Nursing and Therapy Interaction: Improving QM and CMI

Presented by Terry Raser and Kay Hashagen, Senior Consultants

LW Consulting, Inc
5925 Stevenson Avenue • Suite G • Harrisburg, PA • 17112
1.800.320.5401 • www.LW-Consult.com

About the Presenters

Terry Raser, RN, RAC-CT, C-NE, QCP, DNS-CT

Senior Consultant for 3 years with LW Consulting, Inc. PA Gold Standard Nurse for the implementation of the MDS 3.0. Thirty-six years experience in LTC. Educator for the MDS/RAI process.

traser@lw-consult.com

Kay Hashagen, PT, MBA, RAC-CT

Senior Consultant for over 3 years with LW. Physical therapist with extensive LTC experience. Certification in MDS assessments.

khashagen@lw-consult.com

LW Consulting, Inc

Objectives

- Define resources and reports within the nursing realm to enhance QM and CMI
- Review tracking and communications systems that optimize performance
- Identify important items that need to be documented
- Discuss opportunities for therapy to collaborate with nursing
- Learn to identify issues related to quality long term care programming

LW Consulting, Inc

Importance of QM and CMI Focus

- **Increased customer awareness of quality care through social media sites and articles**
  - https://www.medicare.gov/**nursinghomecompare**
- **Pressures of reduced reimbursement**
  - Regulations related to Bundled Payments
  - Impact of penalties
    - Section GG
    - PBJ
    - Completion of QM
    - Decreased census and restrictions on referrals

LW Consulting, Inc

It pays to be prepared!

LW Consulting, Inc

MDS Accuracy

LW Consulting, Inc

Resident Assessment Instrument Manual (RAI) v1.14

MDS Coordinators Bible

- Guidelines for MDS assessment types
- Guidelines for Accurate MDS item completion
- Guidelines for Care Area Assessments (CAAs)
- Guidelines for Care Planning
- Guidelines for Completion Timelines
- Guidelines for MDS Submission
- Guidelines for MDS Corrections/Inactivation's

LW Consulting, Inc

Accuracy of Assessment F278 (§483.20(g))

- **The assessment must accurately reflect the resident's status**.
- **Interpretive Guideline:**
  - Appropriate qualified health professional
  - Correct documentation of problems
  - Identification of resident strengths
  - The initial comprehensive assessment provides baseline data for the ongoing assessment of resident progress.

LW Consulting, Inc

Accuracy of Assessment F278 (§483.20(g) and (h))

- **Probe (§483.20(g)**
  - Based on your total review of the resident, is each portion of the assessment accurate?
- **§483.20(h) Coordination**
  - A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

LW Consulting, Inc

Accuracy of Assessment F278 (§483.20(i)

- **Penalty for Falsification**
  - $1,000 per assessment
  - $5,000 per assessment
- **Interpretive Guidelines §483.20(j)**
  - MDS information as it is reported impacts a nursing home's payment rate and standing in terms of the quality monitoring process.
  - A pattern within a nursing home of clinical documentation or of MDS assessment or reporting practices that result in:
    - higher RUG scores,
    - untriggering CAA(s), or
    - unflagging QI(s), where the information does not accurately reflect the resident's status, may be indicative of payment fraud or avoidance of the quality monitoring process.

LW Consulting, Inc

MDS Accuracy

- Top Cited Deficiency
- Is your MDS nurse(s) knowledgeable?
- Are MDS(s) coded according to documentation?
- Does documentation support the care provided to the resident?
- Are nurses knowledgeable to items on the MDS that supports reimbursement and quality measures?

LW Consulting, Inc

MDS Accuracy

- **Are CNAs aware that their ADL documentation is approximately 30% of the revenue?**
- **What process is in place for ADL education?**
- **How is significant change in status identified?**
  - CASPER Quality Measures Report
  - 802
  - Internal Software
  - Morning Report/Rounds
  - Staff Referrals

LW Consulting, Inc

How MDS Accuracy Effects CMI

- **If the MDS isn't accurate, the resident could fall into a lower paying category**
- **Some Examples:**
  - If there is a coding error on diagnosis, you might default to the next lower paying RUG
  - If the ADLs are not coded correctly, the ADL score may drop
- **If you have a system that pulls previous assessment information forward and the resident previously had therapy, the RUG payment could be higher than deserved.**

LW Consulting, Inc

ADL Coding Payment Difference

Bed Mobility	4
Transfer	4
Toilet Use	2
Eating	0
Total Score	10

Bed Mobility	4
Transfer	4
Toilet Use	4
Eating	0
Total Score	12

Low Rehabilitation Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines AND Nursing rehabilitation 6 days/week, 2 services (see Reduced Physical Function (below) for nursing rehab services count)	Short Stay 29-15 min	11-16	Not Used	RLB	423.51	37
		6-10	Not Used	RLA	263.67	7

This 30 day assessment pays for 30 days.
$423.51 x 30 days = $12,705.30 $263.67 x 30 days = $7,910.10
Difference of $12,705.30 - $7,910.10 = $4,795.20

LW Consulting, Inc

How MDS Accuracy Effects QM

- The MDS drives the Quality Measures.
- Dashing items – 2% APU penalty.
- It's not a pressure ulcer
- Bowel and Bladder CNA coding is not accurate- kiosk speed
- No correlating diagnosis for a catheter
- No pain interview

LW Consulting, Inc

Important documentation tips for nursing

- Support the need for Medicare Part B therapy.
- Make sure check box documentation correlates to the MDS.
- Skilled nursing documentation should support therapy and reason for skilled service(s).

LW Consulting, Inc

Important documentation tips for nursing

- ADL clarification
- ADL documentation is not located, therapy documentation may be used. This may decrease you ADL score.
- Restorative nursing- 15 minutes per day, 6 days per week.
- Educate nurses on the MDS and supportive documentation.
- Document behaviors.

LW Consulting, Inc

Resources within nursing

RAI Manual	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html
NRFP	https://nfrp.panfsubmit.com/
Resident Data Report Manual	https://nfrp.panfsubmit.com/
Picture Date Calendar	https://nfrp.panfsubmit.com/
RAI Spotlight	https://nfrp.panfsubmit.com/
Quality Measure Manual	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V90.pdf
SNF QRP	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-IMPACT-Act-2014.html
Long-Term Care Rates for Pennsylvania	http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/rates/#.VjI1qXyFMdU

LW Consulting, Inc

Resources within nursing

AANAC	http://www.aanac.org/
SOM	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
PA State RAI Coordinator	Kiera Sanderson- kiesanders@pa.gov 1-717-787-1816
MDS Questions	qa-mds@pa.gov

LW Consulting, Inc

Medicaid Case-Mix (CMI)

LW Consulting, Inc

Nursing Facility Report Portal (NFRP)

LW Consulting, Inc

Managed Long Term Services and Support (MLTSS)

- Phase 1: Southwest Region start date was delayed from January 1, 2017 to July 1, 2017
- Phase 2: Southeast – January 2018
- Phase 3: Northwest, Leigh-Capital and Northeast – January 2019
- Pennsylvania case-mix will eventually cease
- Once MLTSS is started in a region there will be a 6 month transition period for the ACO

LW Consulting, Inc

Medicaid Case-Mix Index (CMI)

- Do you know your facility MA CMI?
- Did it go up or down? Why?
- Does your CMI represent your acuity/resident population?

Pennsylvania State CMI Average?

Picture Date	Average Total Facility CMI	Average MA CMI
08/01/2016		1.09
02/01/2016	1.11	1.08

LW Consulting, Inc

Resident Data Reporting Manual

- Pennsylvania Medicaid Case-Mix Reimbursement System
- MDS Section S- PA State Specific
- MA for MA Case-Mix
- Data Submission Process and Deadlines
- MA RUG Classification- RUG III, Version 5.12 44-Group Classification Worksheet
- Picture Date Calendar

LW Consulting, Inc

Resident Data Reporting Manual

- CMI Reports- Preliminary and Final
- CMI Rates
- Documentation Guidelines
  - Does Include
  - Do Not Include

LW Consulting, Inc

Case-Mix Index

FINAL RUG: _____ FINAL CMI: _____

Comatose	B0100		Paren/IV fdg. – not a resident	K0510A1		Trach care – not a resident	O0100E1				
Makes self understood	B0700		Paren/IV fdg-while a resident	K0510A2		Trach care – while a resident	O0100E2				
BIMS Score	C0500		Feeding tube – not a resident	K0510B1		Vent/resp. – not a resident	O0100F1				
Short term memory – staff	C0700		Feeding tube–while a resident	K0510B2		Vent/resp – while a resident	O0100F2				
Decision making – staff	C1000		Total calories	K0710A3		IV med – not a resident	O0100H1				
PHQ-9D score – resident	D0300		Fluid intake	K0710B3		IV med – while a resident	O0100H2				
PHQ-9-OV0 score – staff	D0600		Stage 1 pressure ulcers	M0300A		Transfusions – not a resident	O0100I1				
Hallucinations	E0100A		Stage 2 pressure ulcers	M0300B1		Transfusions – while a res	O0100I2				
Delusions	E0100B		Stage 3 pressure ulcers	M0300C1		Dialysis – not a resident	O0100J1				
Physical behavioral symp	E0100A		Stage 4 pressure ulcers	M0300D1		Dialysis – while a resident	O0100J2				
Verbal behavioral symptoms	E02003		Pres. ulcer –slough/eschar	M0300F1		ST – individual minutes	O0400A1				
Other behavioral symptoms	E0200C		Venous/arterial ulcers	M1030		ST – concurrent minutes	O0400A2				
Rejection of care	E0800		Infection of the foot	M1040A		ST – group minutes	O0400A3				
Wandering	E0900		Diabetic foot ulcer(s)	M1040B		Speech therapy – days	O0400A4				
Bed mobility – self-perf	G0110A1		Other open lesion(s) of foot	M1040C		OT – individual minutes	O0400B1				
bed mobility – support	G0110A2		Open lesion(s)	M1040D		OT – concurrent minutes	O0400B2				
Transfer – self-perf.	G0110B1		Surgical wound(s)	M1040E		OT – group minutes	O0400B3				
Transfer – support	G0110B2		Burns	M1040F		Occupational therapy – days	O0400B4				
Eating – self-perf.	G0110H1		Pres. Red. Device – chair	M1200A		PT – individual minutes	O0400C1				
Toilet use – self-perf.	G0110I1		Pres. Red. Device – bed	M1200B		PT – concurrent minutes	O0400C2				
Toilet use – support	G0110I2		Turn/reposition program	M1200C		PT – group minutes	O0400C3				
Current toileting program	H0200C		Nutrition/hydration interven.	M1200D		Physical therapy – days	O0400C4				
Bowel toileting program	H0500		Pressure Ulcer care	M1200E		Respiratory therapy – days	O0400D2				
Pneumonia	I2000		Surgical wound care	M1200F		ROM (passive)	O0500A				
Septicemia	I2100		Dressings (not to feet)	M1200G		ROM (active)	O0500B				
Diabetes mellitus	I2900		Ointments/med (not to feet)	M1200H		Splint/brace assistance	O0500C				
Aphasia	I4300		Dressings to feet	M1200I		Bed mobility training	O0500D				
Cerebral palsy	I4400		Injections	N0300		Transfer training	O0500E				
Hemiplegia/Hemiparesis	I4900		Chemotherapy – not a res.	O0100A1		Walking training	O0500F				
Quadriplegia	I5100		Chemotherapy – while a res	O0100A2		Dressing/grooming trng.	O0500G				
Multiple sclerosis	I5200		Radiation – not a resident	O0100B1		Eating/swallowing trg.	O0500H				
Fever	J1550A		Radiation – while a resident	O0100B2		Amputation/prosth. trg.	O0500I				
Vomiting	J1550B		Oxygen ther – not a resident	O0100C1		Communication training	O0500J				
Dehydrated	J1550C		Oxygen ther – while a res	O0100C2		Physician Examinations	O0600				
Internal bleeding	J1550D		Suctioning – not a resident	O0100D1		Physician Orders	O0700				
Weight loss	K0300		Suctioning – while a resident	O0100D2							

LW Consulting, Inc

How therapy can assist nursing with case-mix

LW Consulting, Inc

Opportunities for therapy to collaborate with nursing

- Screens
- Evaluations to Therapy
- Capturing appropriate rehab minutes within assessment windows
- Restorative programs
- Nursing education and training

LW Consulting, Inc

Communicate to therapy

- Routines
- Reminders
- Reinforcements
- Review

LW Consulting, Inc

Screens

- System to communicate list of residents who are coming up for MDS assessments
- Make it a priority to complete timely
- Skill set of who does screens
- Outcome of screens

LW Consulting, Inc

Function Based Screen Form

- Fell while participating in a task, due to poor positioning, or fallen more often lately
- Increased difficulty propelling wheelchair
- Ambulating has decreased
- Trouble with balance while standing
- Trouble with the restorative program
- Contractures involving legs or feet
- Refusing to wear splints, braces, prosthetics
- Splints, braces, prosthetics are not helping
- Skin breakdown resulting from positioning, contractures, splints/braces, footwear
- Increased trouble with transfers
- Transfer device is no longer helping
- Increased difficulty moving arms, legs, hands or feet
- Less independence because of weakness
- Not getting out of bed
- New skin breakdown
- Walking pattern has changed
- Pain is limiting activity
- Trouble positioning or repositioning self
- Trouble with ADLs because of positioning
- Not able to set straight in bed or wheelchair
- Positioning devices are not helping
- Needs help or more help to eat
- More confused and needs more help to complete ADLs
- More difficulty with activities because of inability to see
- Needs more help dressing, bathing, caring for self
- Taking longer than usual to get resident dressed, out of bed, fed or bathed
- Trouble with balance when sitting
- Incontinence problem - patient alert and oriented
- More trouble moving arms or hands
- Less independent because of weakness
- Trouble with restorative program
- Low Vision needs
- Intake at meals has decreased
- Significant weight loss
- Trouble with diet level
- Refusing to eat
- Trouble chewing
- Food left in mouth after swallowing; pocketing
- Coughing, clearing throat during meals or when drinking
- Eyes become red or tear when eating or drinking
- Voice sounds wet or gurgly when eating or drinking
- More trouble following directions
- More confused and increased difficulty completing activities
- Increased difficulty communicating needs
- Trouble with restorative program

LW Consulting, Inc

Screen to Evaluation Ratio

- **Record all screens done each month and how many converted to an evaluation**
- **Assess ratio for acceptable percentage**
- **Identify root cause if not acceptable**
  - Not completed
  - "Status Quo"
- **Rectify situation**
  - Accountability
  - Education
  - Enhanced LTC programming

LW Consulting, Inc

Basic LTC Programming

- PT: Mobility
- PT: Balance and Falls
- PT/OT: Seating and Positioning
- OT: ADL Re-training
- OT: ROM and Contracture Management
- OT/ST: Communication and Cognitive Re-training
- ST: Dysphagia Management

LW Consulting, Inc

Enhanced LTC Programming

- PT: Wound Care
- PT/OT: Pain Management
- PT/OT: Continence Management
- OT: Low Vision
- OT/ST: Dementia Staging

LW Consulting, Inc

Issues related to LTC programming

- **Some programs require additional equipment**
  - Continence management: patterned electrical stimulation (PENS)
  - Wound management: electrotherapy modalities (electrical stimulation, short wave diathermy, ultrasound)
  - Pain management: electrotherapy modalities (electrical stimulation, short wave diathermy, ultrasound)
  - Low Vision: low vision tools (vision magnifier devices)
- **Costs associated with procurement and training**

LW Consulting, Inc

Issues related to LTC programming

- **Education of therapy staff**
  - PT qualified to collaborate with nursing for wound care using electrotherapy modalities
  - OT/PT with skill set to evaluate and address continence management
  - OT/ST with skill set to evaluate and address Dementia Staging
- **Education of nursing caregivers**
  - Program protocols are updated
  - Caregivers understand how to follow through with programs
  - Restorative Nursing Programs

LW Consulting, Inc

Capturing appropriate rehab minutes within assessment windows

Obtaining a Rehab RUG supports the CMI

Typical issues identified during CMI audits:

- **Therapy picks patient up whenever**
  - No communication to MDS
- **MDS has ARD set after therapy discharges the patient**
  - Inflexible with changing ARD to capture minutes
- **Not all planned minutes are actually delivered for Part B resident**
  - RUG requirement is not met

LW Consulting, Inc

Solutions to ensure capturing appropriate rehab minutes include…

- Outline a system of communication
- Hold everyone accountable
- Educate all parties that are involved
- Discuss ARD and minute counts as for Part A
- Review outcome of increased focus with the team

LW Consulting, Inc

Example of CMI related to Rehab RUG

Resident was receiving PT for decreased ambulatory ability due to Parkinson's. The ARD was set for 02/17/17 with projection to meet medium rehab RUG with CMI 1.39. The previous CMI was CC1 1.01 due to need for oxygen. The resident no longer requires oxygen.

On 2/17/17 the therapist informed the MDS nurse that they did not meet the criteria for medium rehab of 150 minutes of therapy. The projected medium rehab RUG with a 1.39 CMI was lost and the residents CMI dropped to the Reduced Physical Function classification with a RUG and CMI of PE1 0.79.

The resident met the criteria of a RNP program and was receiving 2 RNP's. Which would increase the CMI from PD1 0.79 to PD2 0.81, however, the RNP's were provided 5 days per week during the 7 day look back which does not meet the 6 days per week criteria to meet the RNP end split for case-mix.

LW Consulting, Inc

Restorative Nursing Programs

Next to a Rehab RUG level, a Restorative Program adds a valued opportunity for CMI

LW Consulting, Inc

Restorative Nursing Programs

O0500: Restorative Nursing Programs

O0500. Restorative Nursing Programs	
Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)	
Number of Days	Technique
☐	A. Range of motion (passive)
☐	B. Range of motion (active)
☐	C. Splint or brace assistance
Number of Days	Training and Skill Practice in:
☐	D. Bed mobility
☐	E. Transfer
☐	F. Walking
☐	G. Dressing and/or grooming
☐	H. Eating and/or swallowing
☐	I. Amputation/prostheses care
☐	J. Communication

LW Consulting, Inc

When to start a RNP

- Not a candidate for skilled therapy
- Change in condition
- In conjunction with therapy
- Transition from physical, occupational, or speech rehabilitation therapy

LW Consulting, Inc

Restorative Nursing Program Criteria

- **Nursing staff are responsible for overall coordination and supervision of restorative nursing programs.**
- **Ratio 4:1**
- **Measurable objective and interventions must be documented in the care plan and in the medical record.**
  - If care plan is being revised, reassess the program
  - Document the reassessment results in the medical record.

LW Consulting, Inc

Restorative Nursing Program Criteria

- Periodic evaluation by the licensed nurse must be present in the resident's medical record.
- Progress note written by the restorative aide can be countersigned by a licensed nurse after the purpose and objectives of treatment have been established.
- Nursing assistants/aides must be trained in the techniques of the activity.

LW Consulting, Inc

Restorative Nursing Program Criteria

- A registered nurse or a licensed practical (vocational) nurse must supervise the restorative nursing program.
- Restorative nursing does not require a physician's order.
- Nursing homes may elect to have licensed therapist perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services.

LW Consulting, Inc

Restorative Nursing Program Coding

- 7-day look-back period
- Enter the number of days the program was performed for at least 15 minutes during the 24-hour period.
- Perform 6 days per week, 2 RNPs

LW Consulting, Inc

Restorative Program Affects Reimbursement

66 RUG PPS RUG Categories and Federal Rates-Urban

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-Codes	Federal Rate	CMI
BEHAVIOR & COGNITIVE PERFORMANCE(ADL score 5 or <)	2-5	Nursing Rehabilitation	BB2	261.91	11
BIMS Score </= 9 or Cognitive Performance Scale (CPS) >=3 OR	2-5		BB1	250.30	10
Hallucinations or delusions OR	0-1	Nursing Rehabilitation	BA2	217.14	4
Physical or verbal behavioral symptoms towards others, other behavioral symptoms, rejection of care, or wandering	0-1		BA1	207.19	3
2 or more nursing rehab services 15mins per day and 6+ days/wk					
PHYSICAL FUNCTION REDUCED	15-16	Nursing Rehabilitation	PE2	349.79	30
No clinical Variables Used	15-16		PE1	333.20	24
N2 or more nursing rehab services 15mins per day and 6+ days/wk	11-14	Nursing Rehabilitation	PD2	329.89	22
Nursing rehab service count:					
• passive and/or active ROM(**)	11-14		PD1	313.31	20
• amputation/prosthesis care training	6-10	Nursing Rehabilitation	PC2	283.46	14
• splint or brace assistance	6-10		PC1	270.20	12
• dressing or grooming training	2-5	Nursing Rehabilitation	PB2	240.35	8
• eating or swallowing training	2-5		PB1	230.40	5
• transfer training	0-1	Nursing Rehabilitation	PA2	198.90	2
• bed mobility and/or walking training(**)	0-1		PA1	190.61	1
• communication training					
• Urinary and/or Bowel training program.(**)					
Default			AAA	190.61	

LW Consulting, Inc

Restorative Program Affects Reimbursement

Medicaid 44 RUG III Version 5.12 LARR

CATEGORY	ADL INDEX	END SPLITS	RUG-Codes	PA-Normalized CMI
IMPAIRED COGNITION (ADL score of 10 or less)	6-10	2 or more nursing rehab 6+ days/wk	IB2	0.71
Comatose and decision making blank or - OR				
BIMS Summary Score <=9	6-10	0-1	IB1	0.69
Severely Impaired Decision making C1000 OR				
CPS >=3 Identified by B0700, C0700, and C1000 are all assessed AND	4-5	2 or more nursing rehab 6+ days/wk	IA2	0.59
Two or more impairments (a-c) are present:	4-5			
a. Understood B0700(>0)		0-1	IA1	0.54
b. Short Term Memory C0700(1)				
c. Decision Making C1000(>0) AND				
One severe impairment indicator is present				
a. Understood B0700(>=2) OR				
b. Decision Making C1000(>=2)				
If ADL score is > 10 Go to (Reduced Physical Function)				
BEHAVIOR PROBLEMS (ADL score of 10 or less)	6-10	2 or more nursing rehab 6+ days/wk	BB2	0.70
One of the following: Wandering (2 or 3), physical symptom (2 or 3), verbal symptom (2 or 3), other behavior symptom (2 or 3) or rejection of care (2 or 3) OR	6-10	0-1	BB1	0.67
hallucinations or delusions	4-5	2 or more nursing rehab 6+ days/wk	BA2	0.57
If ADL score is > 10 Go to (Reduced Physical Function)	4-5	0-1	BA1	0.49

LW Consulting, Inc

Restorative Program Affects Reimbursement

Medicaid 44 RUG III Version 5.12 LARR

CATEGORY	ADL INDEX	END SPLITS	RUG-Codes	PA-Normalized CMI
REDUCED PHYSICAL FUNCTION Nursing rehab service count: • passive and/or active ROM** • amputation/prosthesis care training • splint or brace assistance • dressing or grooming training • eating or swallowing training • trans fer training • bed mobility and/or walking training** • communication training • scheduled toileting plan and/or bladder retraining program** NOTES: No clinical variables used	16-18 16-18 11-15 11-15 9-10 9-10 6-8 6-8 4-5 4-5	2 or more nursing rehab 6+ days/wk 0-1 2 or more nursing rehab 6+ days/wk 0-1 2 or more nursing rehab 6+ days/wk 0-1 2 or more nursing rehab 6+ days/wk 0-1 2 or more nursing rehab 6+ days/wk 0-1	PE2 PE1 PD2 PD1 PC2 PC1 PB2 PB1 PA2 PA1	0.81 0.79 0.73 0.69 0.68 0.66 0.53 0.52 0.50 0.48

LW Consulting, Inc

Restorative Program Tips

- **Residents with Dementia learn from repetition, multiple times a day.**
- **Routine dressing does not count as part of a formal restorative nursing program.**
- **For inclusion, active or passive range of motion must be a component of an individualized program that is:**
  - planned,
  - monitored,
  - evaluated, and
  - documented in the resident's medical record. Range of motion should be delivered by staff who are trained in the procedures.

LW Consulting, Inc

Restorative Program Tips

- **For splint or brace assistance: assess the resident's skin and circulation under the device, and reposition the limb in correct alignment.**
- **The use of continuous passive motion (CPM) devices in a restorative nursing program is coded when the following criteria are met:**
  - (1) ordered by a physician,
  - (2) nursing staff have been trained in technique, and
  - (3) monitoring of the device. Nursing staff should document the application of the device and the effects on the resident.
  - Include only the actual time staff were engaged in applying and monitoring the device.

LW Consulting, Inc

Restorative Program Tips

- **Identify a way to track residents on restorative programs.**
- **Calculate restorative nursing minutes per resident on programs and compare to restorative staffing hours provided.**
- **To capture appropriate reimbursement through the restorative program:**
  - 15 minutes a day
  - 6 days per week
  - 2 Restorative Nursing Programs

LW Consulting, Inc

Restorative success factors

- Prevent decline.
- Improve mobility, movement, self-esteem, and independence.
- Obtain and maintain the highest level of function.
- Enhance reimbursement.

LW Consulting, Inc

Quality Measures

LW Consulting, Inc

Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

Numerator

- **Must meet either or both Conditions:**
  - **Condition #1: resident reports daily pain**
    - Both of the following must be met:
      - Almost constant or frequent pain and
      - At least one episode of moderate to severe pain
  - **Condition #2: resident reports very severe/horrible pain of any frequency**

LW Consulting, Inc

Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

Exclusions:

- Pain Interview not completed
- Pain presence was not completed
- The pain frequency item was not completed
- Neither of the pain intensity items was completed
- The numeric pain intensity item indicates no pain

Covariates:

- None

LW Consulting, Inc

Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)

Numerator

- **Must meet either or both Conditions:**
  - **Condition #1: resident report almost constant or frequent moderate to severs pain in the last 5 days**
    - Both of the following must be met:
      - Almost constant or frequent pain and
      - At least one episode of moderate to severe pain
  - **Condition #2: resident reports very severe/horrible pain of any frequency**

LW Consulting, Inc

Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)

Exclusions:

- Target Assessment is admission or 5 day PPS.
- Resident did not meet the numerator AND any of the following:
  - Pain Interview not completed
  - Pain presence was not completed
  - The pain frequency item was not completed
  - Neither of the pain intensity items was completed
  - The numeric pain intensity item indicates no pain

Covariates - C1000 = 0, 1 or C 0500 is 13-15

LW Consulting, Inc

Pain Documentation Review

- **Are pain interviews being conducted?**
- **How and when are they being conducted?**
- **Are cue cards used for pain scale?**
- **If the resident has pain, what is the follow up process?**
- **What commonalities are identified?**
  - Residents triggered have no scheduled pain medication order.
  - Residents have the same pain level throughout their stay as well as discharge.

LW Consulting, Inc

Therapy- Pain Management

- **Acute pain may occur after a fall or other physical incident**
- **Chronic pain may be related to diagnosis**
  - Arthritis
  - Other degenerative disorder
- **Therapy can utilize modalities and activity to support a medication regime to minimize pain and promote healing.**

LW Consulting, Inc

Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay)

Numerator

- **Short-stay residents for which look-back scan indicates one or more**
  - new or worsening Stage 2-4 pressure ulcers

Exclusions:

- **The resident doesn't have a new or worsening Stage 2-4 pressure ulcer**

LW Consulting, Inc

Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay)

Covariates

- Requiring limited or more assistance in bed mobility self-performance on the initial assessment:
- Indicator of bowel incontinence
- Diabetes or peripheral vascular disease on initial assessment
- Low BMI of 12-19
- All covariates are missing if no initial assessment is available.

LW Consulting, Inc

Pressure Ulcer Documentation Review

- Identified and documented on admission
- Correct ulcer type identified
- History of ulcer- Resident, representative, physician
- Correct staging of ulcer(s)
- Conflicting location(s)
- Conflicting Stage(s)
- Correct coding of the MDS
- Correct coding of healed ulcers

LW Consulting, Inc

Therapy- Pressure Ulcer Management

- **Physical therapists can use electrotherapy modalities for wound healing as part of their training**
  - Any sharps debridement requires specialized certification
- **Electrical stimulation, Short wave diathermy and ultrasound have indications for wound healing**
  - The choice depends on the stage and the goal
- **Therapist should participate in Wound Rounds**
- **Therapist should know Medicare requirements for when skilled modalities are allowed to be performed**

LW Consulting, Inc

Therapy- Pressure Ulcer Management

- **Nursing and Therapy would work together on dressing changes since dressing changes are not considered "skilled" minutes for therapy**
- **Therapy should also focus on pressure management techniques**
  - PT or OT could work on positioning in bed and wheelchair
  - PT or OT could work on a therapeutic exercise program to improve/maintain ROM

LW Consulting, Inc

Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

Numerator

- One or more falls that resulted in major injury

Exclusions: One of the following is true for all of the look-back scan assessments.

- The occurrence of falls was not assessed
- The assessment indicates that a fall occurred and the number of falls with major injury was not assessed.

Covariates

- None

LW Consulting, Inc

Falls Documentation Review

- **What is a fall?**
- **Coding of falls**
- **Look back period for falls**
- **Three injury types**
  - No injury, includes no pain
  - Injury (except major), includes pain
  - Major injury
- **Symptoms after the fall**

LW Consulting, Inc

Therapy- Falls Management

- **A member of the therapy team should be part of the Falls Team**
- **All falls should be screened by therapy to review cause and possible interventions**
- **"Frequent fallers" need even more critical review of possible root causes and interventions**
  - Root causes: pain from being in one position too long, needing to go to the bathroom, boredom, anxiety are all things that therapy could address

LW Consulting, Inc

Common Fall Interventions

- Keep environment free of clutter
- Review toileting schedule
- Review medication
- Take postural BP
- Assess for dizziness
- Assess balance and strategies: sight, sensation
- Look for repairs
- Provide adaptive equipment
- Assess cognition and implement strategies for communication
- Improve activity level
- Evaluate least restrictive device

LW Consulting, Inc

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)

Numerator

- Late Loss ADLs (Bed Mobility, Transfer, Eating, Toilet)
- Self-Performance Only
- Comparison of target assessment to prior assessment resulting in increased need for assistance.
- Increase in two or more coding points in one late-loss ADL *OR*
- One point increase in coding points in two or more late-loss ADL items

LW Consulting, Inc

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)

Exclusions:

- All four of the late-loss ADL items indicate total dependence on the prior assessment, (4, 7, 8)
- Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1 AND the fourth late-loss ADL indicates extensive assistance (value 3) on the prior assessment.
- Comatose
- Life expectancy less than 6 months, Hospice
- ADLs are dashed (-)
- Covariates: None

LW Consulting, Inc

ADL Documentation Review

- **Accurate ADL documentation**
  - Resident representation
- **Consistent education**
- **ADL review for decline**
- **ADL spot education**
- **ADL clarification documentation**

LW Consulting, Inc

Therapy- ADL Management

- **OT should perform an evaluation on anyone with a reported decline in ADL**
  - Family report, C.N.A. report, patient report
  - Make sure there is documentation
  - Onset date is the date of the report
- **Outcome of the evaluation**
  - No decline substantiated
  - RNP development and training
  - Skilled OT intervention is required

LW Consulting, Inc

Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)

Numerator

- Frequently or always incontinence of the bladder

Exclusions

- **Target assessment is an admission assessment or a PPS 5-day assessment**
- **Urinary and bowel Continence is dashed (-)**
- **Residents who have any of the following high risk conditions:**
  - Severe cognitive impairment on the target assessment
  - Totally dependent in self-performance bed mobility, transfer, locomotion on unit [4, 7, 8]).
- **Resident does not qualify as high risk (see above) and both of the following two conditions are true for the target assessment:**
  - BIMS Score = 99 or dashed and Short Term Memory is dashed or decision making is dashed.

LW Consulting, Inc

Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)

Exclusions continued

- Comatose or comatose status is dashed
- Resident has an indwelling catheter or indwelling catheter status is dashed.
- Resident has an ostomy or ostomy status is dashed

Covariates

- None

LW Consulting, Inc

Incontinence Documentation Review

- **Accurate coding of continence**
- **Understanding the continence coding definitions**
- **Documentation of incontinence episodes**
- **Process to identify first incontinence**
- **Toileting programs**
  - Restorative Program
  - Skilled Therapy Program

LW Consulting, Inc

Therapy Continence Management

- Skilled OT and/or PT is appropriate for both Stress Incontinence, Urge Incontinence or Mixed
- Physician must be involved to identify diagnosis
- Stress Incontinence = muscle weakness
- Urge Incontinence = hypersensitivity of the detrusor muscle in the bladder causes urge to urinate
- 24 Voiding Tracking Record helps to identify the origin of incontinence and support a diagnosis

LW Consulting, Inc

Plan for Therapy Continence Program

- **Pelvic Floor Strengthening Exercises "Kegel Exercise"**
  - Medicare requires documentation of 30 days of program prior to use of any electrical stimulation
  - Skilled PT/OT can train resident, C.N.A., Activities Department or Restorative Aide to perform
  - Repeat 24 Hour Voiding Tracking to see change
- **Use of electrical stimulation (PENS)**
  - Most common for Urge Incontinence (> 8 incontinence episodes in 24 hours)

LW Consulting, Inc

Benefits from Improved Continence

- Improved patient dignity; can go to events
- Decreased cost for products (facility or family)
- Decreased laundry costs (wet linens/clothes)
- Decreased risk of skin breakdown
- Decreased C.N.A. involvement for transfers to toilet
- Decreased risk of falls (due to attempting to get to the bathroom or wet floors)

Biggest Bang for the Buck!

LW Consulting, Inc

THANK YOU

Submit questions to:

Terry Raser, RN, RAC-CT, C-NE, DNS-CT, QCP
traser@lw-consult.com

Kay Hashagen, PT, MBA, RAC-CT
khashagen@lw-consult.com

LW Consulting, Inc