

Top 10 Section GG Optimization Steps

1. Schedule Daily GG Huddles

- Include therapy, nursing, and management during the ARD window.
- Use these huddles to align documentation and clarify discrepancies.

2. Train Nurse Aides on Point-of-Care Documentation

- Focus on late-loss ADLs: bed mobility, transfers, eating, toileting.
- Reinforce training with compliance reports and recognition.

3. Test Staff Knowledge

- Conduct occasional GG coding quizzes to maintain accuracy and engagement.

4. Avoid Dashes (–)

- Every dash in GG equals lost reimbursement and potential QRP penalties.
- Audit for missing data before MDS submission.

5. Review Bathing Details

- Was the bath refused? Done at sink or in bed? Capture specifics for accurate coding.

6. Follow the 3-Day Assessment Period Strictly

- Start data collection immediately upon admission.
- Include ALL shifts (nursing, therapy and nurse aide documentation)
- Exclude isolated outlier performances (such as if the resident was unusually tired, refused once, etc.

7. Use Technology for Weekly Reviews

- Host Teams or Zoom meetings to review upcoming MDS assessments.
- Share compliance reports to keep staff accountable.

8. Provide Ongoing GG Training

- Provide nurses and nurse aides with ongoing section GG training.
- Have a GG item of the month that is reviewed at meetings, etc.

9. Test Staff Knowledge

- Conduct occasional GG coding quizzes to maintain accuracy and engagement.

10. Avoid “Did Not Do” Codes (Dashes affect QRP \$\$)

- Attempt all self-care and mobility items whenever possible.
- “Did Not Do” codes should only be used when absolutely unavoidable.

WE CAN HELP

Contact SCS to find the resources you need
consult@srcaresolutions.net / 651-955-7175

- > Regulatory Review and Recovery
- > Reimbursement and Revenue Identification
- > Competency Training
- > Education and Leadership Mentoring
- > Operational Development
- > Talent Acquisition
- > Interim Leadership and Assisted Living Supplemental Staff Support