

MDS Alert

Professional Management: Use MDS Reports To Make A Case For A Workable Workload

5 steps to get your numbers and dollar signs in a row.

You may know you are doing the work of three people, but saying so is one thing -- and proving it is another matter entirely.

To do the latter, you need some hard data and dollar figures to present to administrators to convince them it's in the facility's best fiscal interest to give you more help doing the MDS -- or less non-related duties.

Here's how to proceed:

Step 1: Make time for a time study. To dig out from under a mountain of MDSs, ditch the idea that you don't have time to do a time study. Document how long it takes to do each type of MDS assessment, suggests **Pam Manion, MS, RN, CS, GCNS**, formerly a clinical education consultant with the **Quality Improvement Program for Missouri (QIP-MO)** Nurses in St. Louis and currently regional nursing supervisor with **Delmar Gardens**. Also, clock and document how much time you spend running or attending care plan meetings and any other assigned functions.

Don't forget Murphy's Law: Also factor in all the things that throw a monkey wrench in your day, like getting pulled to the floor to cover for someone who is sick - or the computer crashing for the day, counsels **Diane Atchinson, RN-CS, MSN, ANP**, president of **DPA Associates** in Kansas City, MO.

Step 2: Use MDS reports such as the Reason for Assessment Statistical by Facility Report or MDS Activity Report to determine how many MDSs you are doing. You can access these reports on the same online system where you do your MDS transmissions to the state (see directions).

For example, the online Reason for Assessment Statistics by Facility Report will tell you how many different types of MDSs the facility has done over various self-selected time frames (see sample of report).

You can also use the MDS Activity Report, which presents the same information, although in a different way. "The difference between the Activity report and the Reason for Assessment report is the timeframes," explains **Carolyn Lehman, MSN, RN, NHA**, a consultant with **Howard Wershbale & Co.** in Cleveland, OH.

"The MDS Activity report is for a calendar month, while the Reason for Assessment report is more flexible and can be adjusted to the desired timeframe for review," adds **Roberta Reed, MSN, RN, NHA**, also with Howard Wershbale & Co.

Using the data on the reports, "You can say, 'I've done 25 quarterlies, five admission assessments and seven annual assessments, multiplied by the amount of average time you typically spend per assessment,'" Manion notes. "You may find that comes to 60 hours a week plus the committees and other responsibilities," says Manion.

The Reason for Assessment Report can also show how the MDS coordinator's workload has changed over time. "You can compare a facility-requested time period (e.g., last month, last quarter, last year) to identify how many of each specific type of assessments were completed," Manion explains.

To access the reports, go to the **Centers for Medicare & Medicaid Services'** MDS system, which is the "welcome" page and where you transmit your MDSs to the state repository. The MDS Activity report is an automatically scheduled

monthly report that goes in the facility's online mailbox. The Reason for Facility Assessment is a CASPER (online) report, which you will have to request, along with the desired timeframe (see "Figure 4-16").

Step 3: Compare apples to apples. So now you have your reports in a row showing how many MDSs you typically complete -- and how your workload has changed over time. But how do you know if you're slower than average in cranking out those MDSs?

Unfortunately, there's no magical answer. For one, it depends on how the facility manages the resident assessment instrument (RAI) process. And even then, the MDS nurse's workload depends on the facility's case-mix, its Medicare and Medicaid census -- and if the facility is in a case-mix Medicaid state.

Rule of thumb: "As the average length of stay decreases and the Medicare percentage increases, the numbers of beds a single RNAC can cover decreases," notes **Nathan Lake, RN**, an MDS expert and software developer in Seattle.

The education and skill of the person doing the MDSs will also obviously affect his/her speed and accuracy (which is where you make your case for training, certification and conference attendance).

Step 4: Find a bell curve. Taking all the above factors into consideration, you can refer to some informal norms for average times required to complete various MDS assessments. For example, based on results of a non-scientific survey of MDS coordinators in Missouri, it takes an average of five hours for an experienced MDS coordinator to complete an admission assessment, RAPs and care plan (excluding time in the care plan meeting). An annual assessment also averages five hours. PPS assessments with a care plan require an average of three hours, according to Manion.

Step 5: Start talking dollars: OK, so now you've documented how much time you're investing in those

MDSs and other assigned tasks -- and how your speed compares to other MDS nurses in comparable settings. But watch the administrator really perk up when you start making that "ka-ching" sound by translating your expertise in doing the MDS into the impact on the facility's bottom line.

"MDS nurses should present themselves as reimbursement experts, because that's what they are," says Atchinson (see "3 key strategies That Will Ring The Fiscal Wake-Up Call For Your Facility" for quantifying the MDS' dollar value to the facility).

