

MDS Alert

In The Spotlight: Working With The MDS In 'Pioneer' Nursing Home Models

This nontraditional provider's use of the MDS holds QI lessons for all NFs.

The MDS is a definite Jack and Jane of all trades, but how well does it work for nursing facilities using nontraditional "pioneering" approaches to resident care and quality of life?

Meadowlark Hills in Manhattan, KS, has found the MDS and its household model of care to be very helpful bedfellows in many ways. Residents live in separate family groups cared for by a dedicated team of staff where staff really gets to know the residents on a human level, says **Steve Shields**, executive director of Meadowlark Hills. And that more in-depth knowledge translates into greater MDS accuracy and the ability to use the tool to meet residents' needs in the quality-of-life arena.

Here's a rundown of what Meadowlark accomplishes by using the MDS in resident households -- a list that offers insights for other nursing facilities looking for quality improvement opportunities.

1. Promotes continuity of life. As Meadowlark's model of care has progressed, the household self-led teams are seeing their role as helping residents continue to live as they did before coming to the facility, says Shields. "And if performed properly, the MDS can be a systematic way for the team to come together with the residents, when appropriate, and make sure that we are meeting the residents' needs and doing what the resident wants to do," Shields tells **Eli**.

In that regard, Shields can't identify any one section of the MDS that's better suited to helping staff achieve that goal. "All of the assessment items fit under an umbrella of honoring the residents and their choices, preferences, desires and treatment goals."

2. Responds to changes in resident's status and ADL functioning quickly. The household model also helps staff maximize use of the MDS to respond to the resident's significant changes, Shields says. "Staff knows the residents very well and can detect changes early" in order to stay on top of SCISA MDSs, he says. Staff can also detect very early signs of decline in residents' ability to perform activities of daily living, "and start working immediately to turn that around."
3. Integrates the MDS and quality improvement process throughout the organization. Meadowlark is moving to a whole new process for managing its MDS-generated quality indicators/measures so as to make it part of the whole culture rather than isolated to a single committee or position. "We want everyone in each household to participate in the QI process," Shields emphasizes. "That's why we don't have an MDS coordinator, because the MDS belongs to everyone," he says. "It's a team exercise. The same goes for the quality improvement and quality indicators/measures." **Lesson learned:** Decentralization of responsibility for the MDS to small teams allows them to see how all the parts of the MDS fit together as a whole, because each discipline isn't doing just its one part, notes **Megan Hannan**, consultant and trainer for **Action Pact** in Milwaukee, which works with facilities to improve care for elders.

Staff who works with the MDS in an integrated way also learn how the instrument works as a payment instrument, a quality of care and care planning tool, etc., Hannan notes.

4. Promotes helpful, friendly QI competition among households. Meadowlark Hills households get separate quality indicator reports that allow them to see how they and the other households are measuring up. "If one household is being very successful, the other households can turn to the staff there for resources and advice," Shields offers. But it's done in a spirit of helping residents rather than "one upmanship," he adds.

The result: Meadowlark's cultural change and expert use of the MDS has led to radical improvement in its organizational outcomes -- for example, reducing staff turnover by 55 percent -- which, in turn, produces better resident care. "We've virtually eliminated weight loss with the exception of a few people this quarter who are in the dying process. And our survey record is impeccable," Shields reports.

Looking Ahead to the MDS 3.0

Considering Meadowlark Hills' intense focus on quality of life, does Shields believe the MDS 3.0 should include quality of life items, as the draft version currently does (see "Clip n' Save")?

The jury's still out on that one, in Shields' mind. Meantime, Meadowlark Hills continues to develop new quality of life measures. But mostly Meadowlark "just listens to its customers," whom Shields defines as "everyone who breathes." For example, the organization uses a third-party company that gathers customer satisfaction data from residents/families.

"And we do a sit-down discovery circle with residents and staff to get feedback about what we can do in the households and organizationally to make their lives what they want them to be," says Shields.

Suggested idea: Whether or not the finalized MDS 3.0 includes a quality of life section, you can still use the draft items as a quality improvement checklist. See "Clip n' Save"