MDS 3.0 a New Era

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Minimum Data Set (MDS) / Resident Assessment **Instrument (RAI) Background** and History

Why MDS?

Simple answer: Because the law says so

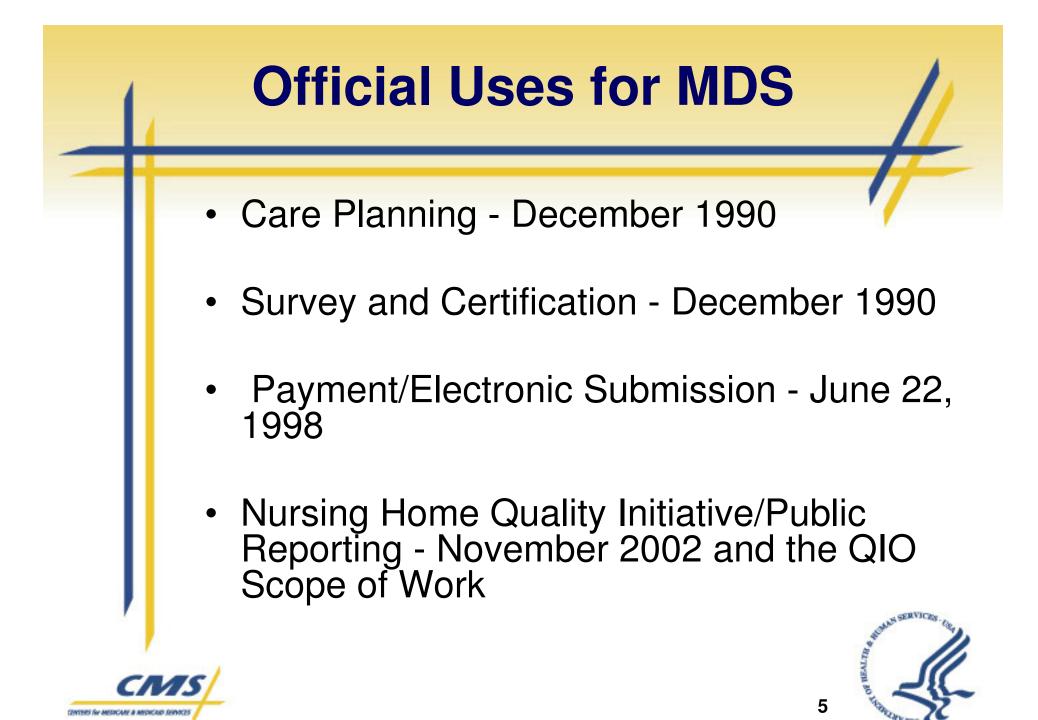
- Omnibus Budget Reconciliation Act of 1987 is the Statutory & Regulatory Basis for the RAI
 - To provide a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capabilities

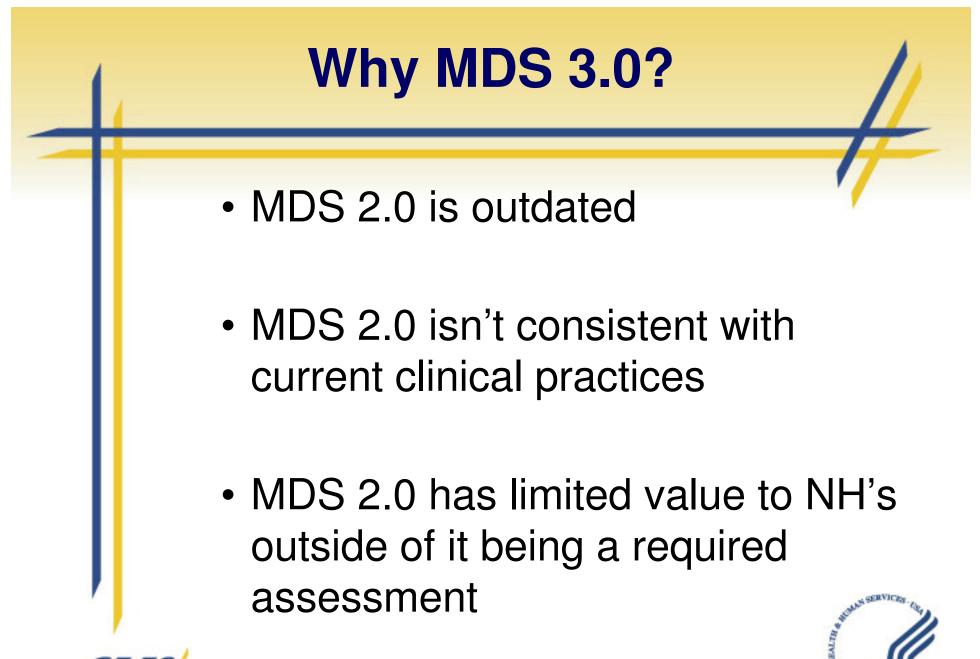
To help staff identify health problems

- Balanced Budget Act (BBA) of 1997
 - Established the Skilled Nursing Facility (SNF) prospective payment system (PPS).













MDS 3.0

- Went live October 1, 2010 as scheduled.
- Anecdotal comments have been mixed:
 - More valuable information elicited from residents
 - Interviews take less time than chart abstraction
 - Residents seem to appreciate the increased interaction
 - Adjusting to discharge assessment
 - Offering suggestions to decrease/eliminate duplication





What Does MDS 3.0 Bring to the NH Community?

- Main advances in MDS 3.0 include:
 - pulls in the Resident's voice and desires,
 - increased Resident interactions
 - increasing clinical relevance, increasing accuracy (validity & reliability),
 - increasing clarity, and
 - Expecting reduction in completion time national study by 45%*

*Item set size is comparable and this statistic is based on earlier testing. Anticipate having more real-time information after the first several months of use.





What Does MDS 3.0 Bring to the NH Community?

- Better match to current clinical practices (e.g. pressure ulcer assessment)
- Enhanced assessment of behavioral, depression, and cognitive function





Quality Measures

