

MDS Alert

Case Study: Sometimes Less Definitely Is Better - Especially When It Comes To Assessment Forms

TSW facilities only supplement MDS assessment as needed.

A nursing facility doesn't have to use lots of forms to be in good form -- at least that's what facilities managed by **TSWManagement Group** have found.

The Anaheim, CA-based organization revamped its entire charting system to eliminate forms that duplicate what's assessed on the MDS. "We take the perspective that the MDS is a comprehensive assessment that misses critical pieces of information, which we then supplement," says **Kathy Hurst, RN, JD**, who heads up the company's human resources and operations.

The only extra assessments done by non-nursing disciplines are social services and activities. "We ask social work staff to identify information that's not included in Sections E or F," reports Hurst.

"That way we don't have as many charting conflicts because people don't chart twice on the same subject," she adds.

It's a RAP

TSW facilities are also taking more advantage of the RAPs. As Hurst asks: "Why do a physical restraint assessment when a resident with a restraint or a fall risk triggers that RAP? You do it on the RAP once," she points out. TSW combined one of the popular fall-risk assessments and the RAP to make a single assessment. "We call it a safety assessment rather than a fall assessment because there's more to safety than falls," she says.

The more pieces of paper in the chart, the more room for discrepancies, Hurst opines. For example, TSW facilities use one piece of paper to record the resident's weights, which allows staff to easily spot any errors or inconsistencies in documentation before surveyors ask them how much the resident really weighs..

Reduce Liability Risks

Cutting down on forms also cuts down on liability risks -- for example, where a facility uses a form to identify that a resident is at risk of falls and puts the form in the chart. Then the resident falls and the facility hasn't care planned for the risks -- either because the issue slipped through the cracks or staff reasons that the care plan isn't due for 14 days. "But that's not how it works," Hurst cautions. "You have to care plan contemporaneously and address risks as you identify them."

Take a Holistic View

Also, Hurst has found that different disciplines tend to fill out their own forms as separate parts of the whole -- and if no one is looking at the big picture, things get missed. "And surveyors will say, if you can't assess the patient in a comprehensive way, you can't provide the care required."

Clear the Desk for Patient Care

Nurses in TSW facilities find that the reduction in forms gives them more time to spend at the bedside, says nurse **German Martinez**, administrator of TSW-managed **HarborVilla Care Center** in Anaheim. "The older nurses, especially, recall a time when nurses spent more time on patient care and less on paperwork," he adds.

When nursing staff have fewer forms to field, they focus more on assessing the patient and evaluating outcomes of plans of care rather than frantically filling in the blanks on sheets of paper, Martinez has found.

Remember: The key to accurate assessment isn't completing forms -- it's training, emphasizes Martinez. "You have to train nursing staff on an ongoing basis to be able to detect significant changes and the things that are important based on the facility's resident population."

For example, nurses in Martinez's facility use a daily charting system for Medicare residents where they check off items on a flow sheet with space for narrative documentation to note any exceptions to the resident's baseline or concerns.