MDS Alert

MDS Compliance: Is Poor 'Interrater Reliability' Pulling The RUGs Out From Your Bottom Line?

This quick test will tell for sure.

Is everyone in your facility on the same page in assessing and coding residents accurately for the MDS?

Here's a quick way to find out. Convene a meeting and ask everyone to assess and code the same resident scenarios. "By the end of the exercise, you will have an idea of just how far off the mark staff are with their assessment and coding skills," says **Angela Lobreto**, a nurse consultant in Benbrook, TX.

Then use that same technique as part of ongoing continuing education to help staff standardize their assessments and coding based on the latest Resident Assessment Instrument user's manual instructions (for highlights of the August 2003 update, see "RAI Update")."Ask people to voluntarily share and explain why they chose their answers," Lobreto suggests. But make it fun and nonjudgmental, and remember that a little clean competition can stir things up and motivate staff to do their best. Alternatively, staff can turn in their answers in private. "Then work with the ones who seem to be having trouble," Lobreto advises.

"It also helps to provide actual scenarios where you show how one little code affects a RUG or a quality indicator," adds **Virginia Ridgeway**, the RNAC at **Pine Run Health Center**, in Doylestown, PA. Ridgeway also suggests actually taking caregivers to the bedside to show them things about the resident that, if coded correctly, will affect payment, QIs or the outcome for that resident. "The more visual, hands-on teaching, the better." (See "Oops...There Goes the Rug".)

Training Tip: Focus your training efforts on the four late-loss ADLs, as those are the only ones that drive RUG payment, advised **Sheryl Rosenfield**, speaking at the September **American Association of Nurse Assessment Coordinators** meeting in Las Vegas.