



Integrating the MDS 3.0 Into Daily Practice



Integrating the MDS 3.0 Into Daily Practice

JUNE 1, 2011

Part I: How to Improve Clinical and Business Outcomes Facilitated by Barbara Frank

TODAY'S PRESENTERS:

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Part II

How to Put Organizational Systems In Place

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MDS 3.0 and Quality Improvement

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Three Areas of Focus

- **Why Integrate MDS into Daily Practice?**
- **How to Align Documentation at the Bedside with MDS Coding**
- **MDS at the Bedside: Catching Problems Early, Intervening Quickly**

Why Integrate MDS 3.0 into Daily Practice?

Why MDS 3.0?

Thomas Dudley, Centers for Medicare and Medicaid Services

***You Gotta Love it:* It Drives Your Quality and Determines Your Bottom Line**

Connie McDonald, Maine General Rehabilitation and Nursing Care
Centers, Augusta, Maine

Managing Risk by Reducing Documentation Fatigue

Linda Martin, Morningside House Nursing Home, Bronx, NY

Why MDS 3.0?

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Assessment is Core in Every Health Care Setting

EVERY healthcare setting requires
patient/resident assessments in order
to provide the necessary care to achieve
the best possible outcomes.

The MDS is unique to nursing homes,
but assessments are not.

MDS 3.0

- Drives care, not just coding for billing
- Intended to bring resident focus
- Depends on involvement of direct care staff
- Meant to be a True Interdisciplinary Collaboration
- Relies on interdepartmental problem-solving



***MDS: You Gotta Love It
It Captures Your Quality Care and
Determines Your Bottom Line***

Connie McDonald,
Administrative Director

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Embrace the MDS

We all need to learn to use the tools we have really well to get the results we want

Utilize the MDS and the QIS survey as a guide for

Assuring quality care

Focusing the care plan and documentation
on the resident's

Preferences, Quality of Life, Risks for Decline

Reducing anxiety at survey time

Determining & improving reimbursement

Resident – Centered Care

MDS 3.0 and the QIS survey process have refocused how we take care of residents

- It forces us to consider residents and their families' perceptions
- We stop assuming we know what's best

Our nurses, social workers, and other interdisciplinary partners are learning from interviews with residents, and are often surprised how much information they're getting
(our residents have advanced dementia)

The Quality Case: Empowered and Focused Shift Hand-off Process

A strategy that takes advantage of the well informed dedicated 24-hour CNA team to improve the documentation that supports quality care and a higher RUG and better reimbursement

A strategy that focuses on the resident's needs, not their diagnosis or our task lists

Key Elements

- 15 - 30 min. overlap of shifts for communicating
- CNAs lead the report
 - Have dedicated assignments
 - Have knowledge of the risks for decline
 - Report exceptions to the norm for each of their dedicated residents on their shift and the previous shift
- Nurses contribute pertinent medical updates
- Everyone on the team is on the same page

Key Elements

- Interdisciplinary input: Social Worker, Activities, Dietary and Rehab participate at least weekly
- “Spotlight” residents in ARD window
- Script the discussion: only changes noted
 - Functional status (section G)
 - **Changes in ADLs requiring more assist**
 - Address mood and behaviors (section D: A-I and section E)
 - Update on noted risks (falls, skin, weight loss, behaviors, psychosocial well-being)

The Bottom Line

We give better care and get better reimbursement through higher RUGs when the direct care team understands:

The questions asked on the MDS that represent quality care and the work they do

That these things are significant:

- Level of assist with any aspect of care & if it changes
- Depressed Mood
- Pressure Ulcers
- Increased Negative Behaviors
- Resident's choices and preferences

It's the Whole Package

- Consistent Assignments
- Mid-Shift huddles
- Empowered CNAs who know their residents
- Engaged and pertinent Shift to Shift Hand-offs
- Strong nurse leadership
- Alignment of documentation
- Interdisciplinary Participation
- Individualizing Care Routines

We are a Team

Like in sports, everybody providing care needs to know what their role is and why and how it connects to what the other teammates are doing

***"The strength of the team is each individual member...
the strength of each member is the team."***

Coach Phil Jackson

Letting Go: **Managing Risk by Reducing Documentation Fatigue**

Linda Martin
Executive Vice President & Compliance Officer
Morningside House Nursing Home
Bronx, NY
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Letting Go

- Documentation tends to accumulate
- New forms are added in response to:
 - New regulatory requirements
 - Survey citations and deficiencies
 - Risk management concerns (real and perceived)
- Forms are familiar and comforting – changes are difficult to make. The need for one piece of data in one field can lead you to hold on to an entire form.

Risks of too many places to document

Documentation is missing, or inadequate

- Staff will always tend to prioritize work
- Entries may be made in one place (i.e. on a 24-hour shift report or nursing note) but not in another, equally or more important, place (i.e. the MDS)

Documentation is inconsistent

- This is especially true for entries that are made over a period of time (e.g. logging sheets, episodic notes, etc).
- A distinct trend may be missed on the MDS if the assessor has to look in too many places.

How to Align Documentation at the Bedside with MDS Coding

So many fields, so little time...

Sally Martin, Morningside House Nursing Home, Bronx, NY

What do we really need to document?

John Rice, Maine General at Gray Birch, Augusta, Maine

The intensity of care should be rewarded

Petruta Giosanu, Morningside House Nursing Home, Bronx, NY



So many fields, so little time...

Reducing Documentation Fatigue:
Documenting By Exception
and Focusing on What's Important

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Documentation fatigue: ***So many fields, so little time...***

Document by exception – for care planning

- We now use Standards of Care, tied to Care Assessment Areas. No more long, repetitive, narrative entries.
- But charting by exception has its own risks as well. A lack of entries can appear as if less care is being given, so make sure appropriate day-to-day entries continue!

Results:

- Care plans went from 32 pages to 2 – 4 pages
- Now what's documented is relevant and individualized
- It's more easily noticed because it's not lost in the mass of paperwork.
- It's also more likely to be accurate and up to date.

“Green Sheets”

Helpful to focus our attention on the detailed ADL documentation needed during the ARD window

- CNAs see the green sheets and know that additional documentation is needed

Why Green?

- Green is for money. We wanted to remind staff to capture what they do so that we get the proper reimbursement for our services.

Green sheets help when the primary aide is not on duty during an ARD period.

- This can be a very important, if brief, period of time and can make or break the assessment if done incorrectly.

Consolidation

Our aim is to ultimately have the MDS as a “primary source” for documentation

We use one piece of paper where we used to have four.
To increase confidence in reduction, make sure the form has everything you need

Pay careful attention to the fields on your new form – they will determine your reimbursement.

Making it Real:

What do we really need to document?

John Rice, Administrator
Maine General

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Birch

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Streamlining: The How To

℞ Document Review

Goal: to align what we do with what we are being measured by. ***‘Hands on the People not the paper!’***

Revised assessment tools based on QIS Critical Element Pathways and upcoming MDS 3.0

- Realized many documentation changes occurred over time based on previous survey findings.
- Concentrated on two areas: Activities and Social Services

Engaging Staff in the Process

- Each department was responsible for their content because they have to use the assessment tool.
- Social Service also received input from Depression PI Team
 - Without QI/QM we needed to tabulate data to identify focus areas

Maine General at Gray Birch Annual Activity Assessment

Name:

From Where

DOB:

Nickname:

Recognize B-Day

Diabetic: Yes or No

Yes or No

Food Allergy:

Activity Preferences: C=Current, P=Past, N=No Interest

Cards/Games:

Arts/Crafts:

Exercise/Sports:

Music:

Reading:

Spiritual:

Community

Outdoors:

TV:

Gardening:

Talk/Converse:

Computer:

Bingo:

Hobbies:

Baking/Cooking:

Pets:

Other:

Registered Voter Wants to Vote?

Veteran (Years Served and Branch)

Marital Status:

Children:

Preferred activity preferences: (Check all that apply)

___ In Room ___ Dayroom/Family Room ___ Off Unit ___ Outside ___ Community ___ 1:1 Visits

Past Occupation: _____

MDS 3.0

Interview Conducted with:

1. Resident
2. Family/Significant other
3. Interview could not be completed

How important is it to you to:

____ Have books, newspapers, and magazines to read?

____ Listen to the music you like?

____ Be around animals such as pets?

____ Keeps Up With the news?

____ Do things with Groups of people?

____ Do your favorite activities?

____ Go outside to get fresh Air when weather is nice?

____ Participate in religious services or practices?

- 1. Very Important
- 2. Somewhat important
- 3. Not Very Important
- 4. Not very Important at all
- 5. Important, but can't do or no choice
- 6. No Response or non-responsive

QIS Survey

1) Do you participate in any of the activity programs here?	<input type="checkbox"/> No Yes Do not wish to participate
2) Do the organized activities meet your interests?	No Yes
3) Do you receive assistance for things you like to do, such as supplies, batteries, books? (Facility should have items available for residents to use.)	No Yes
4) Are there activities offered on the weekends, including religious events?	No Yes
5) Are there activities available in the evenings?	No Yes
Comments:	

Activity Assessment Completed by:

Social Services

Conducts new and quarterly Resident Interviews based on QIS interview questions

Data tabulated for QA&A

Choices

Treatment

Respect

Privacy

Safety

New & Quarterly Resident interview questions*

*Complete prior to initial care plan meeting & 1st quarterly ARD note. Continue if resident has expressed issues.

Address any concern/issue in your chart notes and/or care plan

Resident Name:

Date:

SW initials:

Depending on how well you know the resident, ask all the questions that apply and add others if there were previously noted concerns. Modify the language as appropriate for individual residents so that they understand the question and you are getting the correct information..

Choices:

1) Do you know that you can have food choices at meals? No Yes

If answer is no: Is this acceptable to you? No Yes

2) Do you choose your bedtime? No Yes

If answer is no: Is this acceptable to you? No Yes

3) Do you choose when to get up? No Yes

If answer is no: Is this acceptable to you? No Yes

4) Do you choose your clothing? No Yes

If answer is no: Is this acceptable to you? No Yes

5) Do you choose bath times? No Yes

If answer is no: Is this acceptable to you? No Yes

6) Do you attend the activities here? No Yes

Do you like what is offered? No Yes

Comments:

Treatment, Privacy, Dignity & Safety (Abuse)

1) Do you feel the staff likes you and treats you well? No Yes

2) Does staff respect your privacy when they work with you, like when changing your clothes, or in the bathroom? No Yes

3) Do you feel safe here? No Yes

(If any answers are “no”, follow up)

Comments:

Audit of Depression Assessment from MDS

RESIDENT	Little Interest or pleasure	Down/Depressed/Hopeless	Trouble falling/staying asleep	Tired/Little Energy	Poor appetite or overeating	Feeling bad about self or failure	Trouble concentrating	Moving/speaking slow or opposite	Thoughts better dead/hurting self	Being short-tempered, easily annoyed	FREQUENCY SCORE

New & Quarterly Nursing Resident Interview questions

*Complete prior to initial care plan meeting & 1st quarterly ARD note. Continue if resident has expressed issues.

Address any concern/issue in your chart notes and/or care plan

Res. Name:

Date:

NM initials:

Pain

1) Do you have any discomfort such as pain, heaviness, burning, or hurting? No Yes

2) Do you ask for pain medicine? No Yes

3) When you take pain medicine does it stop the pain? No Yes

Comments:

Hydration & Nutrition

1) Do you receive the fluids you want between meals? No Yes

2) Do you get snacks when you want them? No Yes

Comments:

Oral Health

1) Do you have mouth pain, any chewing or eating? No Yes

2) Does staff help you as necessary to clean your teeth? No Yes N/A, do not need assistance

Comments:

Participation in Care Plan

1) Do you help dress yourself as much as you want to? No Yes

2) Do you help wash your face and hands as much as you want to? No Yes

3) Do you choose when to get up, No Yes

go to bed No Yes

and when to have a bath? No Yes

Comments:

Sufficient Staff

1) Do you get the care and assistance you need without having to wait a long time? No Yes

2) Does staff treat you with respect and dignity? No Yes

3) Do you get help quickly enough when you need to go to the bathroom? No Yes

4) Do you feel safe here with us? No Yes

Comments:

Satisfaction

1)) Do you do things during the day that you enjoy, such as activities? No Yes

2) Are you comfortable living here? No Yes

3) Is there anything we can do for you? No Yes

Comments:

Other concerns expressed:

Developed by B&F
Consulting for the
Pioneer Network's
National Learning
Collaborative on
Using the MDS as
the Engine for High
Quality Individualized
Care Funded by The
Retirement Research
Foundation

This helps CNAs share what they know

- CNAs complete Resident Observation directly from QIS
 - Emphasizes focus areas
- Individualized activities documentation in CNA Communication book captures in-room activities
- CNAs on Depression PI Team
 - Offer information over a period of time not just when interview is completed

***The Intensity of Care Should be
Rewarded:***
**Coordinating Care,
Documentation and Coding**

Petruta Giosanu
MDS Coordinator
Morningside House Nursing Home
Bronx, NY

CNA Voices in the Tools

We listen to our CNAs voice and they have a lot of involvement in the plan of care and even in the designing forms. So we ask their opinion.... It was a lot of voices....Because we keep their information and we took their voices, we put it on the new form. There were a lot of complaints about forms being too detailed and not clear explanation. So based on their suggestions, and based on the new MDS 3.0, we designed a new format that we are working on right now – CNA ADL Tools and CNA Mood Behavior Tools.

The Intensity of Care Should Be Rewarded

Our staff and our CNA are aware that the highest intensity of care that they provide to the patient, they have to be rewarded as the work that they go by. So we always share this thought with all our CNAs, making them aware that they have to pay attention to the work, not only the work that they provide but to the documentation that they have to fill out at the end of the shift....

Enough Staff ~ A Better Life

The intensity of care should be rewarded and this way we're gonna have enough staff, we're gonna have better life in the facility.



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MDS at the Bedside: Catching Problems Early, Intervening Quickly

If a resident needs more help...

Sharon Lloyd, CNA, Morningside House Nursing Home,
Bronx, NY

It's all about communication...

Brenda York, CNA Mentor, Maine General at Glenridge,
Augusta, Maine

Stay in Resident's Routine...

Tarsha Rodrigue, Maine General at Glenridge, Augusta,
Maine

If a resident needs more help...
Noting Changes
Triggering Interventions

Sharon Lloyd
Certified Nursing Assistant
Morningside House Nursing Home
Bronx, NY

If A Resident Needs More Help...

- Note it in the Resident Care Profile
- 1 HH or 2 HH (Human Hands)
- Let nurse know
- Nurse assesses the resident, tells doctor, might get a PT or OT evaluation
- Put it in RCP so other staff know
- Don't wait, act right away

It's all about communication
Sharing Across Shifts to Address
Residents' Changing Needs

Brenda York
CNA Mentor

Maine General Rehabilitation and
Nursing Care Center at Glenridge
Augusta, Maine

It's all about communication

When a resident is less able:


- Tell the nurse
- Try different approaches
- I write on my sheet that person is not eating well, and what I've tried
- Each shift tries different things and writes notes for each other

Stay in resident's routine...
**Resident's Customary
Routines**
Guide Care Routines

Tarsha Rodrigue
Neighborhood Nurse Manager
Maine General Rehabilitation and Nursing Care
Center at Glenridge
Augusta, Maine

For the Best Outcomes, Know Your Residents and Their Routines

- Mood and Behaviors - 48 Hr. Diary for every new resident or anytime there are issues
- Share Life Story – in Care Plan with CNAs documentation
- Stay in resident's routine or it could disrupt their whole day
- Target medications to what's important and the best time for residents



They're going to be much more accepting if you come at a time that's good for them versus just what's good for you.



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