

Maximizing Data Quality of the Minimum Data Set

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by Anne Zender

HIM professionals who work in long term care settings are well acquainted with the Minimum Data Set 2.0 (MDS). Since 1990, it has been part of the standardized assessments that nursing homes participating in the Medicare and Medicaid programs must complete. Starting this summer, updated submission regulations will present new information management challenges.

According to a final rule published in the December 23, 1997, *Federal Register*, on June 22, HCFA will require nursing homes to transmit the MDS electronically to designated state agencies. Though some facilities already have been electronically transmitting MDS data, many have not. The new requirements will offer HIM professionals opportunities to hone their skills in identifying and correcting data quality issues. The *Journal of AHIMA* asked three long term care experts how HIM professionals can help processes run smoothly.

One reason for ensuring the quality of data in preparing MDS assessments is that when electronically submitted data doesn't pass certain required edits, it is rejected. This problem may be the result of something as simple as data that is not in chronological order, or it may be a result of something more complicated, such as a programming error.

Fortunately, many HIM professionals are in positions to help their facilities avoid some common problems. One way to help ensure data quality is to educate those who record the data about its importance. "There is great misunderstanding as to what the MDS is and how it is to be used," says consultant Kris King, RRA, of Ballwin, MO. In essence, she says, the key issue in addressing data quality is "Does the MDS data match up with the description of the residents in the records? Hopefully, it does."

Consultant Susan Clay, BS, ART, of Doylestown, PA, agrees that staff education and training are key. "You don't get a quality document unless you educate," Clay says. She urges HIM professionals to focus on staff from nursing and other disciplines who compile backup documentation for the MDS. "It's critical to maintain an accurate back-up of documentation that revolves around key MDS and case mix elements," she says.

HCFA estimates that 70 percent of the nation's certified nursing homes have already computerized the MDS or have the capacity to do so. The rest will either need to upgrade existing systems or purchase a system. Kelli Marsh, RRA, vice president of support services for Westhaven Services in Perrysburg, OH, says that HIM professionals' expertise puts them in a good position to evaluate the clinical packages their facilities use. "HIM professionals definitely should be involved in the selection of software programs and comfortable that the edits they need are there," Marsh says.

It's a process that should not be taken lightly, because, as Clay points out, "the available packages vary enormously in quality." Pitfalls may include software that may not have the right HCFA edits or may not be able to execute the transmission successfully.

In addition to education and system selection, the experts recommend that HIM professionals closely review processes to maximize the quality of data. These include:

- Evaluating the way data enters the system. Is it a matter of entering from a hard copy into a computer, or do staff members enter data directly into terminals? Is there a process for checking for keystroke error? King recommends an ongoing comparison of MDS data to individual records to be sure that they correspond
- Closely surveying processes such as discharge and entry tracking, which involve chronological elements that must be in sequence
- Ensuring that data is completed in a timely manner, as MDS data is required to be transmitted in a specific time frame

- Closely reviewing validation reports that state agencies provide to each facility after the assessment is transmitted. These should be checked for evidence of errors or incomplete or inconsistent data

In many cases, as Marsh observes, the data will only be as good as the people managing it. "The computer can only edit from a logic standpoint," she says. "It can't edit if you give it an erroneous statement." She recommends that facilities periodically audit their own data, taking samples and checking inter-rater reliability. "Establish a system in which someone makes sure data samples are correct, and retrain people if they are not correct," she says.

Where to Learn More

Here are a few of the resources our experts recommended:

- "Medicare and Medicaid: Resident Assessment in Long Term Care Facilities." Final rule. Federal Register 62, no. 246 (1997): 67174-67213
- HCFA's Web site, which includes the MDS 2.0 Information Site, the Long Term Care Facilities User's Manual, and a page of frequently asked questions. Go to <http://www.hcfa.gov/medicare/hsqb/mds20>
- [Allied Technology Group, Inc.](#),

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