

MDS Alert

MDS Accuracy: Empower CNAs to Report Accurate ADL Assessments

4 key strategies help frontline staff improve Section G1.

Your facility's ADL scoring is never any better than your staff's ability to capture this critical information.

So to ensure fair RUG payment and avoid F tags, consider these key strategies to get staff with the ADL coding program.

1. Enlist the licensed nurse in doing ADL assessments. Home Quality Management has its MDS coordinators actually do an ADL assessment on residents on the shift they work daily for the seven-day lookback, reports **Cleo Boulter, MSN, RN, VP** of clinical reimbursement for the Palm Beach Gardens, FL-based nursing home company. "That way, a licensed nurse is doing a daily ADL assessment as a baseline," she says.

2. Use a primary assignment model so CNAs really get to know residents and can easily report deviations in ADL requirements. "MDS coordinators get much better information from staff who have primary assignments," said **David Farrell, MSW, NHA**, with Quality Partners of Rhode Island in a key-note address at the March American Association of Nurse Assessment Coordinators conference in Las Vegas.

Fiscal tip: By having nurses who really knew the residents do the MDS, one facility increased its annual revenue by a half million, says **Diana Waugh, BSN, RN**, of Waugh Consulting in Waterville, OH.

3. Develop an ADL assessment form that consolidates information. "CNAs need a visual, one-page type tool to help them understand ADL coding," says **Diane Brown, CEO of Brown LTC Consultants** in Boston.

Your best bet: Ask for CNAs for input in developing a form that works for them, suggests Brown.

Tip: Woodbriar of Wilmington has developed an ADL flow sheet for all payer sources. Its new form "accommodates RAI manual instructions for Medicare and also state-specific Medicaid requirements," reports **Cindy Mahan**, an MDS nurse at the facility.

4. Don't ask CNAs to rely on memory for documenting ADLs. "If you ask staff at 3:30 in the afternoon to recall what level of care they provided at 7:30 that morning, they will most likely give their best guess or copy from the previous shift," cautions Brown. In that way, "we create copy-cat charters."

Strategies for success: Provide time for documentation several times per shift, Brown suggests. "The nurses can watch the residents while the CNAs document ADLs." For example, at Woodbriar, CNAs document ADLs throughout the shift, says Mahan. And the CNAs report each resident's ADLs and other information to a nurse more than once during the shift. The nurse then takes a look at the CNAs' ADL documentation at the end of the shift to see if it's correct, Mahan adds.