

Eli's Rehab Report

SNF: Handy MDS 3.0 Decoder Kit for Therapists

Tip: Look beyond Section O. to optimize interdisciplinary collaboration at your SNF.

SNF therapists: Are you fluent in MDS 3.0? If you aren't, you and the MDS team at your skilled nursing facility are likely missing therapy needs among your residents □ therapy needs that merit reimbursement.

MDS coordinators, nurses documenting for MDS, and therapists don't speak the same language, said **Renee Kinder, MS, CCC-SLP, RAC-CT**, Clinical Specialist at Evergreen Rehabilitation in Louisville, KY.

Kinder has an SLP background, and she trains SNF nursing staff on MDS documentation. This perspective gives Kinder some unique insights on how therapy teams, nursing staff, and MDS coordinators can communicate more effectively □ insights she shared recently with listeners the a recent AudioEducator webinar, "Identifying Resident Rehab Needs in Skilled Nursing Facilities."

When MDS staff and therapists learn to speak one another's language, we can develop "interdisciplinary team approaches to caring for the residents we serve," Kinder said.

Why Therapists Should Understand MDS 3.0

Contained within the myriad sections of the MDS are bits and pieces of data that therapists can utilize for their work, Kinder said. A therapist who "speaks MDS" can harness current procedures already in place to identify SNF residents who may have therapy needs.

Caveat: MDS is a screening tool, Kinder emphasized. It doesn't give anyone comprehensive information, but it can be a useful starting point for therapists.

Why MDS Coordinators Understand Therapists' Documentation

Therapists may be the first to notice changes that may affect MDS scores and reimbursement levels, Kinder said. But MDS coordinators don't always pick up crucial data therapists have documented in medical records.

Kinder cited a recent MDS survey pilot study, which found disagreement between MDS 3.0 and medical records for the following clinical conditions:

1. severity of injury associated with falls
2. pressure ulcer status
3. restraint use
4. late loss ADLs (including bed mobility, toileting, transfer, and eating)

"It's essential that we all speak the same language," Kinder stressed.

Sure, You Know Section O., But How Well Do You Know Sections B, C, G, & K?

MDS 3.0 contains 22 sections (A-V). "Often therapists are very familiar with Section O., because that's where the PPS minutes go for Medicare Part A patients," Kinder noted. "But there are significant clinical considerations in other sections

that tie into our therapy disciplines."

Kinder urges therapists to know the following MDS sections:

Section B. Hearing, Speech and Vision

Intent: Determine resident's ability to hear, understand, and communicate with others and whether the resident experiences visual, hearing, or speech limitations and/or difficulties.

When the MDS picks up changes in these sections, it can signal a potential need for speech therapy (ST), physical therapy (PT), or occupational therapy (OT). Section B's subsections can help SNF staff identify particular therapy needs, Kinder said.

B0200, Hearing. Aural rehab (ST).

B0600, Speech Clarity. Motor speech therapy (ST).

B0700, Makes Self Understood. Language therapy (ST).

B0800, Ability to Understand Others. Language therapy (ST).

B1000 Vision. Visual Therapy (PT or OT)]

Section C. Cognitive Patterns

Intent: Determine the resident's attention, orientation, and ability to register and recall information.

Changes may indicate need for Cognitive Therapy (ST or OT).

Changes in Section C sometimes overlap with changes in Section G, Kinder noted. "There's a wealth of research showing that changes in gait patterns can be an initial sign of cognitive decline," she explain. "Who's going to pick up on that first? Maybe your physical therapist."

Section G. Functional Status

Intent: Assess the need for assistance with activities of daily living (ADLs), altered gait and balance, and decreased range of motion.

Section K. Swallowing/Nutritional Status

Intent: Assess conditions that could affect the resident's ability to maintain adequate nutrition and hydration.

Note: Order a transcript or recording of Kinder's audioconference at

<https://www.audioeducator.com/long-term-care/resident-skilled-rehab-needs-in-snf-06-29-2016.html>.