

FAST FACTS

Nursing Home Quality Improvement Collaborative Learning Session 5—MDS 3.0 Training

August 20, 2010
Burbank, CA

September 10, 2010
Diamond Bar, CA

September 21, 2010
Sacramento, CA

September 24, 2010
Fresno, CA

Speaker: Rena R. Shephard, MHA, RN, RAC-MT, C-NE

EVENT HIGHLIGHTS

- Handouts from this event that provide examples of sections B–H, J, K, M, and P are available for download at <http://www.hsag.com/canursinghomes/pressureulcers/events.aspx>.
- Refer to the RAI Manual for detailed descriptions of each MDS component: https://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp.
- Resident Interviews:
 - Eighty-five percent of residents are able to complete the resident interviews.
 - The MDS 3.0 features five resident interviews:
 1. Section C: Cognitive Patterns—Brief Interview for Mental Status (BIMS)
 2. Section D: Mood—Resident Mood Interview (PHQ-9)
 3. Section F: Preferences for Customary Routine & Activities—Interview for Daily Preferences
 4. Section F: Preferences for Customary Routine & Activities—Interview for Activity Preferences
 5. Section J: Health Conditions—Pain Assessment Interview
 - View the *Video for Interviewing Vulnerable Elders (VIVE)* for valuable interviewing techniques and tips by visiting <http://pickerinstitute.org/vive/>.
 - Use amplifiers for residents who cannot hear well.
 - Conduct interviews in privacy. Use cue cards with response options.
- Section M: Pressure Ulcers
 - When an admission pressure ulcer worsens, it becomes an in-house-acquired pressure ulcer.
 - If an in-house-acquired pressure ulcer worsens to a higher stage during hospitalization, it is coded at the higher stage upon re-entry to the nursing home and coded as a present-on-admission pressure ulcer. “Whoever makes it worse gets it.”
 - A pressure ulcer should be staged at the “deepest” stage it ever reached. No more back-staging.
- Section P: Physical Restraints
 - To correctly code for restraints, it is critical to understand the definition of a restraint—“Any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.”
 - It is the *effect the device has on the resident*, rather than its name or its intended use, that determines whether or not the device is classified as a restraint.
- Section G: Functional Status
 - Always refer to the ADL flow chart in the RAI Manual to facilitate accurate coding.
 - Rule of 3—As long as the activity occurred at least 3 times, code the most dependent level that occurred 3 or more times within the 7-day look-back period.