?

- Miscoding in MDS Section G – Activities of Daily Living is common
- Direct Care Givers – have they been trained in components of each ADL? Nurses and C.N.A.s
- Staff members must know how to document to capture the highest level of self-performance and support provided
- MDS Nurses must know how to convert the staff data into the MDS specific “Rule of 3” for accuracy in Section G
- Anyone reviewing for MDS accuracy must also fully understand the rules outlined in the RAI Manual (MDS 3.0 User’s Manual)

SO HOW WILL YOU WEATHER THE STORM?

Professional Standards support that documentation should support care and services delivered to residents – CHECK IT!

- Who is checking the documentation in the medical record on a regular basis?
- What is the procedure for escalation to correct or re-educate staff on inaccurate or inappropriate documentation?
- Check both electronic or hard copy records if both are in use
- Documentation of the care delivered should be clear, concise, and support the MDS for the look-back period
SO HOW WILL YOU WEATHER THE STORM?

- Software can also help identify MDS inaccuracies
  - Edit Checks
  - Consistency Checks
  - Reports
  - Dashboards
- QIES ASAP Validation Report Warnings and Errors
  - Are Rejections corrected and resubmitted?
  - Are Completion & Submission deadlines missed?

SO HOW WILL YOU WEATHER THE STORM?

- Quality Assurance Process Improvement Process
  - Are you regularly reviewing your Quality Measure Report?
  - Is your Quality Assurance Process working to improve outcomes?
  - Are you meeting regularly?
  - Are you tracking and trending negative patterns and trends?
  - Are you doing individual review of residents with negative outcomes and implementing new approaches / treatments?

SO HOW WILL YOU WEATHER THE STORM?

How Do You Track the Information Required?
Review current processes to ensure you have the information readily available at all times
- May be able to pull reports from Software
- May be via QAPI Committee Reports
- May be via Survey Readiness Forms such as CMS-672 Resident Census and Condition or Residents and/or CMS-802 Roster Sample Matrix
SO HOW WILL YOU WEATHER THE STORM?

- Restraints – in today’s Nursing Homes restraints are used infrequently – this should be a short list that is reviewed on a regular basis for reduction if possible
- Falls with Major Injuries – does your Incident Reporting procedure collect this data in real time?
- Pressure Ulcers – who oversees and can review appropriately with the surveyors
- Do you keep accurate: Wound Records, Wound Reports, Treatment Records
- Are your prevention methods working?

SO HOW WILL YOU WEATHER THE STORM?

- UTI’s – this item is often over-coded on the MDS so double-check your Quality Measures and Reports for accuracy
- Urinary Catheters – be sure to follow guidelines for care and remove whenever appropriate to minimize risk
- Antipsychotic Medications – review both residents taking these medications and residents newly started on them
- Extensive assist of 2 – directly from Section G of MDS
- Level of Care: Skilled vs Long Term Care (LTC)
  - See Medicare Benefit Policy Manual, Ch 6 for skilled definitions

SO HOW WILL YOU WEATHER THE STORM?

Staffing – in 2015 the Surveyors also spent considerable energy on reviewing fluctuations in staffing patterns
- Do you have 18 months of staffing data available for review?
- Is staffing posted per guidelines?
  - And updated with changes?
- Are you meeting scheduling and staffing requirements in your state?
SO HOW WILL YOU WEATHER THE STORM?

24 of 25 sites surveyed during pilot received deficiencies - don’t let this happen to you:

- Prepare
- Communicate
- Educate
- Document
- Quality Assurance
- Performance Improvement

Thank You!
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WISHING YOU SUCCESSFUL OUTCOMES AND SUNNY SKIES!

RESOURCES

Center for Clinical Standards and Quality/Survey & Certification Group – Ref: S&C:15-25-NH; February 13, 2015; Subject: MDS / Staffing Focused Survey Update
Abt Associates – MDS Staffing Focused Survey Pilot Findings, January 22, 2015