

Long-Term Care Survey Alert

Survey Management: Stay on the Right Track During the MDS 3.0 QI/QM Blackout

Prepare for surveyors to take a much closer look during the initial tour.

The MDS 3.0 may be new, but until CMS gets the new QIs/QMs up and going, the traditional survey will become a "blast from the past" for those who relished how surveyors used to conduct inspections.

The traditional survey will "revert to the survey process in place before the MDS database became automated in 1998," reported CMS' **Karen Schoeneman,** in a CMS webinar on the MDS 3.0. Here's how to stay a step ahead of F tags during the so-called blackout phase.

1. Put your best foot forward for the initial tour. Prepare for a "full, robust tour of the entire facility," advises consultant **Lynda Mathis, RN**, a consultant in Conway, Ark. In fact, based on her conversations with surveyors, Mathis predicts this may be the biggest change to the survey during the transition to the MDS 3.0 Qls/QMs. Former Ohio survey chief **Kurt Haas, RN**, also warns facilities to expect heightened scrutiny of their special needs units.

Survival tips: "Facilities have to be prepared so that the staff members who make rounds can provide surveyors the appropriate information," says Mathis. Surveyors will want to know the residents' names, functional disabilities, and major diagnoses, she adds.

"The only way to ensure a positive initial tour is to have an ongoing quality assurance program, looking honestly at what is happening in the facility," says **Marilyn Mines, RN, RACCT, BC,** director of clinical services for FR&R Healthcare Consulting in Deerfield, III. "Without this oversight, I can see disaster."

One of the worst things that can happen during the initial tour is for surveyors to see caregivers providing care without ensuring privacy, says Haas, CEO of Nursing Home

Perspectives in Canal Winchester, Ohio. Another sight you don't want to see is several residents lining the hall who appear to have nothing to do. This provides a "tip off" that the facility either has a lack of activities or poor participation in the ones being offered, which can contribute to behavioral issues in some residents, Haas warns.

2: Use the CMS-672 (resident census and conditions of residents) and CMS-802 (roster/sample matrix) forms to your best advantage. Update the CMS-672 weekly so you have your numbers accurate, advises Mathis. "The CMS-802 is what surveyors will use to choose people for the Phase 1 sample in terms of who meets the criteria," which will include those with weight, hydration, or pressure ulcer issues, says Mathis. She notes that 65 percent of phase 1 residents are drawn from any of those three categories. Thus, "the prudent DON who knows which residents are going to trigger will have all the correct documentation to support what's going on with the resident."

Resource: For a free copy of an article in MDS Alert on how to use the CMS-802 and CMS-672 to identify quality issues, email the editor at KarenL@Eliresearch.com.

MDS 3.0 tip: Section M of the MDS 3.0 is going to be very important in the survey, predicts **Marie Saunders, RN, BC, BSN,** director of Saunders Associates, a consulting and software development firm in Appleton, Wis. Facilities need to very carefully go over the measurements, staging, and coding instructions for pressure ulcers, she advises.

3. Consider using the Quality Indicator Survey (QIS) critical element pathways to drill down in areas of concern. Just because you don't receive the QIS doesn't mean you can't take advantage of some of the tools it provides. For example, the critical element pathways used in the QIS incorporate the interpretive survey guidelines, says **Diane Vaughn, RN,**



C-DONA/LTC, LNHA, director of quality initiatives at Pathway Health Services Inc. in White Bear Lake, Minn. These can help if you're worried about a specific area, she points out.

Editor's note: See the related article on survey preparation during the QI/QM "blackout" on page 77.