MDS 3.0
Beyond The Form: A Team Approach to Success

December 1, 2010

Faculty:
Cathie Brady & Barbara Frank
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

- Resident’s Condition
- Care Provided

- Assessment
- Care Planning

- Quality Improvement
- RUGs Payment

Charting

MDS Coding

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

What caused his decline?
Iatrogenesis

We caused it
From Institutional to Individualized Care

Health Promotion

Institutional Care

Physical Environment, Care Delivery Systems, and Work Routines

- Waking and Morning Routine
- Eating – what and when
- Bathing – when, how, how often
- Going to bed at night
- Sleeping & night-time routines
- Daily activities and pursuits
- Medication Pass

Individualized Care

Risk Prevention
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

Health Promotion

Physical Environment, Care Delivery Systems, and Work Routines
- Waking and Morning Routine
- Eating – what and when
- Bathing – when, how, how often
- Going to bed at night
- Sleeping & night-time routines
- Daily activities and pursuits
- Medication Pass

Institutional Care

Risk Prevention

© B & F Consulting, Inc. www.BandFConsultingInc.com
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
• Slow down the pace
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

Jody Hoffer Gittell, Brandeis University
© B & F Consulting, Inc. www.BandFConsultingInc.com
In Nursing Homes

Within functions

Across functions

Food Service
Nurses
CNAs
Therapists
Housekeeping

Jody Hoffer Gittell, Brandeis University

© B & F Consulting, Inc.  www.BandFConsultingInc.com
Relationships Closest to the Resident Matter Most

Leadership Philosophy and Practices

Nurses/managers, other disciplines and departments

CNAs/PCAs/HHAs

Residents

Quality of work

Quality of care

Eaton, Bishop, Gittell

© B & F Consulting, Inc.  www.BandFConsultingInc.com
• Organization-wide Clinical Systems

• Resident-Staff Relationships

• Unit Relationships

• Operations: Inter-departmental

Ground-Up PI

Dietary Housekeeping

Huddles Shift Change Unit-based QI & IDT

Consistent Assignment First 24 hrs.

© B & F Consulting, Inc. www.BandFConsultingInc.com
Getting Better All the Time

Developed by
Isabella Geriatric Center
and
Cobble Hill Nursing Home
How Payment Is Calculated

Resident’s Condition
- ADL Function
- Cognition
- Behaviors

Care Provided
- ADL assistance
- Cognition assistance
- Therapy and Nursing Rehab

RUGs Payment
- Resource
- Utilization
- Groups

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—it’s 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 sprint 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

B&F Consulting 2010
www.BandFConsultingInc.com
What is Five Star?

★★★★★

A system designed to help people compare the quality of nursing homes more easily
What do the stars mean?

<table>
<thead>
<tr>
<th>Stars</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five</td>
<td>Much above average</td>
</tr>
<tr>
<td>Four</td>
<td>Above average</td>
</tr>
<tr>
<td>Three</td>
<td>Average</td>
</tr>
<tr>
<td>Two</td>
<td>Below average</td>
</tr>
<tr>
<td>One</td>
<td>Much below average</td>
</tr>
</tbody>
</table>

- The more stars the better!
What are stars based on?

- State Health Inspections
- Staffing
- Quality Measures
Calculating the Overall Rating

**Step 1**
Start with survey rating

**Step 2**
Subtract 1 star for 1 star staffing

**Step 3**
Add 1 star for 5 star QM’s

Subtract 1 star for 1 star QM’s
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.
Cathie Brady & Barbara Frank

cbrady01@snet.net & bfrank1020@me.com

www.BandFConsultingInc.com