


To Skill or not to Skill? Medicare Nursing Documentation

HARMONY UNIVERSITY
The Provider Unit of
Harmony Healthcare International, Inc. (HHI)


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Today's Objectives

- Identify three key points of effective documentation to support the need for skilled care;
- Describe the two direct and three indirect skilled services; and
- State the goal of supportive skilled nursing documentation

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Basics of Documentation



- **Clarity:** Evidence of the need for further skilled care
- **Content:** Describe what you have done. There is beginning, middle and end of every good nursing note
- **Communication:**
 - Document any changes in the patient
 - Document what needs to be changed regarding the plan of care, current changes in the plan of care, medication changes and changes in therapy services

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Basics of Documentation



- Medicare has **no specific requirements related to documentation**
- **Daily skilled care** is required and must be proven in the record
- Documentation should be precise and contain information **supporting the skilled care given**
- **No specific format** is required by Medicare

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Basics of Documentation



- The person reading your note was likely not present during your observations; you need to **paint a picture with your words** for them
- Written entries must be in **terms easily understood** by anyone reading the notes
- Documenting occurrences during your shift is like writing **a story with a beginning, a middle and an end** (each needs to be accurately depicted in the record)

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Basics Of Documentation

S.A.D Documentation



- Nurses consistently assess patients while giving medications/treatments.
- Documentation should include:
 - What did you See?
 - What did you Assess?
 - What did you Do about it?

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Basics of Documentation



- The physician relies on documentation in order to make adjustments to the plan of care
- The record must reflect the **physical and mental status of the patient** upon admission and changes during the stay in the facility. This will help serve as a tool to identify the changing care needs of the patient.

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Basics of Documentation



- Keep the **purpose** of your entry in your mind
 - Summary of **general observations**
 - Identification of **specific problems**
 - **Follow-up** of previously identified problems
- Don't leave the next reader in suspense and wondering what happened. When you have identified a problem, **follow-up later to include the status** at the end of your shift
- **Be descriptive and concise**

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Basics of Documentation



- Follow up on concerns from the prior shift. Always document *what has occurred (or not occurred)* concerning a problem, until it has been stable for at least 24 hours, or per facility policy
- Describe **patient responses and reactions** to all types of therapies
- Include **signature, date and time** on all entries
- Make sure your **handwriting is legible** and that you write in ink
- **Avoid inappropriate abbreviations**

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Basics of Documentation



- Check **spelling** for accuracy
- Ensure **care plan updates** to coincide with changes in status
- **Never skip lines** between documentation
- Keep in mind, **you are not the only person who may read these notes**. What if a patient or family member were to read them? How about an attorney?

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Basics of Documentation



- The American Nurses Association standards of nursing practice require that documentation be:
 - **Based on the nursing process;**
 - **Ongoing;** and
 - **Accessible to all members** of the healthcare team

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Basics of Documentation



- Your notes should be:
 - **Objective**, not critical or subjective
 - **Clear, concise, and comprehensive**
 - **Accurate, truthful and honest**; documentation should **not appear self-serving**, especially if an incident or injury occurs
 - **Reflective of observations**, not of unfounded conclusions

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Basics of Documentation



- Electronic Charting
 - Ensure narrative component of charting is completed at least daily
 - Ensure when systems are displayed, you are not just answering the question for example: Respiratory topic is pulled up...Don't just answer stable

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Medicare Nursing Documentation



- **Goal:** Skilled nursing documentation should clearly delineate **the medical complexity of the patient and skilled nursing services provided**

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Medicare Documentation



- There are **increased reviews** nationally
- These are often focused on patients that do not reflect skilled levels of care (e.g., those in the **lower 14 RUG-IV groups**)
- There is an increase in the likelihood that **someone will review your Medicare documentation**

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Medicare Nursing Documentation



- The key to **documenting skilled services** is understanding the Medicare coverage requirements
- Key Point: **Nursing always anchors the patient in skilled care!**

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Basic Medicare Requirements



- The patient requires **Skilled Nursing Services or Skilled Rehabilitation Services** (i.e., services that must be performed by or under the supervision of professional or technical personnel) (See §214.1 – 214.3)

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Basic Medicare Requirements



- The patient requires these skilled services on a **daily basis** (see §214.5)
 - Daily Nursing Notes
 - Treatment Sheets

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Basic Medicare Requirements



- As a **practical matter**, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in an SNF (see §214.6)
 - In other words, **prove in your documentation why services need to be provided at a SNF level of care!**

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"Practical Matter" Criterion



1. **Outpatient services are not available** in the area where the individual lives
2. Outpatient services are available in the area where the individual lives, but **transportation** to the closest facility could cause an **excessive physical hardship**, be less economical, or less effective than placement in the skilled nursing facility

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"Practical Matter" Criterion



3. The availability at home of a capable and willing **caregiver** should be considered, but the care can be furnished only in the skilled nursing facility if home care would be ineffective because there would be **insufficient assistance** at home for the patient/patient to reside there safely

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"Practical Matter" Criterion



4. If the use of **alternative services** would **adversely affect** the patient/patient's **medical condition**, then as a practical matter the daily skilled service(s) can only be provided on an inpatient basis

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Basic Medicare Requirements



■ If any one of these three factors is not supported by the documentation in the patient's record, **the SNF stay**, even though it might include the delivery of daily skilled services, **will not be covered**.

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Basic Medicare Requirements



- For example, payment for a SNF level of care may not be made if documentation supports a patient's need as intermittent rather than a *daily* skilled service
- Documentation in the patient's record must support the provision of a skilled level of care

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What is Skilled Care?



- Requires the skills of qualified technical or professional health personnel such as RN, LPN, PT, OT or SLP
- Must be provided **directly by or under the general supervision** of a licensed nurse or skilled rehab personnel to assure the safety of the resident and to achieve the medically desired result
 - "General supervision" requires initial direction and periodic inspection of activity
- Ordered by a **physician**
- Services **are needed** and provided on a **daily** basis

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What is Skilled Care?



- The need for skilled care **must** be justified and documented in the medical record
- Conditions may have prompted the **initial hospitalization**, but also include the conditions that **arose during recovery in the SNF**

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What is Skilled Care ?



- Direct Skilled Nursing Services
- Management and Evaluation of a Care Plan
- Observation and Assessment
- Teaching and Training
- Skilled Rehabilitation

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Skilled Services Categories: Inherent Complexity



Inherent Complexity – Direct skilled nursing services including:

- IV feeding
- IM or IV meds
- Tracheal or nasopharyngeal suctioning
- Tracheostomy care
- Ventilator support
- Daily care of extensive pressure ulcers or widespread skin disorders

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Skilled Services Categories: Inherent Complexity



Inherent Complexity (Cont.)

- Tube feedings
- Respiratory therapy
- Unstable clinically with diabetes with injections
- Colostomy care, early post op care
- Irrigation, replacement or insertion of suprapubic catheters

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Skilled Services Categories: Skilled Observation and Assessment



- Reasonable probability or possibility for **complication**
- **Potential** for further **acute episodes**
- Identify and Evaluate the **need for modification of treatment**
- Evaluate **initiation** of additional medical procedures
- Skilled observation can be required until the treatment regimen is **essentially stabilized**

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Skilled Services Categories: Skilled Observation and Assessment



- | | |
|--------------------|---------------------------------------|
| ■ Fever | ■ Chemotherapy |
| ■ Dehydration | ■ Weight loss |
| ■ Septicemia | ■ Blood sugar control |
| ■ Pneumonia | ■ Impaired cognition |
| ■ Nutritional Risk | ■ Severe mood and behavior conditions |

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Skilled Services Categories: Skilled Observation and Assessment



- Identify and outline daily required **skilled nursing observations and assessments**
- Record DAILY each itemized area listed on your outline

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Skilled Services Categories: Skilled Observation and Assessment



- Neurological
- Respiratory
- Cardiac
- Circulatory
- Pain/Sensation
- Nutritional
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin

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Skilled Services Categories: Skilled Observation and Assessment



- A patient with arteriosclerotic heart disease with congestive heart failure requires close observation by skilled nursing personnel for signs of decompensation, abnormal fluid balance, or adverse effects resulting from prescribed medication

Skilled observation is needed to determine when the digitalis dosage should be reviewed or whether other therapeutic measures should be considered, until the patient's treatment regimen is essentially stabilized.

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Skilled Services Categories: Skilled Observation and Assessment



- A patient has been hospitalized following a heart attack. Following treatment but before mobilization, he is transferred to the SNF.

Because it is unknown whether exertion will exacerbate the heart disease, skilled observation is reasonable and necessary as mobilization is initiated and continued until the patient's treatment regimen is essentially stabilized.

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Skilled Services Categories: Skilled Observation and Assessment



- A frail 85-year-old man was hospitalized for pneumonia. The infection resolved, but the patient, who had previously maintained adequate nutrition, will not eat or eats poorly.

The patient is transferred to a SNF for monitoring of fluid and nutrient intake and the assessment of the need for tube feeding and assisted feeding if required. Observation and monitoring by skilled nursing personnel of the patient's oral intake is required to prevent dehydration.

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Skilled Services Categories: Skilled Observation and Assessment



- A patient left the acute hospital on a high dosage of Coumadin with daily clotting time studies.

Assessment and observation is needed until a maintenance dosage is attained and the patient/resident shows no adverse symptoms. Regulation is an integral part of this patient/resident's coverage. Ongoing observation and assessment, notifying the physician and multiple changes in the plan of care, are also skilled in nature.

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Skilled Services Categories: Skilled Observation and Assessment



- If a patient was admitted for skilled observation but **did not** develop a further acute episode or complication, the skilled observation services still are covered so long as there was reasonable probability for such a complication or further acute episode

- **"Reasonable probability"** means that a potential complication or further acute episode is a likely possibility

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Skilled Services Categories: Management and Evaluation of a Care Plan



- Based on the physician's orders and the **complexity of the patient**, the involvement of skilled nursing is needed to:
 - Meet the resident's medical needs;
 - Promote recovery;
 - Ensure medical safety

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Skilled Services Categories: Management and Evaluation of a Care Plan



- This area includes
 - The sum total of unskilled services
 - Potential for serious complications
 - High probability of relapse
 - Promoting safety
 - Meeting medical needs
 - Promoting recovery in the resident's overall condition

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Skilled Services Categories: Management and Evaluation of a Care Plan



- **Topic areas to document may include:**
 - Surgical sites
 - Circulatory status
 - Status of fractures
 - Maintenance of weight bearing status
 - Skin care
 - Labs
 - Consultation recommendations

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Skilled Services Categories: Management and Evaluation of a Care Plan



- Although any of the required services could be performed by a properly instructed person, that person would not have the capability to **understand the relationship among the services and their effect on each other**
- Since the nature of the patient's condition, his age and his immobility create a high potential for serious complications, **such an understanding is essential to assure the patient's recovery and safety**

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Skilled Services Categories: Management and Evaluation of a Care Plan



- The management of this plan of care **requires skilled nursing personnel until the patient's treatment regimen is essentially stabilized**, even though the individual services involved are supportive in nature and not require skilled nursing personnel

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Skilled Services Categories: Management and Evaluation of a Care Plan



- **Example:** An aged patient is recovering from pneumonia, is lethargic, is disoriented, has residual chest congestion, is confined to bed as a result of his debilitated condition, and requires restraints at times
 - To decrease the chest congestion, the physician has prescribed frequent changes in position, coughing and deep breathing. While the residual chest congestion alone would not represent a high risk factor, the patient's immobility and confusion represent complicating factors when coupled with the chest congestion, could create high probability of a relapse.

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Skilled Services Categories: Management and Evaluation of a Care Plan



- **KEY POINT:** The medical record as a whole must clearly establish that there was **a likely potential for serious complications** without skilled management

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Skilled Services Categories: Teaching and Training



- **Teaching and Training:** Activities which require skilled nursing or skilled rehabilitation personnel to teach a patient and/or family member how to manage the patient's treatment regimen

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Skilled Services Categories: Teaching and Training



- | | |
|--------------------------|---------------------------------------|
| ■ Colostomy care | ■ IV access sites |
| ■ Insulin administration | ■ Braces, splints and orthotics |
| ■ Prosthesis management | ■ Wound dressings and skin treatments |
| ■ Catheter care | ■ Medication Management |
| ■ G-tube feedings | ■ Orthopedic Precautions |
| ■ Diet teaching | |
| ■ S/S of disease process | |

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Nursing Documentation: Flow Sheet and Treatment Sheets



- **Flow Sheets** are an excellent method to document **factual** information such as:

- Vital signs
- Wound measurements
- Enteral and IV feeding administration
- Respiratory flow sheets
- Weights

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Nursing Documentation: Flow Sheet and Treatment Sheets



- A bit about flow sheets:
 - **Flow sheets (e.g., MARs and TARs) may prove a daily skilled service was rendered** but they do not prove it was reasonable and necessary and needed to be delivered in the SNF
 - Descriptive medical record documentation **reflecting the critical thinking** of the nurse is a must!

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Nursing Documentation: Flow Sheet and Treatment Sheets



- **Respiratory flow sheets** must include time spent with the patient and be completed each shift
- Includes **assessment** (lung sounds, Oxygen saturation etc.) as well as treatments
 - Minutes required for reimbursement of respiratory therapy

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Nursing Documentation: Daily Narrative Documentation



- Should evidence the **critical thinking, judgment decision making** by skilled nurses
- Daily nursing notes should evidence assessment of the data recorded on flow sheets and treatment sheets etc. vs. re-stating the data

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Nursing Documentation: Daily Narrative Documentation



- **“Daily Skilled Nursing Observation and Assessment of...”** to start the note
- Address **all** areas identified on Medicare Documentation **cue sheets or Medicare cue sheets**
- Medicare documentation must provide an accurate, timely and **complete picture** of the skilled nursing needs of the resident

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Nursing Documentation: Daily Narrative Documentation



- Documentation must justify the **clinical reasons and medical necessity** for:
 - Medicare Part A coverage
 - The skilled services being delivered
 - The on-going need for coverage

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F309: Quality of Care



- 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**, in accordance with the comprehensive assessment and plan of care

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Nursing Documentation: Daily Narrative Documentation



- **Diagnosis Driven**
 - Diagnosis related to acute hospitalizations
 - Those which arose at the SNF
 - Chronic conditions that potentially complicate the patient's clinical status, stability or level of care needed

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Nursing Documentation: Daily Narrative Documentation



- Supportive skilled documentation includes the following terms or phrases:
 - Skilled neurological assessment resulted in...
 - Observation and assessment for potential complications related to
 - The patient requires daily skilled management and evaluation of care plan...
 - The patient is at high risk for falls secondary to.....

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Nursing Documentation: Daily Narrative Documentation



- Supportive skilled documentation includes the following terms or phrases (Cont.)
 - The patients' medication was adjusted to... on going skilled assessment of medication regime will be needed to promote recovery and ensure medical safety
 - The patient continues to require daily skilled nursing as her treatment regiment is not essentially stabilized and there is potential for recurrence of
 - The patient continues to require daily skilled rehab for.....

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Nursing Documentation: Daily Narrative Documentation



- Supporting the MDS:
 - **Key MDS items drive the Medicare rate** for the patient
 - Documentation to **support coding** is a must!
 - **Key areas** include diagnoses, the four late loss activities of daily living (ADLs), mood, behavior, treatments and programs (among others)

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Nursing Documentation: Admission and Re-Admission Nursing Notes



- Admission Nursing Note:
 - Follows the admission nursing assessment and is based on those findings
 - Is done by the nurse admitting the patient
 - Incorporates information in referral and assessment data
 - This nurse knows more about the patient than any other nurse will for several days

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Nursing Documentation: Admission and Re-Admission Nursing Notes



- Harmony suggests that the following information be included in all **Admission Notes**:

- Exact time and date of admission
- Room number
- Location prior to admission
- Age, primary diagnosis, other pertinent medical history
- **Assist level and number of assist** with transfers and bed mobility provided by staff (2 assist to transfer).
- List any identified skilled needs which have been identified

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Nursing Documentation: Admission and Re-Admission Nursing Notes



- Harmony suggests that the following information be included in all **Admission Notes (Cont.)**

- Prior level of functioning and if possible, discharge destination
- List of all nursing assessments which relate to the primary diagnosis and related secondary diagnosis.
- Detailed skin assessment and historic skin staging reported
- Most ADL care provided (**Bed mobility, Eating, Transfer, Toilet use**) during the shift

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Nursing Documentation: Leave of Absence



- **Exact Time and date** left the facility and returned
- **Assist level and number assisted** with transfers provided by staff
- **Results and changes to plan of care** upon return from medical appointments, tests and Emergency room visits
- List any new skilled needs which have been identified
- **Condition upon return**

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Nursing Documentation: Leave of Absence



- Document information regarding **what occurred** with medical appointments, tests and Emergency room visits
 - IV Hydration (amount and type if available)
 - IV administration
 - Treatments
 - Oxygen administration (from EMS or in ER)

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Examples of What is Generally Not Skilled Care....



- General maintenance care of colostomy and ileostomy
- Administering oral meds, eye drops and ointments
- Palliative skin care
- Routine incontinence care
- Dressing changes for chronic or uninfected post-surgical skin conditions

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Non-Supportive Nursing Documentation



- Plateau in progress
- Voiced no complaints
- Patient requires custodial care
- Patient requires intermittent care
- Patient is unable to follow directions
- Patient requires intermittent services

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Non-Supportive Nursing Documentation



- Patient has poor rehabilitation potential
- Patients medical treatment is essentially stabilized
- Refuses to participate in therapy (instead give the reason the patient is unable)
- Condition stable
- Slept well/family into visit/enjoyed recreation program

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Nursing Documentation: Closing Thoughts



- Daily skilled nursing services and documentation should anchor skilled coverage
- Patients are, for the most part, hospitalized with acute medical issues that ultimately impact function that further warrants a program of skilled rehabilitation
- Keep in mind that it is the acute medical conditions treated during the qualifying stay that supports the need for daily skilled nursing observation and treatments **with or without skilled rehabilitation**

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Nursing Documentation: Closing Thoughts



- Some questions to answer in your notes:
 - Why does the patient require **24 hour care** in the SNF?
 - What does the nurse do to **ensure medical safety and promote recovery**?
 - What patient issues require **licensed nurse intervention**?


Remember: Nursing always anchors the patient in skilled care!

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Nursing Documentation



**Remember
If You Did Not Document It,
You Did Not Do It!**

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Questions/Answers

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HARMONY(HHI) MEDICARE PROGRAM
EVALUATION**

or

**CASE MIX ANALYSIS
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