Oklahoma State Department of Health

News You Can Use

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
Nancy Atkinson, Service Director

MDS

Volume 8. Issue 4
October 2015

Special points of interest:

- Director's Corner: ICD-10
- QM Training Announcement

I0600-Congestive Heart Failure

-Wanda Roberts, RN

What is Congestive Heart Failure?

Congestive heart failure is a serious condition in which the heart cannot pump enough blood to meet the body's needs. There are two types of heart failure. The first is systolic heart failure. Systolic failure occurs when the heart does not squeeze as well as it should, due to a weakened heart muscle. Diastolic

heart failure occurs when the heart squeezes well but cannot properly fill with blood because the muscle has thickened and has lost its ability to relax. In both types of heart failure, pressure resulting from the inefficient pumping creates a congestion of blood that results in a leaking of blood into the lungs, hands, feet, or other parts of the body. Symptoms of heart failure are often due to the congestion; however, in cases of moderate to severe systolic

Director's Corner: ICD-10

-Diane Henry, RN

The long awaited ICD-10 implementation is finally here! Are you prepared?

ICD-10 requires increased specificity and detail. This will allow for better data to provide better support for patient care, and improve disease management, quality measurement and analytics, as well as improve care coordination, according to Marilyn Tavenner, Administrator of CMS.

The following are a fewexamples of increased specificity: 1) approximately 25,000 of the 69,000 codes distinguish Right versus Left. This is important when a condition or injury is impacting the resident's dominant side and should be included in the care plan.

2) Pressure ulcer codes have also changed. ICD-9 had 9 location codes and show the general, broad location, but not depth (stage). ICD-10 now has 150 pressure ulcer codes and show more specific location as well as depth. For example:

- L89.131—PrU right lower back, stage 1
- L89.132 through L89.134 distinguishes the different stages.

3) A 7th character has been added and it is required for certain chapters (e.g., injury, musculoskeletal). This will have different meanings depending on what section it is being used in. When the 7th character applies, codes missing this character are invalid. (Medicare/Coding/ICD10/downloads/ICD-10 Overview).

As you can see, ICD-10 requires very specific documentation in order to accurately code. Be sure your clinicians capture pertinent information during their assessments that will ensure accuracy of the MDS assessment.

Inside this issue:

Keep Fall Prevention in Mind!

The increased risk of falling can be another consequence of a heart condition. Residents may experience orthostatic hypotension, or sudden drop in blood pressure, upon rising from a reclined position to a standing position. This can lead to falls for the this resident.

Residents who have a diagnosis of CHF are also at an increased risk for falls. CHF can cause fatigue even with slight exertion. Over time this can lead to weakness and balance problems. Heart disease is also frequently accompanied with respiratory complications and dizziness, which may result in a fall.

Effective care planning interventions may include breaking up ADLs into smaller, manageable increments for the resident. For example, have the resident put their upper garments on while sitting to conserve energy and oxygen consumption. If the resident tires easily while walking, include in the care plan for the direct care staff to accompany the resident while walking to the dining room and assist the resident in the wheelchair half -way to prevent over exertion and increased risk of falling.

Know your resident and what precautions to follow in order to prevent falls and maintain resident safety.

Heart Failure (continued from page 1)

heart failure, symptoms can be due to the weak heart without the congestion.

The most common causes of heart failure are coronary artery disease and high blood pressure. Coronary artery disease is caused from the narrowing of the small vessels that supply blood and oxygen to the heart which weakens the heart muscle over time. High blood pressure that is not well controlled leads to problems with stiffness and resulting in muscle weakening. Some other causes of heart failure include congenital heart disease, diabetes, myocardial infarction, heart valve dysfunction, and arrhythmias.

What are its consequences?

Heart failure is associated with high mortality and frequent hospitalizations. Symptomatic heart failure has a one year mortality rate of 45% despite the many treatments available. It is estimated that 5.8 million people in the United States have CHF. According to Emory Health Care, congestive heart failure is the first -listed diagnosis in 875,000 hospitalizations. In patients over the age of 65 one-fifth of all hospitalizations have heart failure as a primary or secondary diagnosis.[1]

What can we do?

The old saying "an ounce of prevention is worth a pound of cure" certainly holds true with CHF. Controlling risk factors including smoking, obesity, and hypertension will help to avoid or postpone heart disease. According to Marwan Nasif at Case Western Reserve University ,"Expensive procedures like ICDs and pacemakers, with average costs of 30 to 40 thousand dollars per device, have failed to result in meaningful changes in the course of the disease. Two thirds of patients with heart failure are cared for exclusively by their primary care physician instead of being involved in heart failure clinics and rehabilitation programs specialized in treating the disease. It is paramount at this point to change strategies toward increasing prevention rather than spending more money in expensive and less effective treatments."[2]

Individuals and their care givers must be very well acquainted with the symptoms associated with CHF. Many of the hospitalizations for heart failure may be preventable when early or escalating symptoms are recognized and interventions are made. Therefore, excellent patient teaching is absolutely critical. Some signs and symptoms include: shortness of breath with little exertion, feeling weak or tired after being mildly active or no activity, sleeping difficulties related to breathing problems, a swollen abdomen, or swelling in the hands and feet, loss of appetite, increased night time urination, or a new cough that occurs especially while lying down.

It is also of primary importance that the prescribed

(continued on page 3)

Welcome Stephanie! We are pleased to announce Stephanie Sandlin, RN has joined the QIES Help Desk Team!

MDS Coding Tips: J1100

"Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being…" (Code of Federal Regulation, 42 CFR 483.25)

Check J1100A: if shortness of breath or trouble breathing is present when the resident is engaging in activity. Shortness of breath could be present during activity as limited as turning or moving in bed during daily care or with more strenuous activity such as transferring, walking, or bathing. If the resident avoids activity or is unable to engage in activity because of shortness of breath, then code this as present.

Check J1100B: if shortness of breath or trouble breathing is present when the resident is sitting at rest.

Check J1100C: if shortness of breath or trouble breathing is present when the resident attempts to lie flat. Also code this as present if the resident avoids lying flat because of shortness of breath.

Check J1100Z: if the resident reports no shortness of breath or trouble breathing and the medical record and staff interviews indicate that shortness of breath appears to be absent or well controlled with current medication.

For example:
Mrs. W. has diagnoses of chronic obstructive pulmonary disease (COPD) and heart failure. She is on 2 liters of oxygen and daily respiratory treatments. With oxygen she is able to ambulate and participate in most group activities. She reports feeling "winded" when walking the length of the hallway or going to the dining room and has been observed having to stop and rest several times under such circumstances. Recently, she describes feeling "out of breath" when she tries to lie down.

Coding: J1100A and J1100C would be checked.

Rationale: Mrs. W. reported being short of breath when lying down as well as during walking that required ambulating longer distances.

Heart Failure (continued from page 2)

drug and diet regimen are followed and understood by patients and their caregivers. Other factors that are shown to lead to hospitalizations include poor discharge planning, disorganized follow-up after discharge and lack of social support systems for the individual, and providers' failure to address needs such as cognitive impairments, low income, and depression.

1.Emory Healthcare
http://www.emoryhealthcare.org/heart-failure/learn-about-heart-failure/statistics.html
2. Case Western Reserve University
http://www.case.edu/med/epidbio/mphp439/CongHeartFail.pdf
3. Simon S., Horowitz J., Home-Based Intervention in Congestive Heart Failure: Long-Term Implications on Readmission and Survival *Circulation.* 2002;105:24 2861-2866, published online before print May 6 2002, doi:10.1161/01.CIR.0000019067.99013.67

Heart Failure Assessment Recommendations

* Daily Weight fluctuations(K0300/0310)
* Blood pressure changes
* Heart sounds, heart rate, and rhythm
* Breath sounds, respiratory rate
* Level of dyspnea(J1100)
* Difficulty in breathing that occurs when lying down and is relieved upon changing to an upright position
* New cough
* Edema: location/grade
* Jugular venous distention
* Abdomen-look for swelling
* Cognition/orientation changes (C0500)
* Activity and exercise tolerance/intolerance
* Urine output
* Skin and nail color, capillary refill

MDS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

Common Q&A's to our MDS Help Desk

OBRA assessments may be scheduled early if a nursing home wants to stagger due dates for assessments. As a result, more than three OBRA Quarterly assessments may be completed on a particular resident in a given year, or the Annual may be completed early to ensure that regulatory time frames between assessments are met. However, States may have more stringent restrictions, which Oklahoma does not. (RAI manual page 2-9 & 2-31).

Respite refers to short-term, temporary care provided to a resident to allow family members to take a break from the daily routine of care giving. The nursing home is required to complete an Entry tracking record and a Discharge assessment for all respite residents. If the respite stay is 14 days or longer, the facility must have completed an OBRA Admission. Also note, care plan completion is required 7 days after the admission assessment is completed. (RAI manual page 2-14).

Be prepared for ICD 9 and ICD 10 overlap time frames between September and October, and do you know the rules for billing this time. Check with your **M**edicare **A**dministrative **C**ontractor for billing detail.

Quality Measure Q&A's

Quality Measure (QM) Q&A's.

QM Q&A's

Some Long Stay measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. These measures trigger if the event or condition of interest occurred any time during a one year period. A 275 day time period is used to include up to three quarterly OBRA assessments. The earliest of these assessments would have a look-back period of up to 93 days which would cover a total of about one year. All assessments with target dates in this time period are examined to determine whether the event or condition of interest occurred at any time during the time interval.

Also be aware that items can be listed on your report that occurred while the resident was not in your facility and before they were admitted due to the look-back period.

Additional detail related to why some QM's remain on your report this long can be located in the April, 2013, QM User's Manual, Chapter 1 page 7.

Contact Us!

Oklahoma State Department of Health

QIES Help Desk

1000 N. E. 10th Street
Oklahoma City, OK
73117-1299

Phone: (405) 271-5278
Fax: (405) 271-1402

MARK YOUR CALENDAR!

Upcoming MDS Training (Tentative)

New !! QM Clinical Automation

October 14, 2015
Shawnee

3 Day Clinical Training

December 9, 2015
Shawnee

Website:
http://mds.health.ok.gov

Automation Tip:

Reminder to check QTSO.com for new minimum system (computer) requirements, which go into effect 10-2015. Utilize this when purchasing new computers and software. Items not on this list may not be compatible and are not supported by CMS.

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