



Quality Care Community

MDS 3.0

**Beyond The Form:
A Team Approach to Success**

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Faculty:

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B & F Consulting

OBRA 87 requires
each nursing home to
provide care and services to:

*attain or maintain
the highest practicable
physical, mental, and psychosocial
well-being of each resident*

Highest Practicable =
No “avoidable” decline

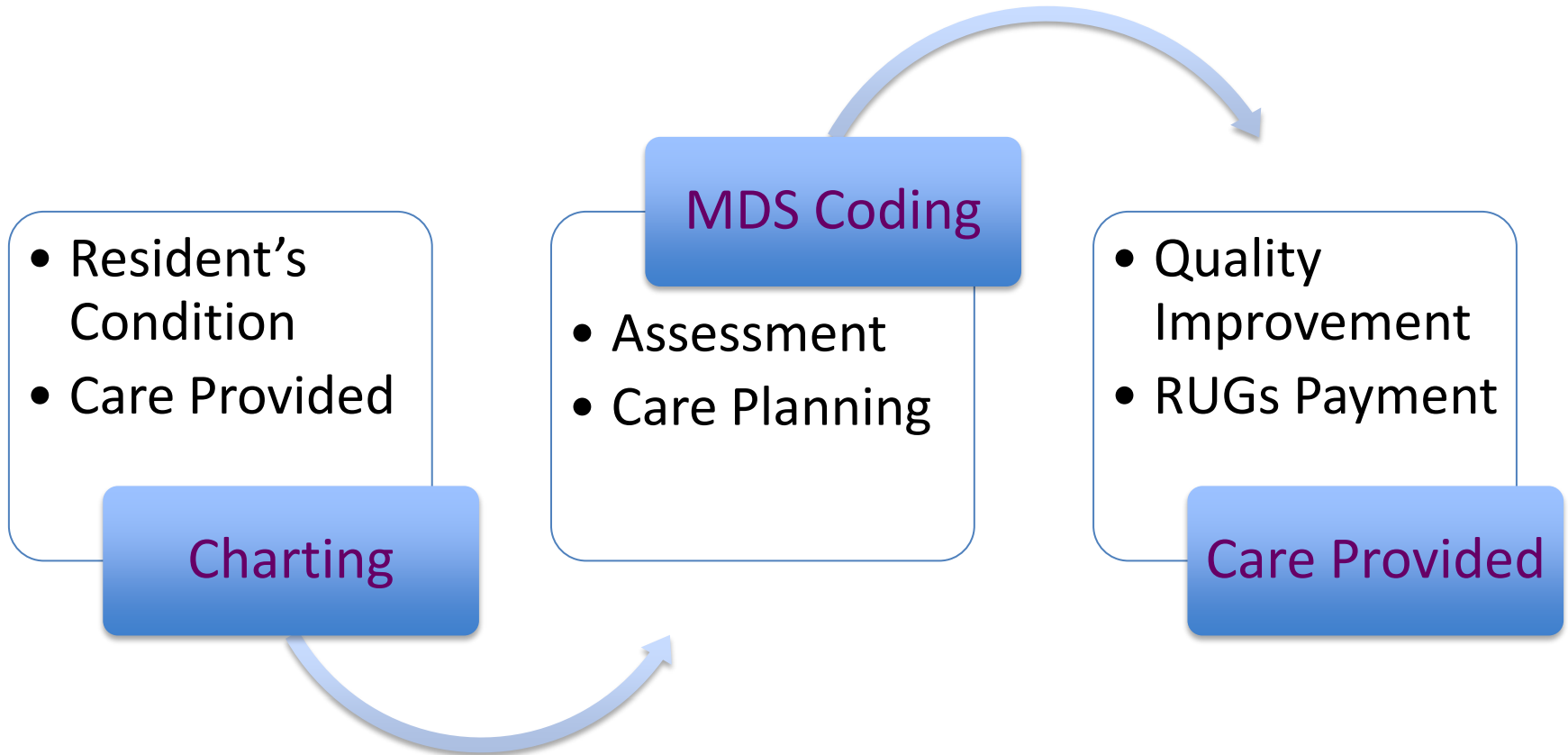
Unavoidable = natural
progression of a resident’s
disease or condition

Resident Assessment

Minimum Data Set - MDS 3.0

- ★ One is done for every resident
- ★ Collects information (data) on each resident
- ★ Used in the plan of care
- ★ Used for calculating reimbursement
- ★ Used to monitor quality of care

What You Do Affects the Care Plan, Quality Improvement and Payment



CRITICAL THINKING

Enhanced ~ Expansive ~ Analytical Thinking

Two Central Activities:

- 1. Identify and challenge our assumptions**
- 2. Explore and imagine options and act on them**

Critical Thinking vs. Routine Care

- Notes the difference in mood and asks the nurse about it
 - Knows the time of day resident usually wants to take a nap and notes difference
 - Spots slight change in skin and tells nurse
- Provides care
 - Is pleasant
 - May not note slight changes as anything different
 - Takes pride in efficiency
 - Works hard

Care Practices

Consistent Assignment

- Always goes to the bathroom at around 2:30
- Is tired at 6:30 and will need more help
- Likes a cup of tea in the early afternoon
- Appreciates a sense of humor
- Likes to watch certain shows

Rotating Assignments

- How long does it take to get to know your new residents?
- How well do you get to know them in two weeks? Three weeks?
- How many falls occur during first few days after a change?

Critical thinking is more likely to happen when there is consistency in care

Developing Critical Thinking as an Organizational Norm

- **Welcome ideas**
- **Appreciate divergent viewpoints**
- **Make it safe to be challenged**
- **Routinely seek participation when making decisions**

Individually

- Question things that you don't understand
- Tune in
- Learn to read the charts

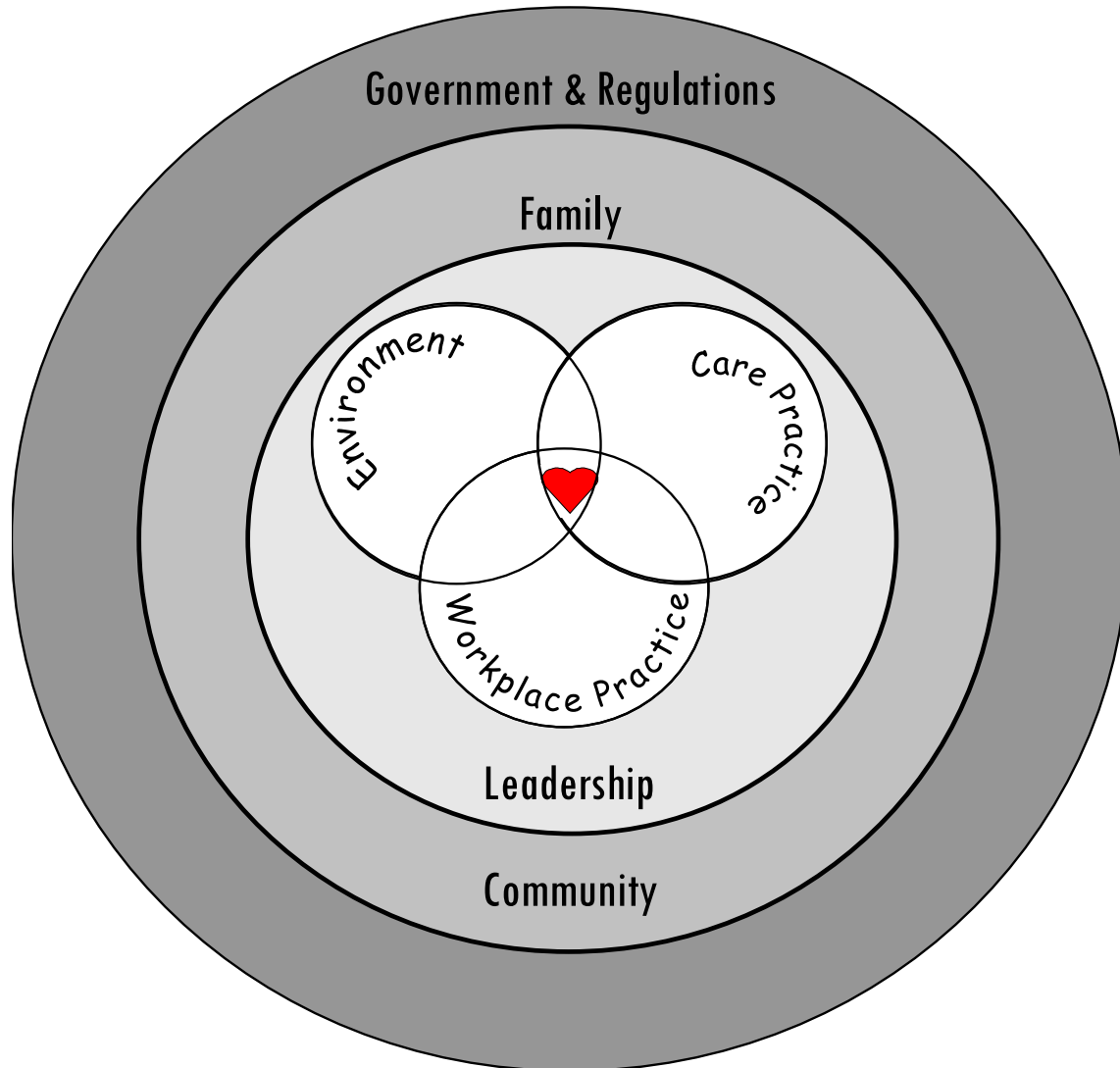
Four key practices:

- Lead with questions, not answers
- Engage in dialogue and debate, not coercion
- Conduct autopsies without blame
- Build “red flag” mechanisms

Jim Collins

Holistic Approach to Transformational Change

HATCH □

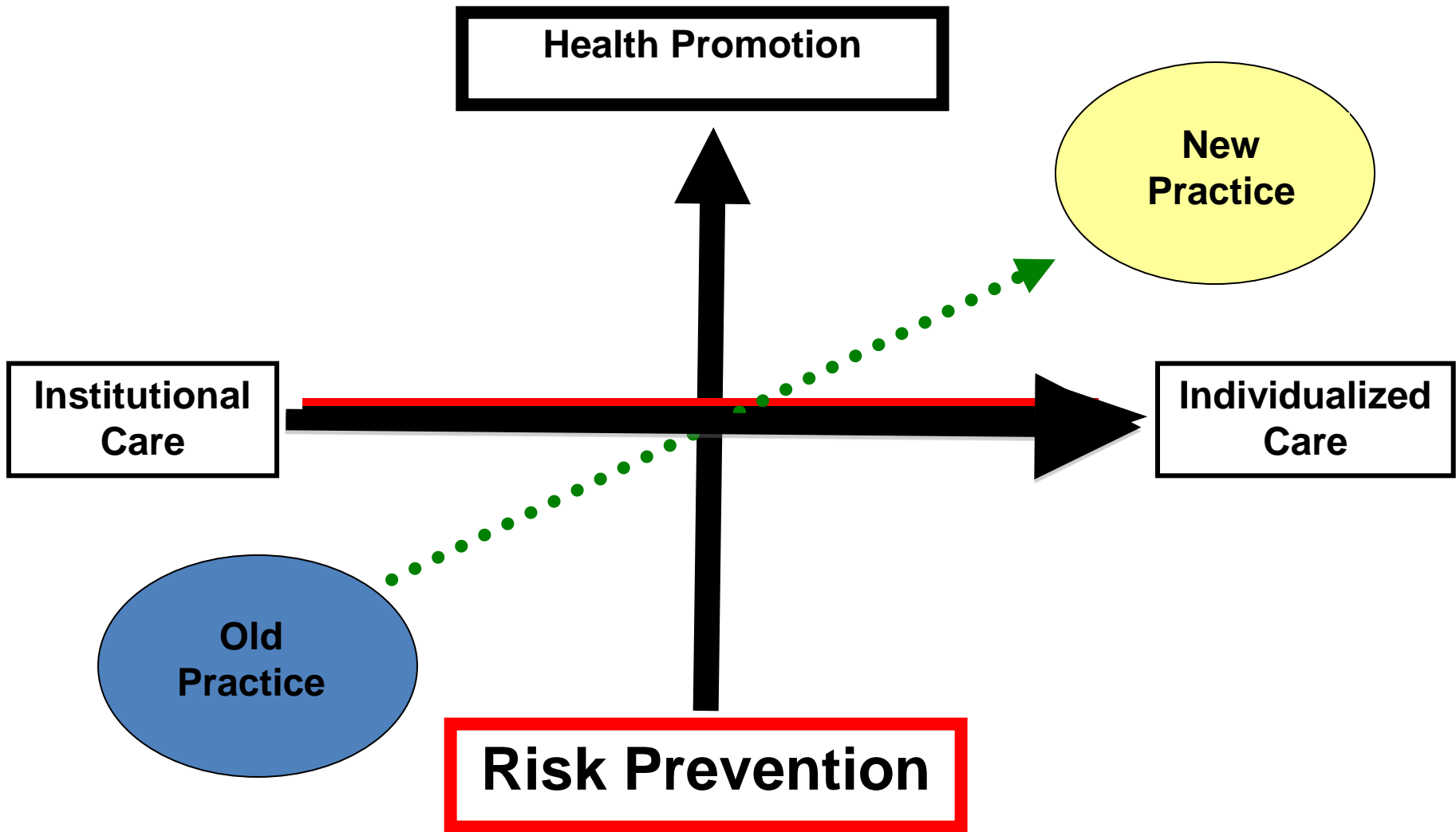


What was Mr. McNally like when
he first came in?

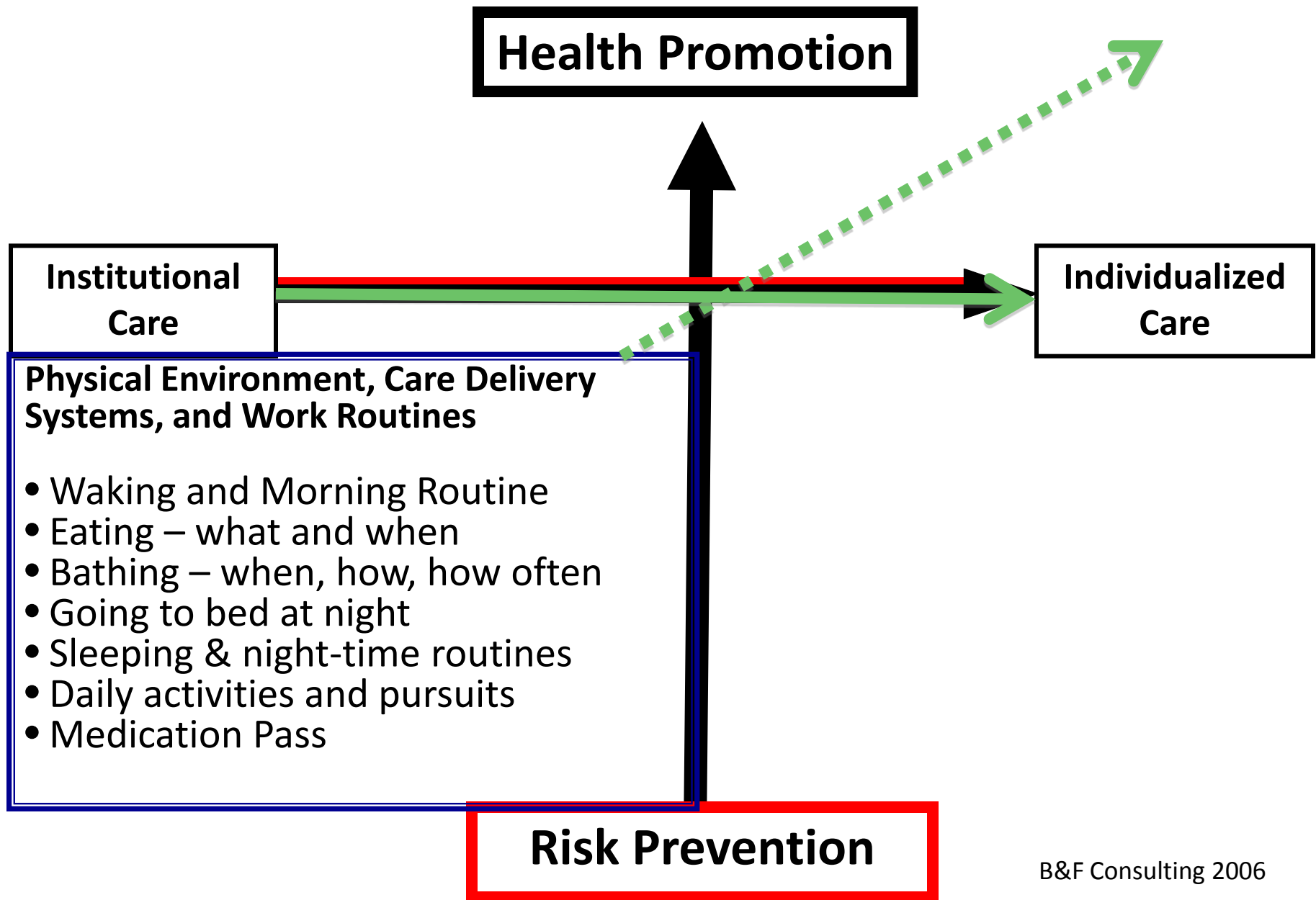
What caused his decline?

latrogenesis

We caused it



From Institutional to Individualized Care



Section F

Customary Routines

Quality of Life Surveyor Guidelines

F242 Self-Determination and Participation

- Right to make choices over:
 - Activities
 - Schedules
 - Health care
 - Interactions with members of the community
 - Aspects of his or her life that are significant to the resident
- Choices over schedules is specified to include schedules of waking, eating, bathing, and going to bed at night, as well as health care schedules

Gathering and Using Information

- Facility must:
 - Actively seek information
 - Be “pro-active” in assisting residents to fulfill their choices
 - Make residents’ choices known to caregivers

You have the information in hand, but do you have it in the hands of those who need it?

“Just-in-time” communication

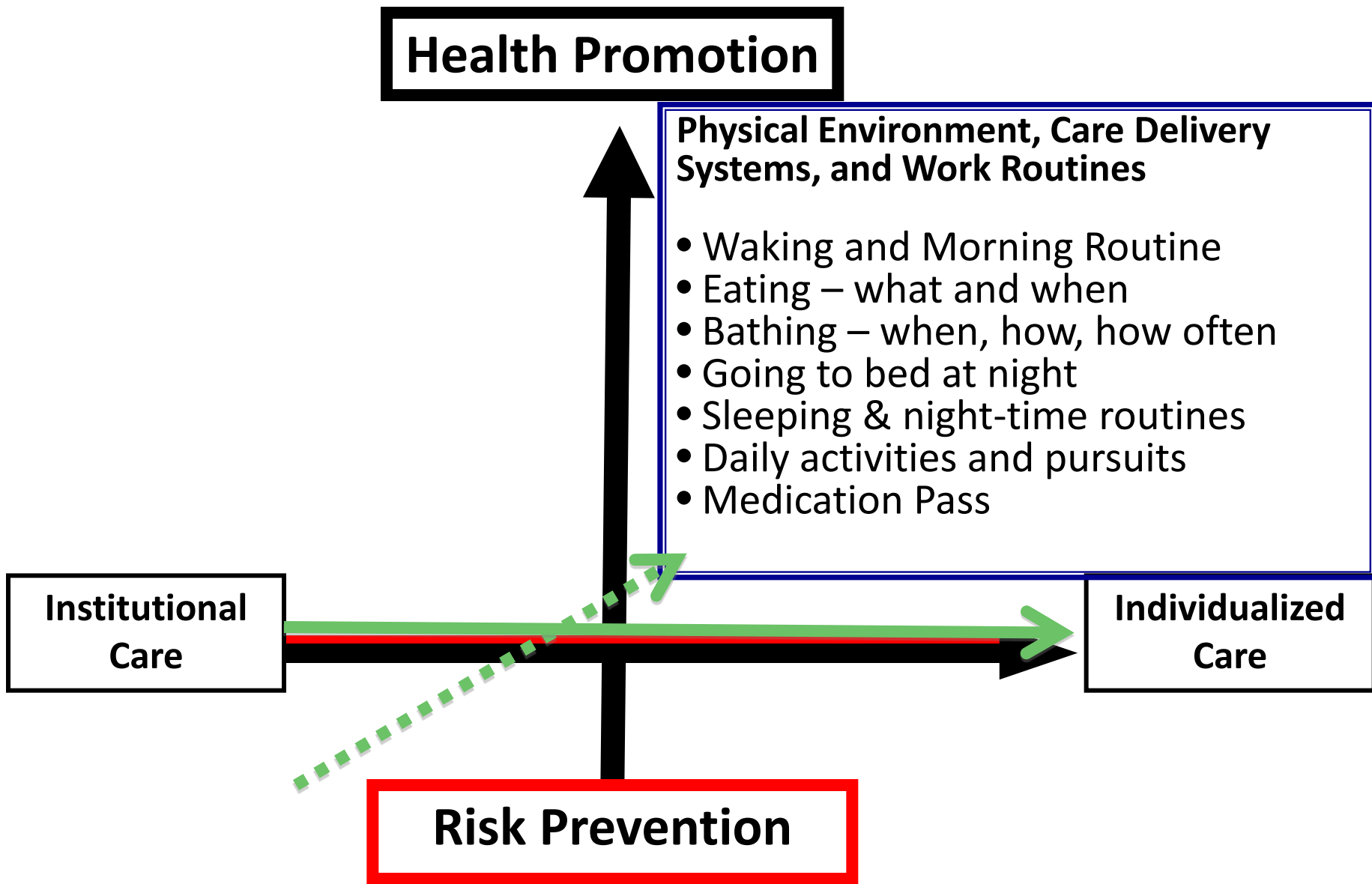
Who needs what info by when?

- Consistent caregiver on each shift
- Coordination by SW and CNA/Nurses
- Start-of-shift stand-up
- Shift-to-shift hand-offs
- Hand-offs to Weekend Staff

MDS 3.0

- Section D – Mood
- Section E – Behaviors
- Section G – Functional Status
- Section H – Bowel and Bladder
- Section J 800 – Pain
- Section K – Nutritional Status
- Section M – Skin Conditions/esp. 1200
- Section O – Therapy – section C
- Section Q – 500 – Return to Community

From Institutional to Individualized Care



Interviews

- Resident voice
- We may make assumptions about their ability to understand and state their own preferences—we may be surprised at their consistency!

Interviews

- People respond better when they are comfortable
 - ❖ Who
 - ❖ Where
 - ❖ Language
 - ❖ Noise
 - ❖ Take the time needed

Who

- Some of the questions are of a personal nature. Having someone present that the resident knows and is comfortable with may increase their ability to respond.
- This may mean having the consistently assigned caregiver present as a bridge to the resident.

Where

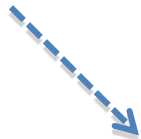
- Resident room
- Private office
- Place where there is little distraction or background noise

Take the time needed

- As we age we need more time
- With even mild dementia, the time needed increases
- S l o w down the pace

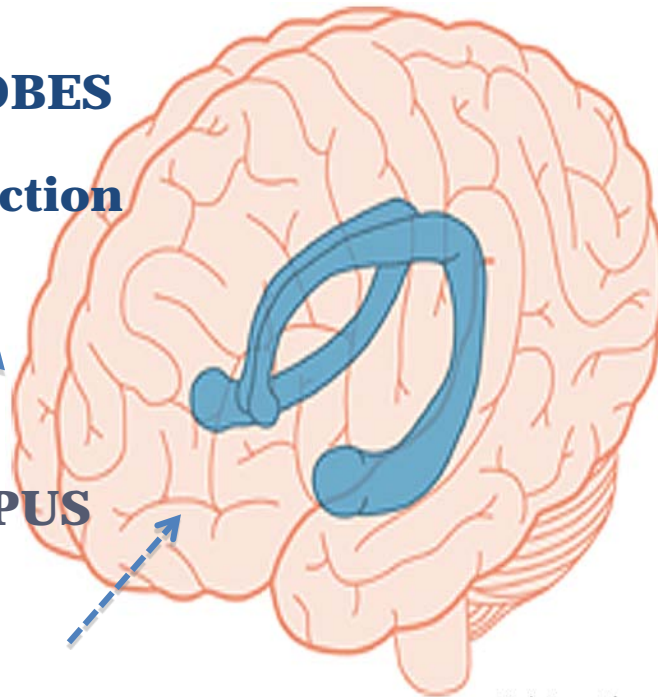
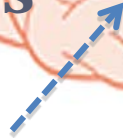
FRONTAL LOBES

Executive function



HIPPOCAMPUS

Memory



www.BrainConnection.com
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What you do and how you do it effects the release of:

- Cortisol
- Neurotransmitters
 - Endorphins
 - Serotonin

These chemicals can sharpen or flood thinking, memory, and executive function

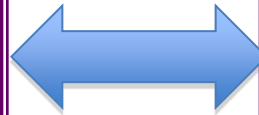
Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental

Across Shifts and Days

Communication

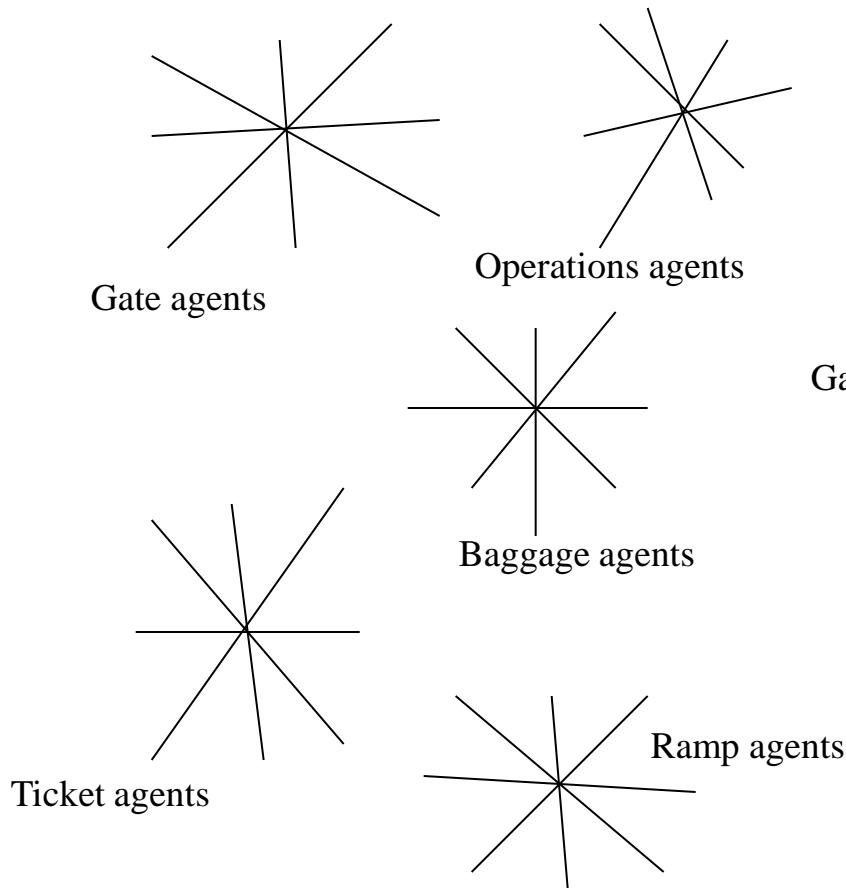
- Frequent
- Timely
- Accurate
- Problem-solving



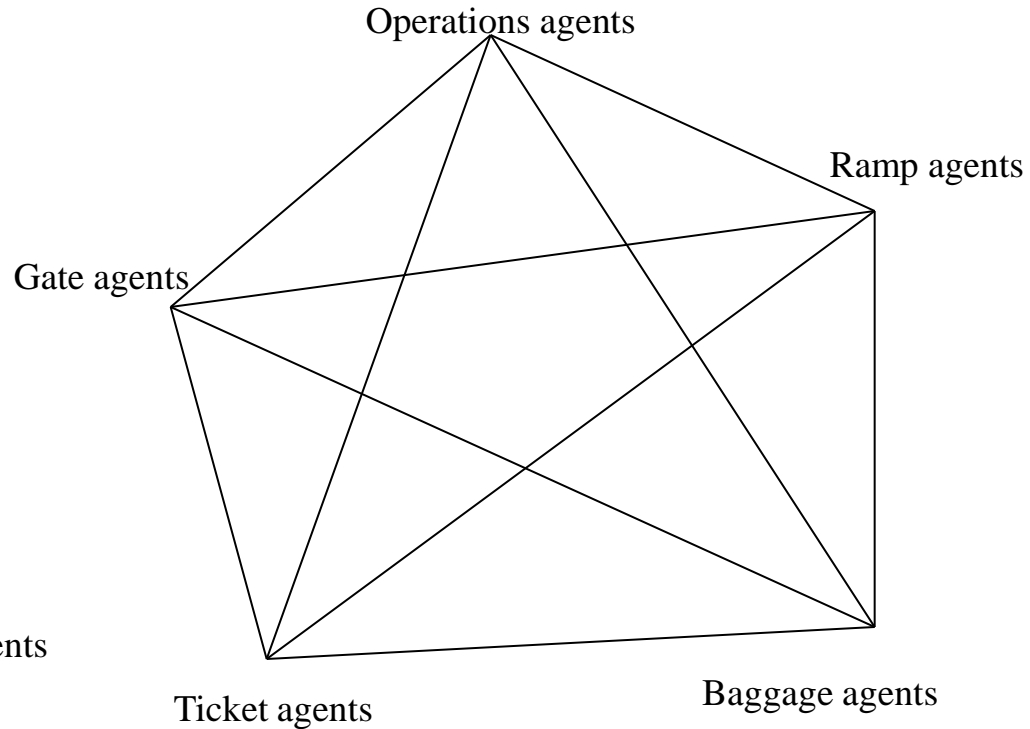
Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

Flight Departure Process

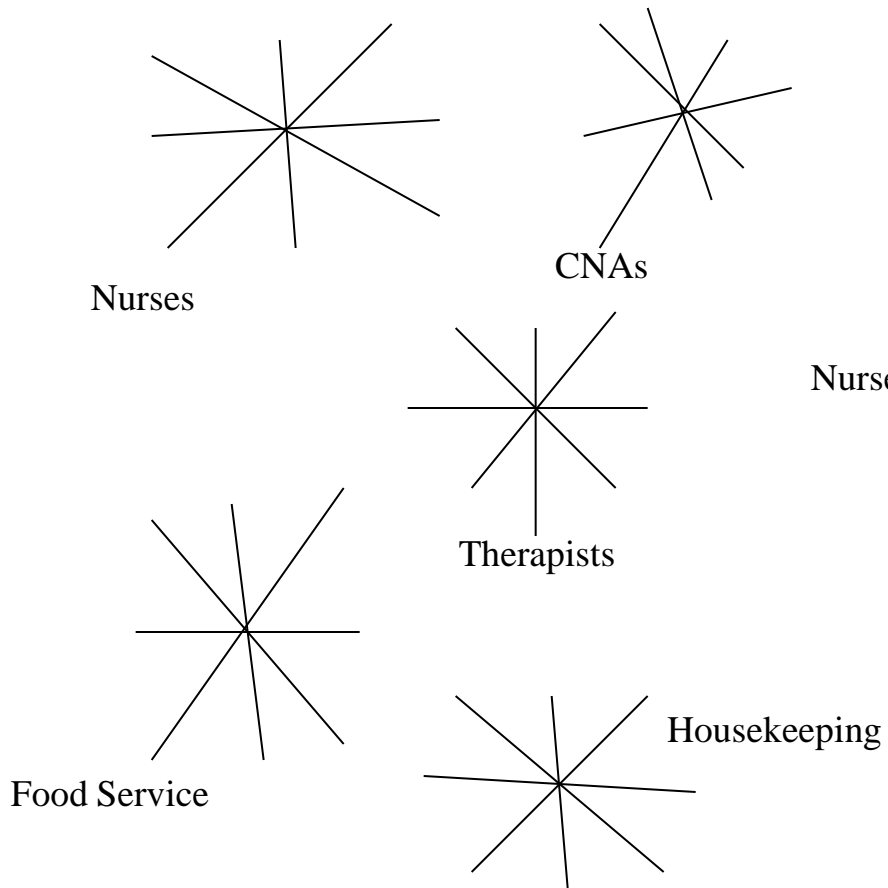


Within functions

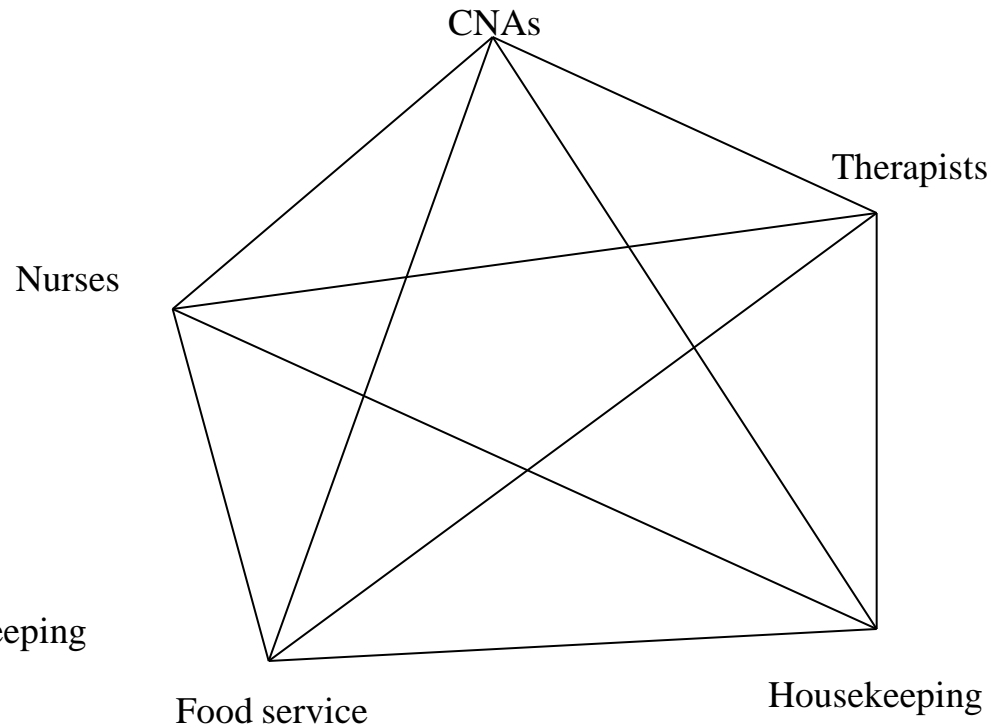


Across functions

In Nursing Homes



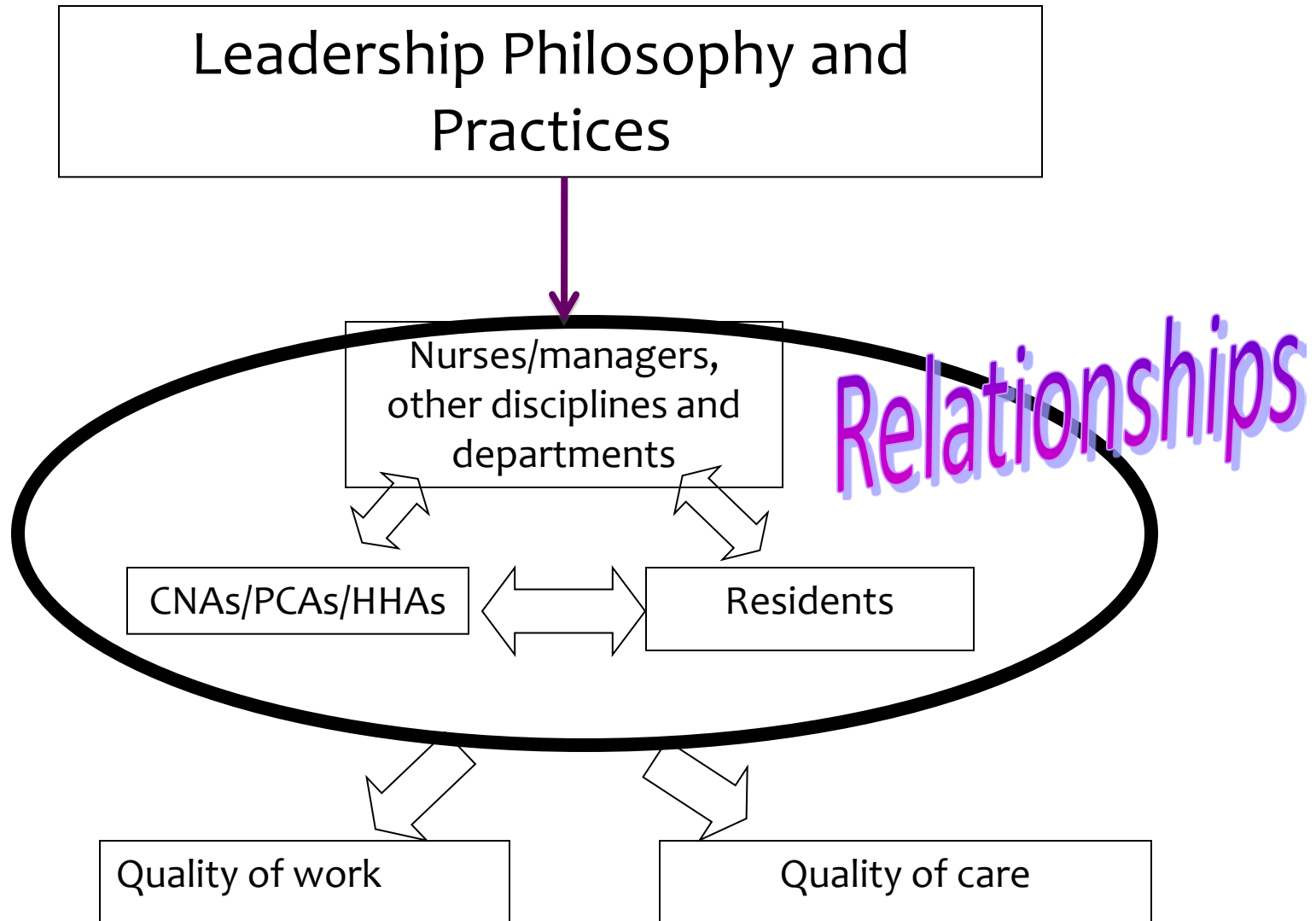
Within functions



Across functions

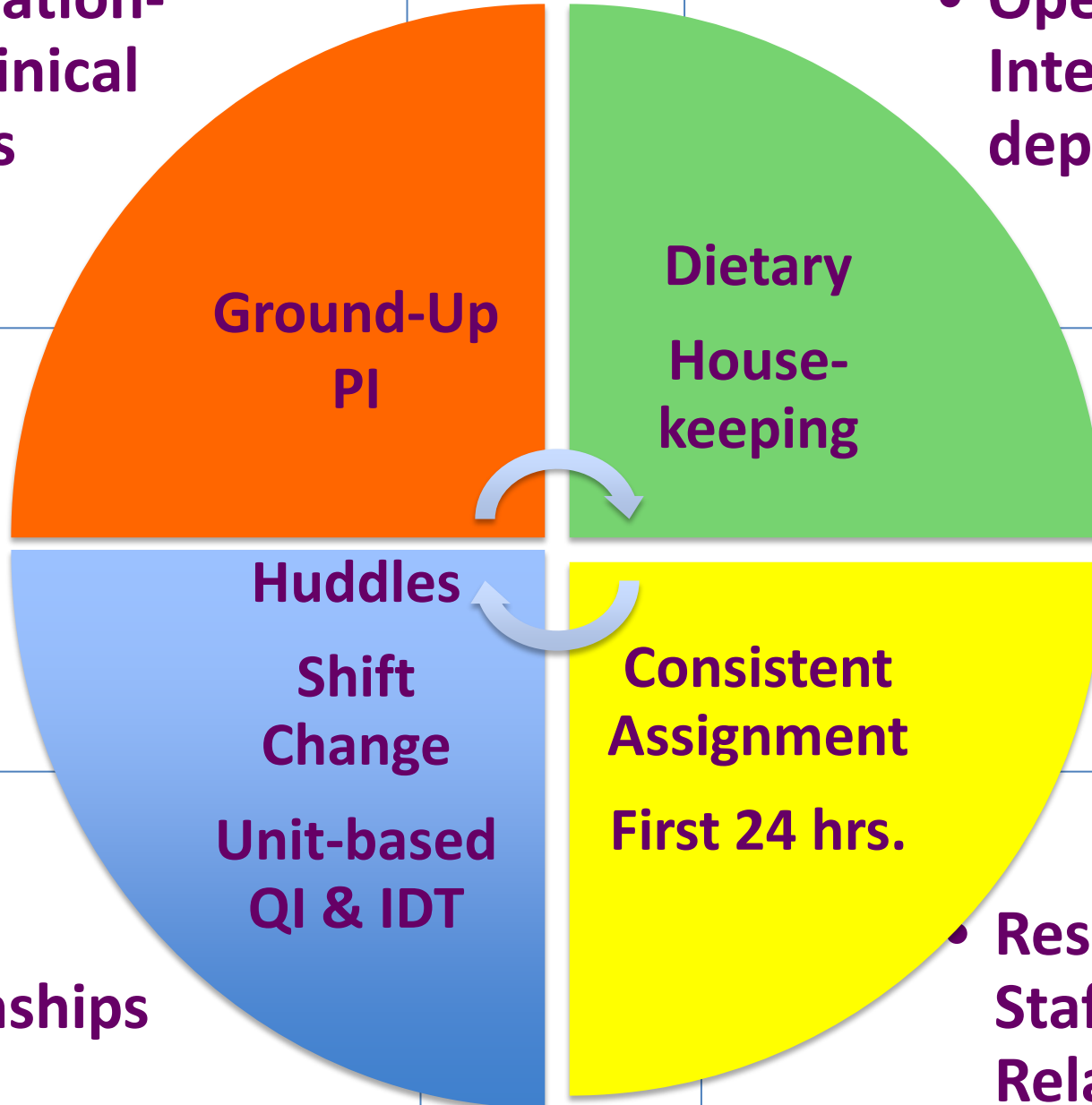
Jody Hoffer Gittel, Brandeis University

Relationships Closest to the Resident Matter Most



- **Organization-wide Clinical Systems**

- **Operations: Inter-departmental**



- **Unit Relationships**

- **Resident-Staff Relationships**

Getting Better All the Time

Developed by
Isabella Geriatric Center
and
Cobble Hill Nursing Home

How Payment Is Calculated



Activities of Daily Living (ADLs):

- Bed Mobility
- Transfer
- Toilet use
- Eating

Physical Therapy, Occupational Therapy Speech Therapy

Nursing Rehabilitation:

Urinary or bowel toileting program
 Providing active or passive range of motion
 Providing sprint or brace assistance
 Training in:

- Bed mobility or walking
- Transfer
- Dressing
- Eating or swallowing
- Amputation/prosthesis care
- Communication

Resource Utilization Groups (RUG's)

- Payment could change with each completed MDS if the RUG changes
- Extremely complex calculations—with coding that ultimately affects payment
- Your MDS coordinator works with this daily, and knows the system—its HARD work-give her a hug
- What you do can make a difference

Activities of Daily Living (ADL)

Late loss ADL's

- Bed Mobility
- Transfer
- Toilet use
- Eating

How you fill out the information flow sheet matters—it needs to be accurate and capture all that you do. Capture daily differences—don't just follow the way it's been charted if there is a difference you want to capture it.

Rehabilitation

Physical Therapy, Occupational Therapy Speech Therapy

Nursing Rehabilitation:

- Urinary or bowel toileting program
- Providing active or passive range of motion
- Providing splint or brace assistance
- Training in:
 - Bed mobility or walking
 - Transfer
 - Dressing
 - Eating or swallowing
 - Amputation/prosthesis care
 - Communication

Behaviors

- Hallucinations
- Delusions
- Physical behavioral symptoms directed toward others
- Verbal behavioral symptoms directed toward others
- Other behavioral symptoms not directed toward others
- Rejection of care
- Wandering

Your observation and documenting is important !

What you do matters

- To get better residents rely on therapy
- Minutes of the therapy that is provided is calculated
- You know your residents best—would a 9:00Am therapy work for Mr. McNally?

How MDS 3.0 Affects Surveys and Other Public Information

Individualized Resident Care

- Daily Care
- Charting
- MDS 3.0 Coding based on charting and on resident interviews

Facility Action

- Assessment and Care Planning for Risk Prevention and Improvement Promotion
- Individualized Service Delivery
- Quality Improvement Processes

Quality Outcome Measures

- Pressure Ulcers
- Restraints
- Pain
- ADL Function
- Depression
- Continence
- Activity
- Mobility

Survey Focuses on Care Outcomes, Care Planning, and MDS

Five Star Rating Factors:

- Surveys
- Quality Measures
- Staffing

What is Five Star?



A system designed to help people
compare the quality of nursing
homes more easily

What do the stars mean?

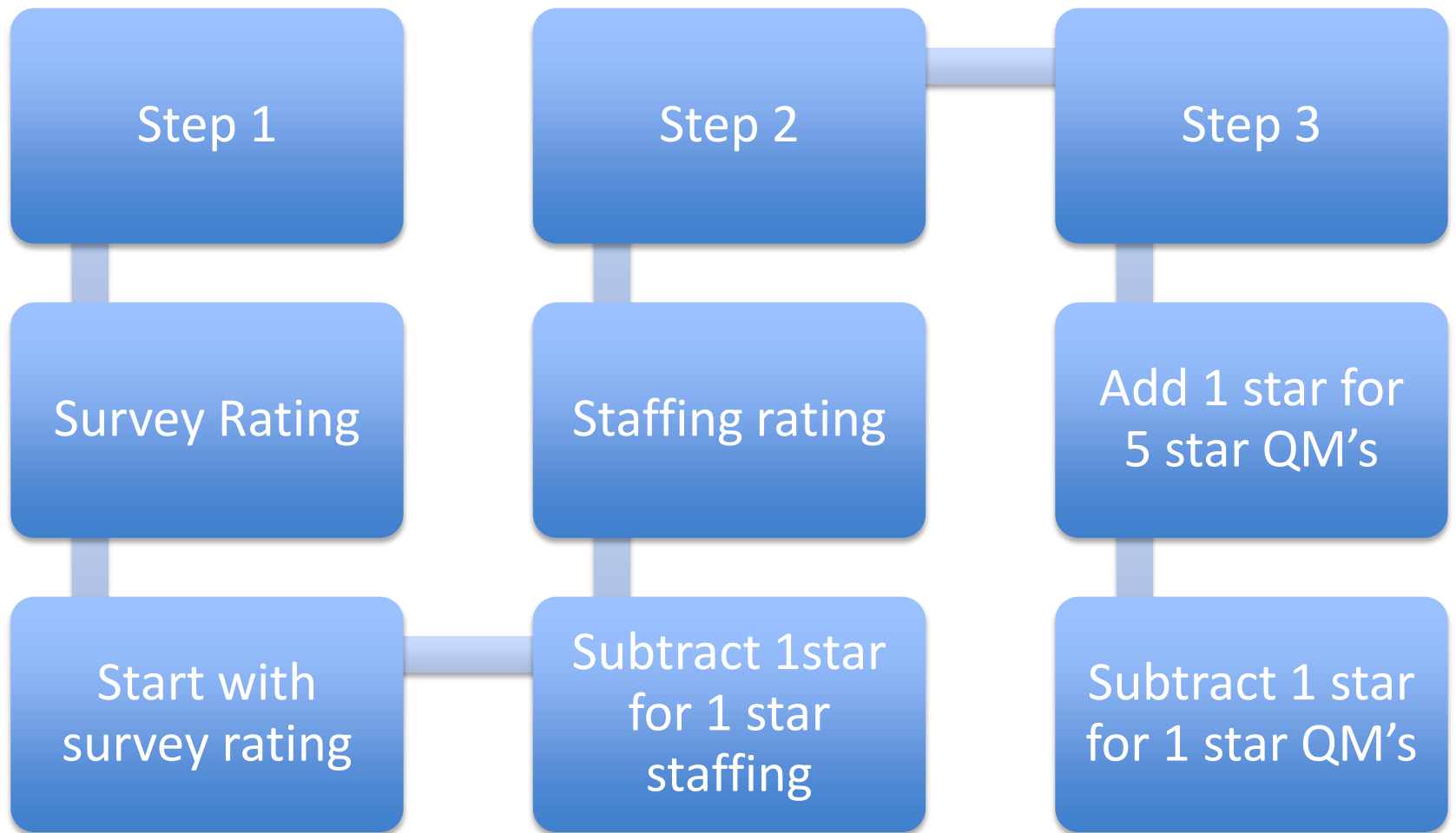
- Five stars Much above average
- Four stars Above average
- Three stars Average
- Two stars Below average
- One star Much below average

- The more stars the better!

What are stars based on?

- State Health Inspections
- Staffing
- Quality Measures

Calculating the Overall Rating





Stars can go up

Stars can go down

Star scores are affected by:

- Quality of care
- Staffing levels
- Accurate MDS coding

Critical Thinking

Do a root cause analysis of problem.
This will improve the system of care.

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