

## MDS Alert

### Strategic Planning: Looking for a Smooth Transition to MDS 3.0? Move These Tasks to the Top of Your 'To Do' List

Be prepared to transmit more quickly and deal with this new assessment.

The countdown to MDS 3.0 implementation gets shorter by the day. And to be ready to roll on Oct. 1, consider tackling these tasks now.

1. Get your current MDS system in order. Make sure you're in compliance and on top of the MDS 2.0 process, advises **Pam Campbell, RN, C, CRNA C**, with LTC Solutions Inc., a software developer in Camdenton, Mo. "Facilities need to be on their 'A game' to make the transition" work well.

Proactive strategy: Get a handle on how well the current MDS staff members are getting assessments done and submitted on time. Then use that information to plan ahead and also to fine-tune your current system. For example, look at who's doing the MDSs, and the number of records a person does daily, weekly, and monthly, which will vary somewhat with a change in census, etc., advises Campbell. Also "look at multiple reports currently available on the MDS submission site, including missing assessment reports." Your facility's own software-generated reports can also help you evaluate compliance with the RAI process, she adds.

2. Develop systems to accommodate a faster transmission schedule. Facilities should begin the process of being able to support a 14-day timeframe for transmitting the MDS 3.0 versus the 31-day time-frame for the MDS 2.0 required now, urges Campbell. For example, set up tracking systems and contingency plans for handling the faster transmission cycle, advises **Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA**, managing director of operations for The Polaris Group based in Tampa, Fla.

3. Think through what tools will help you. Consider developing a standardized kit for the interview sections. The kit could include a list of interpreters' names and phone numbers for staff to use for the interview sections, advises **Elisa Bovee, MS, OT /LR**, a consultant with Harmony Healthcare International in Topsfield, Mass. By including laminated interview cards with verbatim MDS questions for residents and staff, you can help ensure greater inter-rater reliability, she points out. The toolkit could also include scoring sheets for the relevant MDS interview sections, she adds.

Rehab companies and therapists should look at their current documentation forms, systems, processes, etc., to see how they will track and report therapy minutes delivered in each mode - that is, individual, concurrent, or group, advises **Shehla Rooney**, a physical therapist and principal of Premier Therapy Solutions in Cookeville, Tenn. The MDS 3.0 requires you to break out the type of therapy modality when coding therapy minutes on the MDS.

Tip: "It might be helpful at least initially ... to have a crib sheet that reminds you of changes to the lookback (assessment reference dates) for the various sections," says **Sue LaBelle, MSN, RN**, a consultant with PointRight Inc. in Lexington, Mass.

4. Be prepared for MDS discharge assessments and their QA implications. Unless CMS makes a change, your facility will be doing discharge assessments that make the current discharge-tracking requirement seem like a breeze.

The MDS 3.0 RAI manual requires doing the MDS assessments for residents being discharged regardless of whether they are expected to return, advises **Rena Shephard, MHA, RN, RAC-MT, C-NE**, founding chair and executive of the American Association of Nurse Assessment Coordinators and president and CEO of RRS Healthcare Consulting Services in San Diego.

"Requiring an MDS assessment at discharge adds a lot of extra work," observes Seattle-based MDS and clinical expert

**Nathan Lake, RN,BSN , MSHA**, noting that the current discharge tracking form isn't an MDS assessment. Shephard says, however, that she is "hoping that [the time requirement] will balance out because the MDS 3.0 as it was tested took less time to do than the MDS 2.0."

More than a workload issue: Once facilities are doing the MDS discharge assessments, CMS could compare residents' status at admission to their status at discharge from the SNF, Shephard points out.

Tip: "A facility could compare its MDS 3.0 admission assessments to its discharge assessments in order to look for trends," says Campbell. She advises providers to work with their software vendor to set that up as an automated function.