"A ***Knowledgeable*** and ***Compassionate*** partner"

BROAD RIVER REHAB

BRR Insiders Summer Series '24

Documentation to Support Shortness of Breath While Lying Flat and Isolation

ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 30 days

Learning Objectives

Documentation to Support Shortness of Breath while Lying Flat and Isolation

- Identify items in Section I and Section J that impact shortness of breath being supported
- Understand timeframes for coding Section O
- Recognize the conditions needed to code isolation.
- Understand the PDPM nursing categories affected by these MDS items.

J1100 Shortness of Breath (dyspnea)

This question assesses health related quality of life concerns brought on by dyspnea. Shortness of breath can be a very distressing symptom causing residents to limit activity and socialization. Shortness of breath can also be indicative of a change in condition, such as an exacerbation of chronic cardiac or pulmonary diseases such as CHF and COPD.

Assessing for Shortness of Breath

Ask the resident if they have shortness of breath during certain activities.

Review the medical record for documentation of shortness of breath. Ask staff across all shifts, therapists, activity staff, and family if available. Inquire about triggers for shortness of breath, allergies and activities.

Observe for signs of shortness of breath including increased respiratory rate, pursed lip breathing, prolonged expiratory phase, audible respirations or gasping, interrupted speech patterns, and use of accessory muscles.

If shortness of breath is observed, it should be noted if it occurs with certain positions or activities.

J1100C should be coded 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.

I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)

Ensure the criteria for an active diagnosis are met:

- Identify diagnoses: The disease conditions in this section require a physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days.
- Medical record sources for physician diagnoses include progress notes, the most recent history and physical, transfer documents, discharge summaries, diagnosis/ problem list, and other resources as available. If a diagnosis/problem list is used, only diagnoses confirmed by the physician should be entered.
- Determine whether diagnoses are active: Once a diagnosis is identified, it must be determined if the diagnosis is active. Active diagnoses are diagnoses that have a direct relationship to the resident's current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period. Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period, as these would be considered inactive diagnoses.

Where can this be documented?

- Nurses Notes
- Therapy Progress Notes
- Respiratory Notes
- Activity Notes
- Restorative Notes
- Physicians order documented on MAR
- Physician/Practitioners Progress Notes

CATEGORY: SPECIAL CARE HIGH

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

B0100, Section GG items	Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A, B	Diabetes with **both** of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score <= 11
I6200, J1100C	Chronic obstructive pulmonary disease **and** shortness of breath when lying flat
J1550A, others	Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B2 or K0520B3 Feeding tube*
K0520A2 or K0520A3	Parenteral/IV feedings
O0400D2	Respiratory therapy for all 7 days

*Tube feeding classification requirements:

J1100C Impact on PDPM Calculations

Isolation

O0110M1, Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)

Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. Do not code this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms). Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns. Examples of when the isolation criterion would not apply include urinary tract infections, encapsulated pneumonia, and wound infections.

Code for “single room isolation” only when all of the following conditions are met:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.

2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.

3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.

4. The resident must remain in their room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

Review documentation closely:

Active Infection-have the lab results on the chart, MD documentation of infection, order for isolation including that services are being provided in room.

Review all documentation for the look back period.

Are the nurses documenting isolation but the C.N.A.’s are documenting that they are walking in the hallway?

Is the activity department documenting that they are attending groups?

Is therapy documenting services being provided in room?

I recently read a note that said, ‘Resident continues in isolation, currently sitting at nurses desk interacting with staff.’

Isolation Does Not Include

- Standard precautions.
- History of infectious disease.
- Urinary tract infections.
- Encapsulated pneumonia.
- Wound infections.
- Cohorting with roommate

CATEGORY: EXTENSIVE SERVICES

The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

STEP #1

Determine whether the resident is coded for **one** of the following treatments or services:

O01*1*0E*1b*	Tracheostomy care while a resident
O01*1*0F*1b*	*Invasive mechanical* ventilator or respirator while a reside
O01*1*0M*1b*	Isolation or quarantine for active infectious disease while resident

If the resident does not receive one of these treatments or services, skip to the Specia High Category now.

STEP #2

If at least **one** of these treatments or services is coded and the resident has a total PDPM I Function Score of 14 or less, *they* classify in the Extensive Services category. **Move to St If the resident's PDPM Nursing Function Score is 15 or 16, *they* classify as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP #3

The resident classifies in the Extensive Services category according to the following char

Extensive Service Conditions	PDPM Nursing Classification
Tracheostomy care* **and** ventilator/respirator*	ES3
Tracheostomy care* **or** ventilator/respirator*	ES2
Isolation or quarantine for active infectious disease* **without** tracheostomy care* **without** ventilator/respirator*	ES1

*while a resident

O0110M1b Impact on PDPM Calculations

Questions?

Don’t Forget!

BRR Insiders™ Summer Series

June 21 12:00 - 12:30 – Documentation to support section GG. (Gwen Pointer)

July 12 12:00 - 12:30 - Documentation to Support the Primary DX. (Shannon Hayes)

July 19 12:00 - 12:30 – Documentation to support Swallowing disorder, IV feedings and mechanically altered diet. (Amy Garrison)

August 2 12:00 - 12:30 – Documentation to support Shortness of Breath while lying flat, Isolation. (Cathy Wuest)

August 16 12:00 - 12:30 – Documentation to support not using the dash related to SNF QRP. (Joel VanEaton)