

MDS Alert

Staff Management: Collaboration Between The DON And MDS Coordinator Best Bet For RAI Success

Achieve these 6 outcomes and your RAI process will be on the right track.

Lack of teamwork has been known to sink the best of ships. And if the DON and MDS coordinator don't act in tandem to manage the MDS and its related functions, the facility may find itself marooned by payment shortfalls and compliance woes.

These two nursing leaders can, however, go a long way toward navigating an effective RAI path, if they focus on achieving these outcomes:

1. The DON understands the MDS in terms of its value and work requirements. "The more the DON knows about the MDS, the more the DON has a sense of what the MDS coordinator is going through. If you don't know what goes into the MDS process, you have a hard time relating to the pressures" and understanding what the volume of assessments means, says **Cindy Fronning, RNC, CDONA, RAC-MT**, a consultant with **Pathway Health Services** in White Bear Lake, MN.

2. The DON monitors the RAI process to ensure deadlines are being met. **Marilyn Mines, RN, RAC-C, BC**, has seen malfunctions in the RAI process because the MDS person is totally responsible for all of it -- "and nobody is monitoring the person's performance." Mines thus advises facilities to establish QA activities for the DON or administrator to monitor the RAI process. Some of these include:

- Checking that new admission assessments are completed on time. "For example, the DON might check on day 15 and find the RAPs aren't done yet," says Mines, manager of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL.
- Checking to see if the dates on the MDS (R2b, VB2, etc.) are correct. "The nurse should not be signing off on R2b if any of the interdisciplinary team members haven't yet completed their respective sections," Mines says.
- Monitoring quarterly assessments to make sure they are done on time.
- Checking the final validation reports to make sure anything rejected has been taken care of.

3. The DON and MDS coordinator work together in reviewing the QIs/QMs. "Reviewing those is a good time for the MDS nurse and DON to ... talk about doing quality studies based on the QI/QMs and about the MDS accuracy in terms of impacting the QIs/QMs," Fronning says.

The MDS coordinator or nurse should notify the DON of any sentinel event (dehydration, low-risk pressure ulcer, fecal impaction) before it appears on the QI/QM report, advises **Rita Roedel, RN**, national director of clinical reimbursement for **Extencare Health Services**, a long-term care provider chain based in Milwaukee.

4. The MDS coordinator functions as a true part of the interdisciplinary team. In Roedel's consulting experience, the biggest problems with the MDS occur in facilities where the MDS nurse works in isolation and doesn't communicate adequately with the DON and nurse managers. In those scenarios, the MDS nurse completes the assessments based more on a paper review without a dialogue with the clinicians to know what's really going on with the residents, Roedel says.

No dictators allowed: One behavior that can derail the MDS process is an MDS coordinator who dictates the

assessment reference date and other rules without explaining the rationale, cautions **Elizabeth Brunner, RN, BS, NHA**, vice president of development for Pathway Health Services. "You want a system where there's feedback to correct those kinds of things."

The MDS coordinator should also collaborate with the DON and administrator to define the MDS coordinator role and workload to ensure he has enough time to do a good job on MDS assessments.

5. The DON and MDS coordinator make sure the team members pull their weight in the MDS process.

Experts disagree on whether the MDS coordinator should report to the DON or the administrator. But the bottom line is there has to be a process to help ensure that all the team members get their MDS sections in on time and perform quality assessments. "One of the biggest stressors for the MDS coordinator is getting people to do things on time," says Fronning.

6. The DON and MDS put aside any personal issues or turf battles to achieve an effective working partnership focused on quality outcomes. The focus between the two should not be on who has the most status but rather on developing the best partnership they can, says Brunner.

A best-practice example: Director of nursing **Donna Gay, RN**, at a nursing facility in Buckhannon, WV, participates in care plan meetings and describes herself as being "very well oriented" to the MDS and RAI process. Gay reviews the assessments, focusing, in particular, on ADL accuracy, incontinence and mood and behaviors.

The MDS coordinator brings any problems to Gay, and the two research them together to find the answers. If the two can't resolve a coding issue, for example, then they refer it to an MDS consultant, Gay reports.