

Eli's Rehab Report

Nursing Homes: Expert Suggests MDS Nurses Use This Approach for COT OMRA

If they don't, this is what could happen.

Marilyn Mines, BSN, RN, RAC-CT, BC, believes MDS coordinators should actually take a look at the therapy logs to decide whether to do a COT (change of therapy) OMRA.

Mines recounts how she recently asked a MDS coordinator if she was seeing the potential for a COT OMRA. And the nurse said that the therapy supervisor notified her if one was required. But that practice is "really kind of dangerous. If the therapist is wrong, then the MDS nurse is the one held responsible for not doing the COT OMRA," cautions Mines, manager of clinical services for FR&R Healthcare Consulting Inc. in Deerfield, Ill.

"In this particular case, we pulled the logs and saw that the therapists hadn't put in all the minutes yet," Mines relays. And "although the therapy supervisor said he didn't expect there was any change in the minutes, the minutes were not there to confirm."

Also: "Not all of the minutes were individual" minutes, Mines adds. "Some were concurrent and group." And "when we really took a closer look at it, we'd lost about 300 minutes" because not all of the minutes were individual minutes. "And there were still no minutes recorded for two days" in the COT observation period.

Bottom line: "The facility needs some type of process to make it easy to determine if the minutes are group, concurrent, or individual on a daily basis," Mines concludes. "And make sure all the therapy is documented as it is delivered so that on the seventh day, there's a clear answer about whether the COT OMRA has to be done."