

Tips For Using MDS Reports

Not only does analyzing your QIs help improve quality of care, but also it helps nursing home professionals prepare for pay for performance initiatives. Below are just a few tips for using the MDS reports.

Know Your MDS

Having a thorough understanding of the MDS questions is essential. For example, regarding pain, the use of pain medications (or any other intervention) should not cause the resident to trigger for pain. The RAI Manual states that the pain item should be coded according to the level of pain that is present in the last seven days, rather than coding according to interventions. The QI/QM scores show residents who have experienced daily pain with at least one episode of moderate pain OR excruciating pain at any frequency.¹

Question Your Triggers

When reviewing the reports, it is important not only to read the numbers on the page and understand how they are calculated, but also to analyze the residents that triggered different QIs in your report. The report makes it easy to identify areas of concern for quality by flagging an indicator for a facility. After careful review, make a list of questions.

Five Whys

Consider using the simple, yet effective “5 Whys” method to get to the root cause. As defined on Wikipedia, the 5 Whys is “a question asking method used to explore the cause/effect relationships underlying a particular problem.”

The following Wikipedia example demonstrates the basic process.

My car will not start (the problem)

1. *Why?* The battery is dead (first why)
2. *Why?* The alternator is not functioning (second why)
3. *Why?* The alternator has broken beyond repair (third why)
4. *Why?* The alternator is well beyond its useful service life and has never been replaced (fourth why)
5. *Why?* I have not been maintaining my car according to the recommended service schedule (fifth why, root cause)

Correct Coding Errors Due to Misinterpretation

One of the first steps to take is to work with the MDS nurse to determine whether the questions on the MDS are being misinterpreted. For example, make sure the MDS matches the documentation in the chart. The old adage, “If it’s not documented, it wasn’t done” certainly applies to this scenario. If an MDS Nurse uncovers information while speaking with the resident, it not only needs to be documented on the MDS, it also needs to be documented in the chart. Otherwise, there could be a concern of invalid coding in the future.

Examine Your Processes

If you determine that the coding is accurate, you should then conduct a review of the facility processes. If the facility flags for the number of residents with declining mobility, an approach to reverse this trend needs to be implemented. Some questions to consider: Do therapy consults need to be ordered more frequently? Would a walk to dine program be beneficial? Should an exercise program be started?

Find Execution Gaps

Remember, justification of the numbers can hinder your nursing home from looking objectively for potential improvements to the care that is given. For example, it is not enough to state that the development of a pressure ulcer on a particular resident was unavoidable. It is necessary to look and see if preventive measures your home said were in place really were in place and implemented properly. This phenomenon is called the execution gap: you plan it but you don’t do it or do it inconsistently.

If the preventive measures were there and the open area developed, does the prevention protocol need to be changed?

Once a resident triggers for having an open area, the amount of time for the wound to heal needs to be monitored. If a wound is not healing adequately within 7 to 10 days, are protocols or treatments being changed? Are we aggressive at getting the open areas healed and ultimately improving the health of our residents while at the same time improving the quality measure for the nursing home? When we see residents trigger for an open area, do we also look to see if they have a restraint, an increased need for ADL help, a decline in ability to move around the room, or have become incontinent or lost weight? An open area can be a result of any of these factors. During this review, your nursing home should conduct a double check of the care plan for accuracy.

Schedule a Monthly MDS QI Report Review

Your nursing home should conduct a review of the Quality Indicator Reports minimally on a monthly basis so corrective action can be implemented as soon as possible. Why wait until the end of the quarter to make the appropriate changes in patient care? It is important to review both facility data as well as resident specific data when looking at the Quality Indicator Reports. Rarely does a provider have the advantage where a resident only presents one diagnosis or health concern. Most often, healthcare providers are faced with multiple diagnoses and concerns with our elderly residents. However, by reviewing the residents who trigger for each quality indicator, a quality improvement team can determine what changes can be made to improve the care for each individual resident.

Compare QI Reports Over Time

Your facility should also conduct a comparison of one quarter's Quality Indicator Report to the next to determine if the same residents continue to trigger for a quality indicator from one assessment period to the next. If a resident triggers the pain QI one period to the next, a different intervention should be put into place to help alleviate that resident's pain. If a resident triggers for an open area from one period to the next, a treatment protocol may need to be changed, especially if the open area is worsening.

When quality improvement teams look at the care they provide, it is important to use the data they have readily available to them. Often studies need to be conducted in order to secure data to determine if changes implemented have produced the expected results. But one of the easiest, quickest, and most accurate sources of data available in a nursing home comes on a daily basis right off the computer

Reference:

1. Quality Measure Resource Manual NHQI Appendix A. Version 6.A.01 Updated 10/15/06.