**Overview of MDS 2023 Updates Toolkit-**

**MDS 2023 Changes and Quality Assurance and Performance Improvement Program**

**MDS Changes-Impact on**

**Quality Assurance and Performance Improvement (QAPI)**

**Introduction**

With national awareness, reform and quality initiatives surrounding person centered care - organizations will want to have a system that promotes a competent, comprehensive, resident-centered and organization-wide Quality Assurance and Performance Improvement (QAPI) Program. This program should take a “systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality.”1

It is important that all staff understand the expectations of the regulators and best practice approaches. The updates in the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP, outline multiple areas in which facilities will be expected to coordinate the QAPI program with policies, procedures, and facility systems. Providers are obligated to “develop, implement and maintain a comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life.”1

In order for the process to be accurate and meaningful, facility leaders, MDS Coordinators and the Interdisciplinary Team (IDT) that are directly involved in collecting information, tracking resident information, or coding on the Minimum Data Set (MDS), will need to understand how coding results in producing data for quality metrics, reimbursement, and the survey process.

It is important for leaders to understand and share with the IDT the objectives of the QAPI Program in relation to the RAI process to include:

* “Ensuring care delivery systems function consistently, accurately, and incorporate current and evidence-based practice standards where available;
* Preventing deviation from care processes to the extent possible;
* Identifying issues and concerns with facility systems, as well as identifying opportunities for improvement; and
* Developing and implementing plans to correct and/or improve identified areas.”1

The Centers for Medicare and Medicaid Services (CMS) continues to monitor providers’ compliance with Quality Assurance and Performance Improvement.

It is recommended that the facility put into place a system for QAPI in the form of a project or plan to monitor the Resident Assessment Instrument (RAI) Process that includes:

* A QAPI Plan for implementation of the changes for the RAI Process
* Education
  + MDS Coordinator
  + IDT Members who complete any aspect of MDS coding
  + Frontline staff responsible for documenting resident information necessary to reflect the resident information for accurate coding.
* Oversight
  + Leadership
  + MDS Coordinator
  + IDT Leaders
* Documentation and evidence of implementation
  + Evidence necessary to substantiate MDS coding, where indicated.
* Includes the full range of care and services provided.
  + Individually identified in the plan of care
* Uses evidence-based standards of practice.
* Provides resources necessary for QAPI projects.
* Involvement of employees from all departments involved at all levels.
* Works with the team to develop a process to identify and prioritize opportunities for improvements, gaps in performance and prioritizes actions.
* Develops a system to address necessary corrective action.
* Sets clear direction and expectations for the team.

**MDS as a QAPI Resource for Improvement**

The MDS is a principle driver of organizational data and outcomes and is also essential in the overall compliance of an organization. The MDS process leverages many reports as found in the iQIES system including quality measure reports (facility level, state level and national level), resident demographics, public data reports – Care Compare, SNF VBP, confidential feedback reports, SNF QRP reports, and more. The MDS also drives PEPPER reports that identify trends and provide recommendations for improvement.

As a performance improvement resource, the MDS may be utilized to provide insight for QAPI program as it:

* Audits quality based upon data trends and outcomes.
* Audits billing practices based upon data trends and outcomes.
* Monitors care and access to care.
* Monitors the use and appropriate use of resources (facility assessment) needed.
* Reinforces adherence to standards of practice.
* Serves as a road map for performance improvement.

**MDS Coordinator as a QAPI Resource**

The MDS Coordinator can serve as a great resource for the QAPI team and overall program outcomes. As the overseer of data, the MDS Coordinator can quickly identify trends, opportunities for improvement and keen insight as to the necessary actions for improvement.

With the significant changes to the MDS in 2023 it is important the facility monitor and audit its transition process and implementation processes to align with the revised RAI and MDS coding guidelines as well as the new additions to the process.

The MDS Coordinator, along with designated IDT members, can provide the QAPI team with insight on:

* Transition and implementation outcomes – what needs to improve.
* Areas of improvement based upon MDS coding trends.
* Identification of past non-compliance based upon MDS outcomes and MDS 2023 changes.
* Data to back up the outcomes or trends.
* Determination if the trends indicate high risk, high frequency or education needs.
* Assist in determining action steps needed for performance improvement.

**Summary**

Including MDS data and supportive information into a facility QAPI process is an ideal way to determine successful transition with the MDS 2023 updates. In general, the MDS and overall process can identify performance gaps, areas for improvement, data trends, assess risk in quality care, resident outcomes, resident rights, social determinants of health, public facing data and billing practices. The MDS impacts clinical, regulatory, and financial practices of the organization.

Quality Assurance and Performance Improvement projects related to the updates and requirements for completion of the RAI Process will be essential for the goals of quality, compliance, accurate data management, and accurate reimbursement.

**References and Resources**

1Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual. Version 1.18.11, October 2023: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>