

MDS Alert

Career Management: Be A Mover And Shaker: Ask These Key Questions To Achieve Optimal Performance

Clarifying this info can prevent numerous job-related woes.

Before an MDS coordinator says, "I do" to a new job, the person might want to ask: "I do what?" and "How will the facility help me achieve that?" ... and a few other critical questions.

Below **Elizabeth Brunner, RN, BS, NHA**, highlights what a MDS coordinator might ask the powers-that-be in a facility to be as effective as possible on the job. The MDS coordinator may have to nail down some of the following information after starting a job, but the sooner, the better. On the flip side, if your facility is hiring an MDS coordinator, you may want to prepare to answer these questions.

Question No. 1: What exactly are the job expectations and resources provided to help meet them? The MDS coordinator should ask the director of nursing (DON) and administrator this critical question before starting a job, advises Brunner, who presented a session on the dialogue that MDS coordinators and DONs need to have at the **American Association of Nurse Assessment Coordinators** spring meeting in Baltimore.

Other key questions: How many hours will the MDS nurse be expected to work? What types of duties will the person be assigned, if any, in addition to the MDS? Clarify the lines of authority and reporting.

"If the MDS nurse will only report to the administrator, that conversation needs to take place with the DON, too," Brunner tells **Eli**. That way, the DON won't feel she has the right to tell the MDS coordinator what to do, she says.

Defining the job parameters in writing up front or even after you start a job is critical for achieving job sanity and success. "Sometimes the MDS coordinators do all of the nursing parts of the MDS, all of the nursing RAPs and are pulled to the floor," observes **Marilyn Mines, RN, RAC-C, BC**, manager of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL. This makes it very difficult for the person to function in the coordinator role and get the work done, Mines notes.

Also clarify up front what resources the facility provides to promote the MDS coordinator's professional development and access to consultation for MDS-related issues.

Question No. 2: What level of authority does the MDS coordinator have with regard to other interdisciplinary team members who collect data and/or complete sections of the MDS? "If the MDS coordinator doesn't have authority over other team members related to the MDS, who does?" says Brunner. "What is the chain of reporting for problems where team members [don't turn in their information timely or participate in the care planning process]?"

One option: **Extencare Health Services** designates the lead MDS nurse as a department head who answers to the administrator, says **Rita Roedel, RN**, national director of clinical reimbursement for the long-term care chain based in Milwaukee. That way, the department heads (i.e., DON, social services director) are on a peer level with the MDS nurse and all can communicate more productively, she suggests.

Question No. 3: What is the facility's admission criteria for SNF residents and the related documentation requirements to support the level of care and MDS?

Without specific policies and procedures that everyone follows, the MDS nurse may find herself trying to do a five-day PPS or admission assessment without appropriate medical record documentation to support daily skilled services or even technical requirements for Medicare Part A skilled care, Brunner cautions. Examples of missing documentation in the medical record might include daily wound care, and monitoring mood, behavior and ADLs.

Question No. 4: What is the reporting mechanism for the MDS nurse if she realizes that staff needs help with a care or MDS-related issue? Does the person have the flexibility to train staff in a new intervention or work with a particular resident? "The MDS nurse may have a more holistic view of the resident by looking at the 'big picture' on the MDS," Brunner says.

Question No. 5: Does or will the facility cross-train other staff to do the MDS in order to provide support and back-up for the MDS coordinator? If not, the person in that position will have a hard time getting away for vacation or to attend professional conferences, as examples.

Question No. 6: What flexibility does the facility offer for the MDS nurse to bring her unique talents to the table for quality improvement? The MDS coordinator is in a position, for example, to identify residents who may require restorative nursing, which can improve resident outcomes -- and boost the revenue stream, Brunner suggests.