

MDS Alert

Management: 4 Critical Skills MDS Nurses Must Possess For Success

Experts share inside secrets to mastering a demanding role

The MDS coordinator doesn't have to be able to leap tall buildings in a single bound, although it may feel that way some days. But whoever takes on the job does need some first-rate abilities to effectively manage a process that determines a facility's payment and survey fate.

Experts describe four unique proficiencies and personality characteristics that ensure MDS nurses keep the RAI show on the road with rave reviews.

1. Both a little-and-big picture orientation. The MDS position "requires someone who is detail-oriented but also creative and abstract ... and likes to play detective," says **Ray Hawker, RN**, an MDS nurse in Santa Rosa, CA. The person should be able to "peruse a chart and see the big picture." In long-term care, you can't have a "treat 'em and street 'em mentality," like you may see in an acute-care setting, Hawker adds. "In the nursing home, you have to look at the resident as a whole person."

The MDS nurse also has to tie together all the functions of the MDS. In that regard, one big picture may be better than three little pictures. For example, **Presbyterian Manors of Mid-America** tried assigning three MDS nurses to work on different aspects individually. "One focused on doing the coding, another on the QI/QM and survey-related issues, and a third person on the care-related issues," says **Jeanne Gersten Koren, RN**, a corporate nurse for the chain based in Wichita, KS. It didn't work out well, she relays. "We tried it with different people, thinking perhaps it didn't work due to personalities involved," she adds, "and it still didn't work well. For one, all three nurses had to interview residents. And the person doing the coding sees a different picture than the other two."

2. Proficiency in RUG crunching. The MDS nurse should have an "avid interest" in the "fiscal side of the [MDS] instrument," says Hawker, who's been doing the MDS since before PPS came on board. "You have to know what translates into higher RUG levels."

Lack of knowledge can cost a facility mega bucks. For example, Hawker recently got a call from an MDS nurse about a patient whom the facility had taken off Medicare. The resident was still in the 30-day window for putting him back on skilled care, and the nurse wondered if he could go back on Medicare to receive more rehab.

The kicker: When the nurse happened to mention that the resident had a tube feeding for all of his nourishment, Hawker realized the resident never should have gone off skilled care.

\$\$ talks: Show your administrative team how setting the assessment reference date on various days of the resident's stay can lead to very different reimbursement for the same services.

3. Expertise in team building and delegation. "The MDS nurse should not feel like he or she owns the whole RAI process," counsels **Marilyn Rantz, RN, PhD, FAAN**, a nursing professor and executive director of Aging in Place at the **University of Missouri-Columbia**.

Efficiency tip: The most effective systems Rantz has seen involve assigning each resident a primary care nurse. "That person is responsible for reviewing the MDS and care plan and working with the MDS coordinator to make sure the information is correct," she says.

4. The ability to set boundaries and marshal resources to get the job done. "If MDS nurses aren't careful, they can create a job that becomes a nightmare -- one with too many assessments to do, too many meetings and other responsibilities

where the person may never catch up," cautions **Sheryl Rosenfield, RN**, a consultant with **Zimmet Healthcare Services Group** in Morganville, NJ.

Cautionary example: Rosenfield recently talked to an MDS nurse in that kind of difficult position who, after 10 years, finally quit the job.

The nurse had taken on huge responsibilities without additional help to the point that she couldn't have caught up even working six days a week, Rosenfield says. "After the nurse left, the facility had to hire two people to replace her, as no one would agree to the position as she left it," she says.

"It's unreasonable to expect one person to complete 160 plus assessments by herself in a month," Rosenfield says. "It can't be done!"

Beware "type E" behaviors: The type E personality tries to be everything to everyone and generates stress by saying yes when she should have said no, according to **Karyn Buxman, RN, MSN, CSP, CPAE**, a keynote speaker at the September **American Association of Nurse Assessment Coordinators** meeting in Las Vegas.

Looking at the person is like watching a duck swim on a pond, she said -- on the surface everything looks as if it's moving along smoothly. But underneath the surface the duck is paddling as fast as it can. And unchecked, a type E personality eventually "goes over the edge," Buxman cautioned.