



Completion | Training | Compliance



Minimum Data Set Consultant, LLC

Medina, New York

Phone: 585-318-4030 - Fax: 480-772-4360

www.mds-consultants.com

What is an MDS coordinator, and what do they do in Nursing Homes?

It's a bit odd that when asked what you do for a living most MDS coordinators struggle to come up with an answer. Who struggles to explain what they do every day? The reality is that MDS coordinators fully understand what this multifaceted job entails but are at a loss how to put it into words for someone who isn't out there doing it every day. Being able to answer this question quickly, completely and in such a way that is easy to grasp has a lot of critical upsides.

What does MDS Stand for?

MDS stands for Minimum Data Set, which is truly not 'minimal.' The MDS is an interdisciplinary assessment for nursing home residents. This assessment is currently 51 pages long, with 1309 pages of instructions. The MDS Coordinator is typically a Registered Nurse. They are responsible for overseeing the Assessment Process also known as the RAI Process. This explains why most prefer to be called a Resident Assessment Coordinator (RAC) instead of a Minimum Data Set Nurse. Regardless of the term used, completing the MDS is just the beginning of the role.

Where did the MDS come from?

The Omnibus Budget Reconciliation Act (OBRA) of 1987 is considered the birth of the MDS. The MDS comes with instructions called the Resident Assessment Instrument or the RAI manual. Through the RAI manual and MDS, OBRA established the requirement for a nationwide,

comprehensive, standardized, reproducible assessment of each resident's functional status. This federally mandated assessment is used to compare quality among Nursing Homes nationwide. When a Resident Assessment Coordinator (RAC) is completing an MDS assessment, the data collected is used to help improve the quality of care and quality of life for residents in nursing homes.

What are Care Area Assessments or CAAs?

The MDS also triggers Care Area Assessments and the Care Planning Process - Care Area Assessments and Care Planning are also triggered by the gathered data during the RAI process. The Care Area Assessments are 20 areas requiring a more in-depth clinical assessment. The RAC uses the clinical record, resident interviews, resident's past medical history, causes, contributing factors, lab values, physician consults, complete physical assessment, and any other pertinent information to investigate each relevant care area. The RAC then integrates this information using clinical judgment, critical thinking skills, and evidence-based nursing practice to arrive at conclusions about the resident's status, needs, problems, and strengths to create an effective care plan.

The CAAs create the Care Plan for a resident

The care plan is written and designed to meet the resident's medical, nursing, mental, and psychosocial

needs. The RAC must also ensure that the care plan has a holistic approach and centered around the resident's wants, needs, and goals for care.

Why is the MDS so important?

When the MDS was first introduced 30 years ago, it was a basic functional assessment. While the MDS remains a functional assessment, it has evolved into much more. The MDS is now used for Medicare and Medicaid reimbursement; quality measures; and to set nationwide thresholds. MDS information informs quality initiatives such as the 5-Star Program on Nursing Home Compare; Value-Based Purchasing; and the Quality Reporting Program. The acuity and census information from the MDS impacts expected staffing ratios. You will also see your state surveyor's pull information from the MDS specific to the facility during annual survey. The RAC must have a working knowledge of the programs mentioned above, and an understanding of how MDS data affects each one.

Who can become a MDS Coordinator or RAC?

The ideal candidate to become a RAC is a nurse with excellent documentation skills and superior assessment skills. She/he is detail-oriented, employs the nursing process, and uses critical thinking. The RAC is an administrative nurse that is a leader and an educator. She/he becomes the 'right-hand man' to both the administrator and the Director of Nursing Services. The

RAC learns to utilize resources such as the RAI manual, Medicare Benefit Policy Manual, MDS 3.0 Quality Measures Manual, Claims -Based Quality Measures Manual, and the 5-Star Users Guide. The competent RAC has some form of formal training, and it usually takes a new RAC about a year to feel comfortable in the role.

Is there a Certification Program for this position?

The RAC may earn certification through a national organization, such as the RAC-CT through AAPACN. Experienced RACs may choose to pursue advanced training to become a specialist in clinical reimbursement. However, the most important role that the Resident Assessment Coordinator has is as a resident advocate.

How to answer the question, "What do you do?"

So when a RAC gets asked, "What do you do for a living?" The response should be, "I am a nurse with a specialty in resident assessment coordination. I conduct assessments that help improve the quality of care for residents in my facility and nursing homes nationwide. I ensure that the care plan has a holistic approach and is centered around the resident's wants, needs, and goals for care. I have a working knowledge and monitor quality measures and quality initiatives. I am a resource within my facility on Medicare and Medicaid reimbursement. Most importantly, I am an advocate for resident centered care and quality of life."

To learn more about a day in the life of an MDS Coordinator, check out the resources and training webinars on MDS Expert. Watch a webinar, download some helpful tools and resources and continue exploring what it is like to be an MDS Coordinator.

www.MDSExpert.com