To: Long Term Facilities  
From: Phyllis Brighton, Colorado MDS 3.0 Help Desk  
Date: 5 June 2012  
Re: MDS 3.0 Newsletter

MDS 3.0 TRAINING *FREE*  
• Denver Training will be this July 17th and 18th at the Plymouth Church on Hamden and Colorado Boulevard.  
• Watch the Long Term Care Portal for further information as it becomes available.  
• Also, email or call Phyllis Brighton with any areas of the MDS you would like to discuss in-depth.

AREAS FOR FURTHER THOUGHT  
MDS 3.0 QUALITY MEASURES (QMs)  
• The MDS 3.0 QMs are entirely based on MDS 3.0 data; no MDS 2.0 data will be used for these measures.  
• Consist of information derived from MDS data and provides a numeric value to quality indicators.  
• QMs are available to the public as part of the Nursing Home Quality Initiative (NHQI) and are intended as objective measures regarding the quality of care in nursing facilities.  
• QMs are also intended to assist facilities with their quality improvement efforts.  
• Definitions  
  ▪ Target period – the span of time that defines the QM reporting period (i.e. a calendar quarter)  
  ▪ Stay – the period of time between entry and either a discharge or the end of the target period, whichever comes first.  
  ▪ Episode – A period of time spanning one or more stays.  
  ▪ Cumulative days in facility (CDIF) – The sum of the number of days within each stay included in an episode.  
  ▪ Short stay – An episode with CDIF less than or equal to 100 days as of the end of the target period.  
  ▪ Long stay – An episode with CDIF greater than or equal to 101 days as of the end of the target period.  
  ▪ Target date – The event date for an MDS  
    o Entry record = entry date  
    o Discharge record = discharge date  
    o All other records = Assessment Reference Date (ARD)
• Short Stay Quality Measures
  ▪ The Percentage (%) of Residents (Res) on a Scheduled pain Medication Regimen on Admission who Report a Decrease in Pain Intensity or Frequency.
  ▪ % of Res who Self-Report Moderate to Severe Pain
  ▪ % of Res with Pressure Ulcers that are New or Worsened
  ▪ % of Res Assessed and Given, Appropriately, the Seasonal Influenza Vaccine
  ▪ % of Res Assessed and Given, Appropriately, the Pneumococcal Vaccine

• Long Stay Quality Measures
  ▪ % of Res Experiencing One or More Falls with Major Injury
  ▪ % of Residents who Self-Report Moderate to Severe Pain
  ▪ % of High-Risk Res with Pressure Ulcers
  ▪ % of Res Assessed and Given, Appropriately, the Seasonal Influenza Vaccine
  ▪ % of Res Assessed and Given, Appropriately, the Pneumococcal Vaccine
  ▪ % of Res with a Urinary Tract Infection
  ▪ % of Low-Risk Res Who Lose Control of their Bowls or Bladder
  ▪ Res Who Have/Had a Catheter Inserted and Left in Their Bladder
  ▪ % of Res Who Were Physically Restrained
  ▪ % of Res Whose Need for Help with Daily Activities has Increased
  ▪ % of Res Who Lose Too Much Weight
  ▪ % of Res Who have Depressive Symptoms

• Remember, submit all MDSs in their Chronological Order. This will help to insure the data is accurate
• Also, remember, these reports are not the same as the Five Star Facility Preview Reports

Food for Thought
• In MDS Section G – items marked as “Extensive Assist” must have occurred that way 100% of the time.

I look forward to seeing you all in July on the 17th and 18th and the CNAs the afternoon of the 18th!

Contact Phyllis Brighton with your questions and findings: Phyllis.Brighton@state.co.us or 303-692-2894