



For more information about MDS Logic Checking on MDS records created through other vendor's MDS software, go to www.MDSLogicCheck.com

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MDS Data Logic Checking — Find MDS Logic Errors *Before* your Surveyors Do

MDS Data Logic Checking goes beyond error checking to test for more than 100 possible MDS data conflicts that can affect reimbursement, triggered RAPs, CMS Survey Reports, and Quality Measures (QMs) publicly reported through the Nursing Home Compare.

For example, MDS item B4. Cognitive Skills for Decision Making indicates that the resident is Independent (B4 = 0), and B2a Short Term Memory indicates a memory problem (B2a = 1). The program will list this combination as a conflict so that you can review and confirm that both responses are correct.

When integrated with Hi-Tech Software's MDS processing, the program provides a variety of reporting formats. You can check open, completed and submitted assessments, and print or display the results in detail or summary formats.

When used with other vendors' MDS processing, the program tests for conflicts in MDS records that are ready to be submitted. Please go to www.MDSLogicCheck.com for more information on this product.

This process helps you to locate and correct conflicts that your surveyors might find. It will also help you identify areas to reconsider and report more accurately to raise your case mix index.

Through Hi-Tech Software's MDS processing, you can run the data conflict check on a specific MDS record from the **Edit MDS** program when you end out of the record, and from the **Print MDS** program when you select pages to be printed. The following sample indicates that this MDS has conflicting responses between:

Check for Data Conflicts
 Include Exceptions

Include AB AC AD on non-Admission MDS's
 Data Conflict Report

- G1Aa Bed Mobility (not independent) and M5c Turning/repositioning program (none).
- M5g-i Skin Treatments (checked) and no check mark at skin conditions or procedures that could cause skin conditions.

1132	H ADAMS	Assessment:03/30/2005	Reason(AA8a/b):05	Quarterly
Review G1Aa/M5c				
G1Aa(1-8) Bed Mobility (Not independent)				
M5c(0) Turning/repositioning program (Not checked)				
Review M5g-i/M1a-d M4a-g K5a H3i M3				
M5g-i(1) Skin Treatments (At least one checked)				
and none of the following checked				
M1a-d(0) Ulcers (None recorded)				
M4a-g(0) Other Skin Problems or Lesions present (None checked)				
K5a(0) Parenteral/IV (Not checked)				
H3i(0) Ostomy present (Not checked)				
M3(0) History of Resolved Ulcers (No)				

Also through HTS MDS processing, you can run **Print MDS Data Conflict Report** from the **Edit/Print MDS** menu to check multiple records.

These reports will indicate how often specific conflicts occur in your MDS records so that you can examine the way you evaluate and report on residents' conditions.

You can "Include Exceptions", which are data combinations that you have determined are not conflicts for your facility, an individual resident, or a specific MDS.

The sample reports below illustrate four more data conflict situations:

Print MDS Data Conflict List

Report Date:

Assessment Dates to Print: All Range

From: Thru:

Assessments to Test:

- Open Assessments
- Completed Assessments
- Submitted Assessments

Information to Print:

- Data Conflict List
- Data Conflict Summary
- Include Resident Names

Include Exceptions:

- Global
- Individual Resident
- Individual Assessment

Conflict B1/Q1a occurred 0001 times				
B1(1) Comatose (Yes)				
Q1a(1) Resident expresses preference to return to community (Yes)				
1132	H ADAMS	Assessment:03/30/2005	Reason(AA8a/b):05	Quarterly
Conflict B4/B2a occurred 0011 times				
B4(0) Cognitive Skills for Decision Making (Independent)				
B2a(1) Short-term memory OK (Memory problem)				
1132	H ADAMS	Assessment:03/30/2005	Reason(AA8a/b):05	Quarterly
1200	B ARCHER	Assessment:06/01/2004	Reason(AA8a/b):00/4	Other
1200	B ARCHER	Assessment:05/03/2004	Reason(AA8a/b):00/3	Other

Conflict G6b/G1Aa occurred 0002 times				
G6b(1) Bed rails used for bed mobility or transfer (Checked)				
G1Aa(4) Bed Mobility (Total dependence)				
1492	H JAMES	Assessment:03/26/2004	Reason(AA8a/b):02	Annual
1492	H JAMES	Assessment:12/28/2003	Reason(AA8a/b):05	Quarterly
Conflict G6b/G1Ab occurred 0005 times				
G6b(1) Bed rails used for bed mobility or transfer (Checked)				
G1Ab(4) Transfer (Total dependence)				
0068	L AXELROD	Assessment:07/07/2004	Reason(AA8a/b):00/4	Other
0068	L AXELROD	Assessment:06/07/2004	Reason(AA8a/b):00/3	Other
0068	L AXELROD	Assessment:05/08/2004	Reason(AA8a/b):00/2	Other

With Release W5.12 of the Clinical Records System, HTS added the **Print MDS Data Conflict Trend Report** to the system. This program prints a 12-month trend report that lists the number of times a particular conflict has occurred for assessments dated within that month.

This report can be useful in determining whether your nursing and data entry staff are responding to data conflicts and changing their MDS assessment and recording methods.

Conflict G1Aa/M5c occurred 13 times												
G1Aa(1-8) Bed Mobility (Not independent)												
M5c(0) Turning/repositioning program (Not checked)												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
3	3	2	2	1	1	1	0	0	0	0	0	

Also added with Release W5.12, the **Edit MDS Data Conflict Items** program allows you to flag specific data conflicts as “exceptions”. These items will no longer be listed on data conflict reports unless you choose to Include Exceptions.

On the sample screen below, we indicated the following as exceptions:

1. The first conflict is an exception for this resident (Individual)
2. The second conflict is an exception for just This MDS
3. The fourth conflict is an exception for the entire facility (Global).

When we print a data conflict report and check Include Exceptions, these conflicts will be listed and noted as exceptions:

Review E1/P2a (Resident Exception),

Review E1/I1ee (Asmnt Exception),

Review G1Aa/G1Ba (Global Exception)

How Data Conflicts Affect Your Facility

Example 1: Pressure Ulcers (M2a > 0) and any of the following:

- **No** pressure relieving devices for chair (M5a=0)
- **No** pressure relieving devices for bed (M5b=0)
- **No** turning/repositioning program (M5c=0)
- **No** nutrition or hydration intervention (M5d=0)

Correcting the above responses can result in the following:

- If no Pressure Ulcers (M2a=0), resident will not be included in Skin Care QM/QIs or on the CMS Roster or Census reports provided to your surveyor.
- If Skin Treatments are indicated (M5 a, b, c, or d =1) this can increase the MDS RUG rate into the Special Care category (if pressure ulcers are at stage 3 or 4).

Example 2: Application of Dressings (M6f=1) and

- **No Infection of the foot** (M6b=0)
- **No Open lesions on foot** (M6c=0)

M6b We used the HTS Case Mix Calculator to demonstrate how a change in these responses can affect case mix scores. The screen sample below shows the case mix score for the responses on the left.
M6c
M6f

Current:	17	1.42	36	PE1 - PHYSICAL FUNCTION
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M6b When we select either M6b or M6c (in addition to M6f), this increases the case mix score to 1.66 in the
M6c CC1 – Clinically Complex group.
M6f

Current:	17	1.66	22	CC1 - CLINICALLY COMPLEX
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Example 3: Depression (I1ee=1) and any of the following,

- **No Indicators of Depression, Anxiety, or Sad Mood** (E1a-p=0)
- **No antidepressants** (O4c=0)
- **No Psychological Therapy** (P1be=0)

Correcting any of the above MDS responses can result in the following:

- If no Depression (I1ee=0), this resident will not be included in the depression areas of the CMS Roster and Census provided to surveyors.
- At least 3 Indicators of Depression, Anxiety or Sad Mood, can increase the RUG rate within the Clinically Complex categories.
- Receiving Antidepressants will trigger the Falls RAP, which could lead to a change in the resident's care plan and quality of care.

DAVE Program Consistency Checks

MDS Data Logic Checking also identifies the same data conflicts that DAVE would look for, including:

- Uses cane, walker, or crutch (G5a=1) and no transfer aid (G6e=0)
- Bedfast all or most of the time (G6a=1) and walk in corridor, or locomotion on or off unit occurred (G1A d,e,f < 8)
- Unsteady gait (J1n=1) *and* balance while standing--maintained position (G3a=0).