

MDS Alert

Quality Assurance: Identify Quality Concerns During the MDS 3.0 QM Blackout

Make sure your MDS coding is on the mark.

To stay on top of quality issues without the handy MDS-driven quality measures, you need a plan. So whether you receive a traditional survey or Quality Indicator Survey, consider these key tips.

Marty Pachciarz, RN, RAC-CT, with the Polaris Group (Tampa, Fla.), suggests seeing if the facility can use its MDS software and other sources to produce the following list of potential quality issues, which won't require a comparison to the prior MDS:

- Falls with major fracture
- UTI
- Catheters
- Restraints by type including side rails
- Weight loss and pressure ulcer
- Weight loss and feeding tube
- Depression diagnosis and no antidepressant
- Preferences for daily routine or activity coded as being very important or important but can't do or no choice
- Hospice
- Dialysis
- Ventilator
- Isolation
- O2 and respiratory failure
- Dehydrated
- Pain at moderate level or higher

Tip: MDS 3.0 software may still provide the ability to pull your internal QIs/QMs by crosswalking the MDS 2.0 to the MDS 3.0, advises **Lynda Mathis, RN**, a consultant in Conway, Ark. "It won't be entirely accurate but it will give you a head start" on identifying patients who may have an issue or who may be targeted by surveyors.

Home in on Coding Accuracy

When looking at MDS software-generated lists of residents with certain conditions, "the first thing people should do is make sure their MDS 3.0 coding (definitions and data) are accurate because the items and definitions are so different from MDS 2.0," advises **Christie Teigland, PhD**, director of health informatics and research for the New York Association of Homes and Services for the Aging.

"People should focus first on the micro-level data to make sure they are capturing things like falls and pressure ulcers the way they should be -- and doing so consistently," adds Teigland. "For example, now you have to count how many unhealed and healed pressure ulcers you have at every stage. Getting the processes in place to capture that data is a huge issue."

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.

Tap the QIS Critical Element Pathways

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.

Resource: You can download the CE pathways at www.ucdenver.edu/academics/colleges/medicalschoo/departments/medicine/hcpr/qis/qismanual/Pages/QISManualTab9.aspx.