

Long-Term Care Survey Alert

MDS Corner: Got Questions About MDS 3.0? Check Out These Key Points About The New Instrument

Could these 2 sentinel events go away with the MDS 2.0? Read on ...

Questions abound about the MDS 3.0, which appears to be on track for implementation in October 2009. Below experts shed a little light on what might be coming down the pike.

The draft MDS 3.0 doesn't include dehydration or fecal impaction, which are two survey sentinel events. **Debra Saliba, PhD**, noted that studies have shown dehydration isn't very reliable when reported on the MDS. As for fecal impaction, as a sentinel event, it was showing up "very, very rarely, if at all," Saliba told **American Medical Director Association** conferees at the organization's March 2008 annual meeting. The MDS is a cross-sectional tool and not meant to pick up everything happening with the resident at all points in time, said Saliba, a researcher in the validation study for the draft MDS 3.0. And impaction is more of an incident event. Also, surveyors were using the fecal impaction measure to target facilities for impaction issues, which "we felt was really causing more problems" than helping, Saliba added. That's not to say that fecal impaction won't end up on the final version of the tool, she cautioned. But "our recommendation at this point is not to have it" on the form.

The draft MDS 3.0 requires staff to use scripted interviews for residents who can participate to assess cognitive patterns, mood, preferences for customary routine and activities, and pain.

Could the scripted interviews coded on the MDS have some chance of becoming a source document? **Rena Shephard, MHA, RN, RAC-MT, C-NE**, hasn't heard there's any official word on that issue yet. But she notes that the interviews will be conducted only once with parameters around the assessment reference date designating the timeframe for doing them. "And if you complete the interview, then you put the answer right on the MDS 3.0 form," says Shephard, president and CEO of **RRS Healthcare Consulting Inc.** in San Diego and founding board chair and executive editor for the **American Association of Nurse Assessment Coordinators**. "Thus, it would seem to be very reasonable that you would not need to document that same information elsewhere." But even if CMS does allow that approach, Shephard says she doesn't anticipate that the policy would extend to every MDS item.

Good and bad news: The draft MDS 3.0 no longer requires facilities to reverse stage pressure ulcers. The assessment doesn't, however, include deep tissue injury (DTI), which the **National Pressure Ulcer Advisory Panel** added as a separate pressure ulcer stage in its revised 2007 guidelines. Saliba said she thinks that ultimately DTI will prove to be clinically really important but views it as a developmental research category. And the MDS form is submitted 10 million times a year, she pointed out, and won't include items that haven't been tested. New things could be considered for an MDS 4.0 version, Saliba reported in her AMDA presentation.

Proactive practice: Facilities should be assessing for and documenting signs of DTI at admission because these damaged areas can quickly open up into serious pressure ulcers. Such documentation will become even more important starting Oct. 1 when Medicare's "never event" no-payment policy goes into effect for stage 3 and stage 4 pressure ulcers that occur in the hospital. (For a closer look at the need for improved documentation and "hand offs" for residents transferred to or admitted from the hospital, see the next **Long-Term Care Survey Alert**.)

Providers should be aware that the current draft MDS 3.0 posted on the CMS website isn't in final form. Saliba noted that the payment group at CMS is currently reviewing the draft MDS 3.0. And there may be a few more changes after recalibration of the RUGs, she said.

Editor's note: Read the article, "3 Ways To Prepare For The MDS Now," in MDS Alert (Vol. 6, No. 9) or if you are not yet a

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