FAQ | August, 2016

Continuing and Residential Care Frequently Asked Questions

These clinical coding questions are highlighted as they are often asked of our CIHI staff. We share the answers on the Assessor's Resource page as a quick and easy reference to help assessors complete sections of interRAI assessments according to the coding standard (intent, definition and process) explained in interRAI user manuals, thus improving accuracy and data quality.

The following FAQs can be found in the CIHI web-based eQuery tool along with answers to more clinical coding questions and other related topics (data submission, analysis and reporting).

Continuing and Residential Care Frequently Asked Questions (FAQs)

eQuery #	Assessment Instrument	Section/Topic	Question	Response
61320	RAI MDS 2.0	**H3a** (Scheduled Toileting Plan)	Please define a "scheduled toileting plan?"	A "scheduled toileting plan" is defined as a plan whereby staff members at scheduled times each day either take the resident to the toilet room, or give the resident a urinal, or remind the resident to go to the toilet. It includes habit training and/or prompted voiding. The goal of a "scheduled toileting plan" is to improve the bladder and/or bowel continence of a resident. A "scheduled toileting plan" must be well-planned, scheduled, documented, monitored, and evaluated for effectiveness. It is important to communicate the plan to the resident, all staff, and family members. The success of the scheduled toileting plan will be determined if incontinence can be reversed (restore/improve) with the resident's capacity to participate in the program. **Note:** The following are NOT considered a "scheduled toileting plan" - provision of incontinence care - changing pads and/or linens on a regular schedule - provision of toileting routines (bladder and bowel)

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				The above 3 tasks are considered as methods of maintaining continence, keeping a resident dry and preventing skin breakdown, and management of incontinence products. They are not considered a "scheduled toileting plan".
60523	RAI MDS 2.0	**O1** (Number of Medications) **O4f** (Days Received an Analgesic) **U1 – U6** (Medication List)	If marijuana is prescribed for medicinal use, or it is being used without a prescription, should it be captured as an analgesic medication in sections O1 (Number of Medications), O4f (Days Received an Analgesic), and section U (Medication List) of the RAI-MDS 2.0?	CIHI classifies medications according to the World Health Organization's Anatomical Therapeutic Chemical (ATC) classification system. The ATC classification for cannabinoids is: N02BG10 Cannabinoids. Marijuana, as a cannabinoid, would therefore be captured in sections O1 (Number of Medications), O4f (Days Received an Analgesic), and in section U (Medication List) regardless of whether it has been prescribed or not prescribed. **This change in coding practice is effective October 8, 2015**.
60368	RAI-MDS 2.0	**J1e** (Delusions and **J1i** (Hallucinations)	Do we check J1e (Delusions) and J1i (Hallucinations) if a person is NOT experiencing any delusions and/or hallucinations during the 7 day observation period due to the effectiveness of the antipsychotic medication?	No. Check J1e (Delusions) and J1i (Hallucinations) only if the resident has experienced the symptoms in the last 7 days.
52863	RAI-MDS 2.0	**P1ae** (Monitoring acute medical condition)	Will P1ae (Monitoring acute medical condition) be checked if a person has a stage 2, 3 or 4 ulcer?	P1ae (Monitoring acute medical condition) will be checked **only** if the person is experiencing an acute or unstable clinical situation. Acute conditions are typically of sudden onset, have a time-limited course, and require physician evaluation and significant increase in licensed nursing monitoring. Each situation must be considered on an individual basis using professional clinical judgement.
22861	RAI-MDS 2.0	**O4f** (Analgesic)	If a person takes ASA 81 mg once daily, is it captured as an analgesic in section O4f (Analgesic)?	interRAI has recommended the following change in coding practice to align with the World Health Organization (WHO) standards for classification of medications: Acetylsalicylic Acid (Entrophen, ASA, Novasen, Bufferin, Aspirin) when given once a day as an antithrombotic agent, regardless of dose, it is considered to be an antithrombotic agent and should not be captured as an analgesic in section O4f (Analgesic). Acetylsalicylic Acid when given in multiple doses per day, regardless of dose, is considered an analgesic

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				and should be captured as such in section O4f. **Note** that if Acetylsalicylic Acid is given once a day as an analgesic, regardless of dose, it should be captured as an analgesic in section O4f. **This change in coding practice is effective as of April 1st, 2015**.
45701	RAI-MDS 2.0	**G1a** (Bed Mobility) and **G1b** (Transfer)	Is the assistance required to lift the legs in and/or out of the bed captured in G1a (Bed Mobility) or G1b (Transfer)?	interRAI has recommended the following change in coding practice for sections G1a (Bed Mobility) and G1b (Transfer): Lifting the legs in and/or out of the bed is considered a subtask of 'Transfer'. 'Bed Mobility' includes those tasks completed once a person is lying on the bed or other sleeping surface. **This change in coding practice is effective as of April 1st, 2015.**
51566	RAI-MDS 2.0	**J2** Pain Symptoms	If a person complains of pain and is given a PRN analgesic with good effect, should we capture the pain in J2?	Yes. If the person identifies that he or she is experiencing pain of any kind, you will capture it in J2 (Pain symptoms), even if the analgesic is effective. It is important to capture any and all pain, in order to ensure appropriate pain relief interventions are included in the person's plan of care.
50821	RAI MDS 2.0	**M5** (Skin Treatments)	If a resident has an ulcer and a dressing is applied to the ulcer, is the dressing captured in M5e (Ulcer care) and M5g (Application of dressings)?	**All** ulcer care, including the application of medications to any ulcer, is captured in M5e. Do not include care specific to ulcers in other M5 items.
50819	RAI MDS 2.0	**M1** (Ulcers)	If a resident has an open wound, is this coded as a Stage 2 ulcer in M1 (Ulcers, due to any cause)?	Not all open wounds are ulcers. It is important that you explore the etiology of the wound and identify whether the area is an ulcer, abrasion, open lesion, rash, skin tear, or cut.
51497	RAI MDS 2.0	Section **M**	Do we capture a foot ulcer on a person with diabetes as a pressure ulcer or diabetic foot ulcer?	Diabetic foot ulcers are considered either neuropathic or neuroischemic diabetic foot ulcers. Although pressure may be a contributing factor, they are captured as diabetic foot ulcers in the interRAI assessments. In the RAI MDS 2.0, diabetic foot ulcers are captured in section M1 (Ulcers due to any cause) and Section I3 (Other Current diagnoses and ICD-10-CA codes). You will not capture diabetic foot ulcers in item M2a (Pressure ulcer). Diabetic foot ulcer is coded in section I3 according to the type of diabetes involved. Please select the one ICD-10-CA code that would apply: E10.70 - Type 1 diabetes mellitus with foot ulcer

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				(angiopathic) (neuropathic) E11.70 - Type 2 diabetes mellitus with foot ulcer (angiopathic) (neuropathic) E13.70 - Other specified diabetes mellitus with foot ulcer (angiopathic) (neuropathic) E14.70 - Unspecified diabetes mellitus with foot ulcer (angiopathic) (neuropathic) If you do not have the specific type of diabetes, then choose the last code above.