

## MDS Alert

### In the Spotlight: Getting The Admin With The Program

**This company's NF administrators know how to get the most from the MDS.**

"I don't know" is one answer that Anaheim, CA-based **TSW Management Group** just won't accept from its nursing facility administrators about any aspect of resident care, payment or operations.

And TSW's **Harbor Villa Care Center** administrator and nurse **German Martinez** is definitely deep in the know about what what's going on in his facility -- especially when it comes to the MDS, which he knows drives the ship.

For example, Martinez spot checks all admissions to make sure they have a comprehensive assessment in place -- and that the care plan addresses any identified risks for falls, pressure ulcers or other clinical issues.

Martinez's level of understanding -- and appreciation -- of the role of the MDS translates into the type of atmosphere where the RAI reigns. "DONs and administrators who really understand the MDS provide a different level of support to the MDS coordinator," says Martinez. "They know you can't just do the MDS quickly to fill in the blanks." In his view, the MDS is best done by the MDS coordinator along with the entire interdisciplinary team.

You might chalk up Martinez's savvy approach to his nursing background, but TSW requires all of its facility administrators to be a part of the interdisciplinary team -- even if they do not have a clinical background, reports **Kathy Hurst, RN, JD**, director of health care operations and human resources for TSW, which manages facilities in California.

#### Boost Your Quality Outcomes

In Hurst's view, the administrator's involvement with the team helps the person at the helm learn the "rest of the story," if there is one, about quality outcomes. "For example, if the administrator doesn't sit in on the wound-care committee, he may reason the facility has only 10 residents with pressure ulcers -- without knowing that eight of those pressure ulcers developed in house, which represents a big problem," Hurst says.

Harbor Villa pulls its QI reports from the state database monthly, zeroing in on anything at the 75th percentile or higher - - or on any QI that is a sentinel event no matter the percentile (e.g., fecal impaction, dehydration or pressure ulcers in low-risk residents). "We also look at certain QIs even if the score isn't above a 75 - for example, any resident who flagged on the QI looking at residents with signs of depression without an antidepressant, and anyone who has had a decline in ADLs," says Martinez.

#### Get Payment on Track

TSW administrators attend daily stand-up Medicare meetings where nursing and rehab staff case-manage patients. "There are things that the MDS nurse and DON may overlook that the administrator will pick up on and vice versa," says Hurst. "For example, one thing facilities miss out on at times is getting residents on restorative nursing after they leave rehab, if the resident meets the criteria," she notes.

The Medicare team also checks the MDS against the medical record to detect any discrepancies or omissions in documentation. "For example, both restorative and behavioral management can be a stand-alone skilled service, but you have to document properly if you expect to get paid for it," Hurst notes. "So if we are not documenting behavioral interventions, we can bill Medicare as much as we want, but we won't get paid."

#### Prevent Lawsuits and Survey Snafus

The administrators also review incident reports each day and involve themselves in helping to resolve any incident that occurs in the building. "They expect reports from department heads about each incident," Hurst relays.

"If the administrator isn't versed with what's going on -- and involved -- he or she will sound clueless to the irate family member who calls asking about follow-up on their complaint to the DON," Hurst cautions. "That not only makes lawsuits more likely, but it also creates survey problems, because unhappy families may lodge a complaint against the facility with the state."

**The bottom line:** "There are many costs associated with failure of the administrator to be on top of quality issues," Hurst sums up.