MDS Alert

RAI Management ~ Cut Out The Chase And Waste In Your MDS Process

These strategies will save you time, money and frustration.

You can find ways to streamline the MDS process that improve assessments and ensure accurate RUG scores, which will put you ahead of the game.

Start by taking a good look at your MDS process. "An old-fashioned time management assessment where you watch people do their work can identify wasted time," says **Diane Brown,** CEO of **Brown LTC Consultants** in Boston.

One big source of waste: A staff person having to wait for someone or something before she can do a task, says **Cindy Oehmigen,** a process improvement specialist at **TDO,** a consulting group, in Syracuse, NY. And in many facilities, MDS nurses spend much of their day asking team members to do their jobs instead of being able to do their own job, observes Brown.

To ensure team members get their sections done on time, the MDS coordinator has to hold them accountable for being late, says **Norma Todd, RN,** director of nursing for **SunBridge Pine Lodge Care and Rehabilitation** in Beckley, WV. "If someone refuses to comply repeatedly, the coordinator gets the DON or administrator involved who says you have to do it -- or else," she says.

Also: Using the MDS software electronic signature feature prevents the MDS nurse from having to go around asking MDS team members to "sign this, sign that," says **Rita Roedel, RN, MS,** national director of clinical reimbursement for **Extendicare Health Services** in Milwaukee. "As people finish their MDS sections, they activate the electronic signature feature and sign and date that section," she says. "Then the MDS coordinator electronically signs at R2b."

Consider 3 Additional Strategies

To prevent three other common bottlenecks in the MDS process, experts suggest implementing:

• A consistent, easy way for MDS team members to communicate their assessments to each other. One option is to have each person completing an MDS section type their assessments in Word files that other people can review, advises Brown. That way, you can read them and then ask the person questions by e-mail through the organization's secure intranet system, she says, which is a "big time saver." Or you could type your questions about an assessment in a team member's Word file for the person to answer. That way people will be more up to speed when they have a meeting to complete the MDS.

• A standardized format for obtaining hospital documentation for IVs, IV meds and other extensive service qualifiers in the hospital. You don't want the MDS nurse to be constantly chasing down that information, says Roedel. Various approaches can work. For example, some Extendicare buildings have access to the hospital medical records. And in other buildings, "we educate the hospital discharge planners to automatically provide the documentation, explaining to them what we need -- and why. Then they provide the MARs and IV flow sheets, etc.," says Roedel.

Sidestep Data Entry Pitfalls

In some facilities, the team members still hand a hard copy of their completed MDS sections to the MDS nurse who enters the data. And that is a very expensive use of the MDS nurse's time, observes Roedel. It can also bog down the process, causing the MDS nurse to get behind.

Alternative: At SunBridge, MDS team members input the data for their own sections, says Todd. It works "really well for us and reduces errors that can occur if you have a data entry person do it."

If the facility has a dedicated data entry person entering hard copy information, that person should know the residents well enough and be able to review the data to catch obvious errors, advises **Nathan Lake, RN, MHSA,** an MDS software and long-term care expert in Seattle.

For example, the person should be able to catch an error showing 7,000 minutes of therapy -- or a patient who is comatose recorded as walking in the corridor, says Lake.

In Lake's view, facilities should also use the software feature where you pull the MDS data from the previous assessment to the current one. Of course, "the MDS team has to assess the resident and determine if any of the items have changed," he stresses. "But if a resident is in a coma, for example, 90 percent of the information will be the same."

Survey-saving tip: Whether you pull information forward from one assessment to the next or not, always double-check a diagnosis of dehydration or urinary tract infection if it occurs on two assessments in a row, advises Lake. Editor's note: For tips on managing validation reports efficiently, see the next MDS Alert.