

MDS Alert

What's Coming Down the MDS Pike? Change and More Change

Check out these highlights of the draft MDS 3.0.

The MDS 3.0 is far from a done deal, but here are some major areas to consider in the draft instrument:

1. **Quality of Life.** A new F1 Self-Report Quality of Life assesses cognitively intact residents' perception of life in the facility, including whether they have enough privacy, like the food and activities, and feel safe and secure.
2. **Activities of Daily Living.** G1B (ADL support provided) has been deleted and G1 changed to 7-day ADL self-performance. "The changes at G1 have made this section so much easier to complete," says the **American Health Care Association** in comments to CMS. Nursing consultant **Cheryl Field** concurs: "The proposed Section G simplifies ADL coding by eliminating the two columns - where A was the resident and B the provider -- and combining the two into a single code," she relates.
3. **Pain.** Section J has new items, including pain assessment and pain management. The instrument asks if the patient is on a pain management regimen, and captures nonverbal signs of pain. Intensity of pain is based on any of a number of standardized pain scales.
4. **Depression.** The instrument includes the 5-item Geriatric Depression Scale for cognitively intact residents to self report their mood. "The MDS 3.0 approach is to use the behaviorally based measures in assessing the more cognitively impaired residents but relying on self report in those who can communicate their mood," explains **Ira Katz**, professor of psychiatry at the **University of Pennsylvania** and **Philadelphia Veterans Affairs Medical Center**. "Nurses and MDS coordinators may really differ in their sensitivity to assessing depression, but what the resident has to say about his mood always means something," Katz adds. In his view, the change will not only improve assessment but also foster residents' autonomy by giving them a voice in their own care.
5. **Falls.** J4 records the number and classification of falls, ranging from no visible evidence of injury to major injury.
6. **Pressure ulcers.** M1 would be replaced with staging pressure ulcers as recommended by the NPAUP. Good news: staff can code a non-stageable pressure ulcer, notes **Kathy Hurst**, a nurse attorney in Chino Hills, Calif. The instrument adds a section (M2) to record g arterial and venous stasis ulcers and other non-pressure ulcers.
7. **Diagnoses.** Section I contains a new drop-down menu with ICD-9-CM diagnosis codes based on recommendations from the **American Health Information Management Association**.