

## Long-Term Care Survey Alert

### MDS 3.0 Corner: Comb Through the MDS 3.0 for These 'Rest of the Story' Details for Surveyors

Examples range from fall severity to diabetic ulcers to continence status, and more.

If you sometimes feel frustrated that the MDS 2.0 doesn't allow you to provide a more complete assessment picture, you'll find the MDS 3.0 a definite improvement in many ways.

Key example: All falls are not the same in terms of their impact on the resident. And the MDS 3.0 requires you to code the severity of fall-related injuries, noted **Karyn Leible, MD, CMD**, in a presentation on the new instrument at the March 2010 American Medical Directors Association annual meeting (see the MDS 3.0 fall item below). In addition, the new instrument allows you to:

- **Explain intentional weight loss** (Section K). Unlike the MDS 2.0, the new version allows you to code that a person with weight loss is on a weight loss program, noted Leible.
- **Code diabetic foot ulcers in Section M**. Leible, a medical director, noted that her nursing facilities sometimes trigger on the QIs/QMs for low-risk pressure ulcers. And looking further, they'd frequently see where a diabetic foot ulcer had been coded on the MDS as a pressure ulcer. The MDS 2.0 doesn't have a checkbox for a diabetic ulcer.

Change: The MDS 3.0 now includes a question in M1040 for foot problems where you identify a diabetic foot ulcer rather than coding it as an open lesion of the foot, which is on the MDS 2.0, advises **Peggy Dotson, RN**, a consultant in Yardley, Pa. "Once you determine the etiology of the ulcer as a diabetic neuropathic ulcer, you code it as that [on the MDS 3.0]. You code only one area -- a diabetic ulcer or a pressure ulcer, not both," she adds.

- **Identify patients on anticoagulants** (Section N). The MDS 3.0 adds a new item that allows the facility to capture warfarin, heparin, and low molecular weight heparin, noted Leible.

No More Worries Due to These Items

The MDS 3.0 also doesn't give the false impression that someone with an indwelling urinary catheter is continent, when that may not be the case once the catheter is removed.

How it works now: Suppose an incontinent resident has a catheter in place, for example, to promote wound healing, and is continent due to the catheter. You would code the person as being continent on the MDS 2.0, says **Christine Twombly, RN**, a consultant with Reingruber Company in St. Petersburg, Fla. "Then when the catheter is later removed, the person is coded as incontinent." This coding approach "gives the incorrect appearance that the resident has experienced a decline in the level of continence."

By contrast, you'd code the MDS 3.0 in this case to indicate that you can't rate the person's incontinence because they have a catheter, says Twombly. "Then you'd rate their continence when the catheter comes out. That way, it doesn't look like a decline in function occurred."

