

## MDS Alert

### Case Study ~ Here's How To Ensure The MDS Nurse Knows Residents' Clinical Issues

**Find out how RN managers serve as MDS coordinators for their units.**

**Talk about a tough assignment:** The MDS coordinator has to know a resident well enough to ensure MDS assessments provide a true picture of the person's conditions and care.

The good news is that various models and approaches can help keep MDS nurses in the info flow.

One strategy is to have RN unit managers serve as MDS coordinators. That's the model that **Hopemont Hospital** finds works well for its staff.

**How it works:** Rather than having one MDS coordinator for the 98-bed facility, RN managers serve as MDS nurses for their units, each of which cares for 24 patients. In completing the MDS, the RNs work with the interdisciplinary team members assigned to the unit, which the RNs "know inside and out," says **Sherri Snyder, RN**, director of nursing for the state-run nursing facility in Terra Alta, WV.

The approach improves assessments and care planning because the RN unit managers really know the patients, says Snyder. For one, the RNs do staff nursing when the LPN is off duty and also accompany physicians on rounds.

The RN managers also overlap shifts, so if the LPN is working on the day shift, the RNs come in 8-4 or 9-5 some days to talk to the evening shift staff. Or the RN may come in at 5:30 a.m. to talk to the night staff about what's going on with the residents on that shift to identify which residents are having trouble and whether the staff are toileting residents at night as required by the care plan, relays Snyder.

**Who coordinates the coordinators?** One of the four RNs also serves as the overall MDS coordinator, says Snyder. "That person supervises the other three RNs and performs QA on their MDS assessments to ensure they are coded correctly."

#### Several Other Options in Town

Facilities that choose to have one or two MDS coordinators overseeing the entire MDS process can implement strategies to keep the person(s) in the clinical know. For example, the MDS coordinators can attend morning stand-up meetings and get to know the residents' care that way, says **Rita Roedel, RN, MS**, national director of clinical reimbursement for **Extencare Health Services** in Milwaukee. And MDS nurses can receive residents' physician orders and read the 24-hour report to find out what happened on evenings, nights and weekends, she says.

**Feed the assessments:** MDS nurses at **Heritage Enterprises** help residents with feeding in the dining room, which really helps the MDS nurses get to know the residents' issues, including ADLs, reports **Joan Johnson**, a licensed dietitian for the Bloomington, IL-based facility.

**Seeing is believing:** Also, the MDS coordinator should actually assess each resident rather than relying solely on what the CNAs and other staff members say, counsels Johnson. This strategy can help prevent errors that seriously complicate assessments down the line. For example, Johnson once encountered a situation where a resident was recorded as being 131 pounds and 5 feet, 8 inches. The staff had identified the resident as losing weight over three weeks but when Johnson looked at her, she could "instantly see the resident was only about 5 feet and weighed about 99 pounds."

