

## FYI -- Updates

Date: March 2005



**Aim For Success**

### MDS Accuracy

There are times, that no matter how hard you try, you cannot find the needed information to accurately complete a MDS question relative to the look back period. The RAI Manual, Chapter 3, page 5 provides the following guidance that is to be used when you encounter that situation: ***The standard no-information code is a "dash" (-). This code indicates that all available sources of information have been exhausted; that is the information is not available, and despite exhaustive probing, it remains unavailable.*** If you have any questions about using the "dash" please contact Judy Wilhide, the State RAI Manager at 804-367-2103.

### ATTENTION: New RAI Manual UPDATE SCHEDULED FOR MARCH 28!!

A new update to the RAI Manual is to be posted to the CMS website:  
<http://www.cms.hhs.gov/quality/mds20> on **March 28th.**

### Case Mix Training

On April 6<sup>th</sup> and 7<sup>th</sup>, VHCA will hold a two-day conference titled "Managing Case Mix". The conference, to be held in Richmond, will focus on the needs of facilities to understand, monitor and manage all aspects of resident acuity and case mix as it relates to both Medicare and Medicaid payment determination. Marc Zimmet and Sheryl Rosenfield from Zimmet Healthcare Services Group will conduct the conference which will include a half-day session focusing on the entire Medicaid process from delivery of services through final rate determination including the financial impact of any CMI adjustments based upon utilization/RUGs reviews by the Department. Contact VHCA at 804-353-9101 for more information & registration.

### Medication errors hurt one in 10 residents -- from the Liability Monitor 3/3/05

Medication errors are all too common among nursing home residents, with nearly one in 10 nursing home residents the victim of a medication-related injury each month, according to a study done by the University of Massachusetts Medical School. Seventy-three percent of the errors that led to the most severe types of harm, including internal bleeding and death, could have been prevented, researchers told *The Boston Globe*.

***Best Practice Tip from CHC – Involve your pharmacy consultant in regular med pass observations; create competency testing of medication administration techniques, transcription of physician orders, and review of monthly physician order sheets – all components of the medication administration process that may potential to create opportunity for errors.***

### Smoking

During the past several months, CHC has observed unsafe smoking practices while completing mock surveys in several facilities. This observation has given us reason to pause and evaluate smoking from both resident rights and resident safety perspectives. The resident has the right to smoke; the organization has the responsibility to make reasonable accommodations to allow the smoking and an ultimate responsibility to ensure the safety of the smokers and other residents.

***Best Practice Tip from CHC – Evaluate you smoking policy to determine how or if residents are allowed to smoke independently or supervised; evaluate policies related to storage of smoking paraphernalia such cigarettes, matches, lighters, etc. Evaluate provision of safety devices such as smoking aprons, closed ashtrays, etc. Discuss in care plan.***

