Perceptions of the Role of Nursing Home MDS Coordinators

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• M. Pogorzelska-Maziarz serves as a paid consultant to Becton, Dickinson and Company on an unrelated project

• The remaining authors have no conflicts of interest to disclose.

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Background

• 15,700 nursing homes in the USA
• 1.4 million nursing home residents
• Growing population
The Minimum Data Set (MDS)

• A powerful tool

• Part of the Resident Assessment Instrument (RAI), a federally mandated process for clinical assessment

• Includes items on resident characteristics, activities of daily life, mood, cognitive function and various other factors
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### Instructions for Rule of 3
- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).
If none of the above are met, code supervision.

#### 1. ADL Self-Performance
- Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time.

**Coding:**
- **Activity Occurred 3 or More Times**
  0. Independent - no help or staff oversight at any time
  1. Supervision - oversight, encouragement or cueing
  2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
  3. Extensive assistance - resident involved in activity, staff provide weight-bearing support
  4. Total dependence - full staff performance every time during entire 7-day period

- **Activity Occurred 2 or Fewer Times**
  7. Activity occurred only once or twice - activity did occur but only once or twice
  8. Activity did not occur - activity (or any part of the ADL) was not performed by resident or staff at all over the entire 7-day period

#### 2. ADL Support Provided
- Code for most support provided over all shifts; code regardless of resident's self-performance classification

**Coding:**
- 0. No setup or physical help from staff
- 1. Setup help only
- 2. One person physical assist
- 3. Two+ persons physical assist
- 8. ADL activity itself did not occur during entire period

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<thead>
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<th>1. Self-Performance</th>
<th>2. Support</th>
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G0110. Activities of Daily Living (ADL) Assistance
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

- A physical activity of daily life
- Includes the ability to perform the activity, the degree of assistance or supervision needed to perform the activity, and the number of times the activity occurred during the day

| A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture |
| B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) |
| C. Walk in room - how resident walks between locations in his/her room |
| D. Walk in corridor - how resident walks in corridor on unit |
| E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair |
| F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair |
| G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses |
| H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) |
| I. Toileting - how resident uses the toilet, room transferred, bedpan, or wheelchair transfer on/off toilet |

Co-Sch...
Nurses as MDS coordinators

- Play a key role in the MDS process in nursing homes
- Responsible for timely, accurate assessments

Little is known about how MDS coordinators carry out this role or which factors influence their assessment process
Purpose

To gain an understanding of Minimum Data Set (MDS) coordinators by examining their perceptions of their roles and the assessment process
Methods-data collection

- Part of a larger mixed methods study (PNICE-NH)
- Purposive sample of 10 nursing homes nationwide
- Semi-structured, in-depth interviews
- Interviews digitally recorded and transcribed verbatim

<table>
<thead>
<tr>
<th>Interview questions-example</th>
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<tr>
<td>Tell me about your role as an MDS coordinator. What are your responsibilities?</td>
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<td>Tell me about the process of preparing for scheduled assessments, and collecting and submitting MDS data at your facility.</td>
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<td>What are the primary sources of information that you use to complete the MDS? What are some additional sources you might use?</td>
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Methods - analysis

• Transcripts analyzed by two trained researchers using emergent content analysis

• NVivo 10 software used to facilitate coding and analysis.
Results

Participants:

- 11 MDS coordinators from 10 nursing homes in 6 states
- 8 RNs, 3 LPN/LVNs
- Mean years of MDS experience = 6 (± 4.7).
Results

• Four broad themes:

- Interdisciplinary Coordination
- Information gathering
- Role responsibilities
- Resources
Theme: Information gathering

Challenges related to gathering necessary data
Theme: Information gathering

Information gathering

Challenges related to gathering necessary data

Subtheme: Multiple data sources
Theme: Information gathering

Challenges related to gathering necessary data

Subtheme: Multiple data sources

“I just go and try to find all the information from the nurses, from the charts and everywhere” NH4
Theme: Information gathering

Challenges related to gathering necessary data

Subtheme: Multiple data sources

“I just go and try to find all the information from the nurses, from the charts and everywhere”\textsuperscript{NH4}

“[We] look at everything, because there are little things that people think are not important, but [are] important”\textsuperscript{NH10}
Theme: Information gathering

Information gathering

Challenges related to gathering necessary data

Subtheme:
Importance of documentation
Theme: Information gathering

Information gathering

Challenges related to gathering necessary data

Subtheme:
Importance of documentation

“…a lot of times for nursing, if it’s not documented, it’s not done”NH8
Theme: Information gathering

Information gathering

Challenges related to gathering necessary data

Subtheme: Importance of documentation

“...a lot of times for nursing, if it’s not documented, it’s not done”\textsuperscript{NH8}

“...I have to have written proof or something to back up everything I write in [the MDS assessment]”\textsuperscript{NH4}
Theme: Role responsibilities

Barriers and demands
Theme: Role responsibilities

- Role responsibilities
  - Barriers and demands
  - Subtheme: Assessment schedule
Theme: Role responsibilities

"it’s kind of a little stressful because you have to meet a deadline” \textsuperscript{NH5}
Theme: Role responsibilities

- Barriers and demands

Subtheme: Workload
Theme: Role responsibilities

“Sometimes there’s not enough time in a day…we just do the best we can to get everything done”\textsuperscript{NH2}
Theme: Role responsibilities

“Sometimes there’s not enough time in a day…we just do the best we can to get everything done” NH2

“…you can only do so much, so you tend to be rushing and then that really compromises accuracy” NH1

Role responsibilities

Barriers and demands

Subtheme: Workload
Theme: Role responsibilities

Role responsibilities

Barriers and demands

Subtheme: Perception of role importance
Theme: Role responsibilities

Role responsibilities

Barriers and demands

Subtheme: Perception of role importance

“I’m the one who is generating the five-stars, four-stars, three-stars in the facility” NH3
Theme: Role responsibilities

"I’m the one who is generating the five-stars, four-stars, three-stars in the facility" $^{NH3}$

"Now we’re talking about money that makes the world go round" $^{NH8}$
Limitations

- Transferability may be reduced due to heterogeneity of the nursing homes
- Small sample
- Secondary analysis
Discussion and conclusions

• Contributes to a better understanding of how nurses carry out their roles as MDS coordinators

• Can help inform NH administrators and policy makers on how to support MDS coordinators’ work for
  • The development of high quality care plans
  • Efficient, accurate and consistent resident assessment processes

• Special attention to workload and accuracy of MDS assessment
Thank you!

Questions?
Rigor

Transferability:
- Purposive sampling
- May be reduced due to heterogeneity of the nursing homes

Credibility:
- Triangulation of sources
- Iterative questioning
- Peer scrutiny

Confirmability:
- Triangulation of researchers
- Reflexivity