

## MDS Alert

### MDS 3.0 PREPARATION: Ramp Up for the MDS 3.0 Interviews Now -- Here's How

2 tips help residents participate more fully.

The MDS 3.0 resident interviews will play a pivotal assessment role once the instrument goes live on Oct.

1. And now's the time for your team to get a solid grip on the interviews and process.

Start by nailing down the basic requirements for the interviews. Assessments that include interviews for residents capable of participating include ones for cognition, mood, pain, preferences for customary routine and activities, and return to community/overall goals.

The MDS 3.0 RAI User's Manual also spells out how to select residents for the interview. "Based on the guidelines," the only time you do an interview is when you've coded the resident as sometimes understood -- "and if an interpreter is needed, one's present," says **Marilyn Mines, RN, RAC-CT, BC**, manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill.

The MDS 3.0 RAI User's Manual includes instructions for each section's interview, directing when to stop the interview or consider it incomplete. For example, "If the resident is unable to answer the primary question on pain presence, skip to the Staff Assessment for Pain beginning with Indicators of Pain or Possible Pain item (J0800). If the resident is unable to answer Pain Frequency item (J0400), the resident interview should be stopped and the Staff Assessment for Pain should be completed," states the manual.

When assessing preferences for customary routine and activities, "Stop the interview and skip to Item F0700 if the resident has given 3 nonsensical responses to 3 questions, OR the resident has not responded to 3 of the questions," advises the manual.

#### Find Ways to Facilitate Effective Interviews

Staff doing interviews will have to help the resident to stay focused by narrowing their choices for answering while also helping them express their choices, says **Rena Shephard, MHA, RN, RAC-MT, C-NE**, president and CEO of RRS Healthcare Consulting in San Diego.

The goal is to elicit the information intended by the items, she notes (for tips on interview techniques in the MDS 3.0 RAI User's Manual, see page 27).

Facilities can also come up with strategies to help the resident provide accurate answers.

Examples: Extencare Health Services has made laminated sheets that have the various responses for answering interview items, says **Rita Roedel, RN, MS**, national director of clinical reimbursement for the Milwaukee-based organization. The interviewer will show the sheet to the resident while the interviewer reads the question and responses. Without looking at the written copy, "the resident may not be able to remember the options and answer them correctly," says Roedel. "We have also purchased several hearing-enhancement devices for residents to use during the interviews. You can find ones that work very well for a very reasonable price," adds Roedel. "Our speech language therapist found some at a local Radio Shack."

#### Consider Which Disciplines Will be Responsible for Interviews

Preparing for the interview isn't just a matter of what to do and how -- you have to identify who will be doing them. For example, Dr. William Benenson Rehab Pavilion will be using the interdisciplinary approach when doing the MDS 3.0 interviews, says **Nemcy Cavite Duran, RNAC**, director of MDS at the New York City nursing facility.

Extendicare also plans on taking the interdisciplinary route to doing interviews, says Roedel. Nursing will do the cognitive and pain interviews while the social worker will handle the mood interview. Activities staff will do the interview for Section F (preferences for customary routine and activities).

Another option: Joy Morrow, RN, PhD, suggests facilities consider making the MDS "a nurse-driven assessment" for both the OBRA and Medicare-required assessments. "In the MDS 3.0 pilot, [the gold standard] nurses did the entire MDS 3.0, and the study shows that the MDSs were very accurate and the process was shorter [than doing the MDS 2.0]." That doesn't, however, mean the care planning wouldn't be interdisciplinary, adds Morrow, a consultant in Beaverton, Ore.

Keep in mind: Having the nurse "do all the interviews would add more work on the MDS nurse," cautions Mines. Thus the facility would have to have more people involved as MDS nurses or coordinators, she points out.

Also: "If you have the social worker doing the interventions that are now coded on the MDS 2.0 under P2, it would make sense for that person to do the mood and cognition interviews on the MDS 3.0," advises Mines.

As a time-saving strategy, the facility could have the nurse do all of the Medicare-required assessments, especially when completing an assessment when the resident has been discharged, using data and information from the various team members, advises **Marty Pachciarz, RN, RAC-CT**, managing director of clinical services for The Polaris Group in Tampa, Fla.

Identify Potential Time Savers To get the most accurate interviews, identify the nurse who not only enjoys interviewing but also has solid interviewing skills. For example, "a nurse who gives medications and likes to do interviewing could do some of the interviews as she hands out medications," Mines suggests. And a "nurse who doesn't like to do the interviews could give out medications to residents who can't participate in the interview process."

Also consider having the nurse who knows the resident best do the MDS 3.0 interviews, suggests Pachciarz. This may be the frontline nurse, she adds.