10 Ways Nurse Leaders Can Ensure MDS Data Reflects Quality, Maximizes Reimbursement

The MDS coordinator has been an evolving role, and increasingly this individual doesn't work in a silo or even a narrow scope. The MDS team involves players with knowledge and efforts that have a significant impact on reimbursement and data about quality, utilization, and other issues. The pandemic and staffing shortages led to new challenges for this role, as MDS nurses often had to work on the floor and balance these increased responsibilities.

Leah Klusch, executive director of The Alliance Training Center, has numerous suggestions for ways the nurse leader can ensure quality, accurate MDS data without micromanaging the team or taking on more work that takes them away from patient care.

1. **Remember that the MDS calls for an interdisciplinary process.** This is not a nursing assessment but an interdisciplinary team assessment.
2. **You need to understand where the data comes from and how it's created.** This will help make sure that the MDS data transmitted to the Centers for Medicare & Medicaid Services (CMS) Is accurate so reimbursement levels and care planning are appropriate.
3. **Look at how the MDS process is structured**, have policies and procedures, and understand the flow of data.
4. **Your MDS data needs to reflect the quality of care you're delivering.** If it doesn't, you need to find out why. If you see deficits or patterns of poor data, you need everyone on the same team using their best skills to solve the problems.
5. **The nurse leader needs to be engaged with the team** to make sure they are producing accurate information about patients' conditions, the services they get and the outcomes. Leadership also has much to do care transitions and ensuring that data received on admission is timely and accurate.
6. **Determine the knowledge base of your nursing staff** and identify ways to increase efficiency and accuracy in bedside gathering of data.
7. **All clinical staff need to know MDS terminology, parameters, and requirements.** The nurse leader should ensure that everyone gets consistent, up-to-date training and information.
8. **Staffing shortages and turnover can be challenging, but they don't have to disrupt the MDS process.** It may be helpful, for instance, to have the MDS manager make sure that the charge nurses identifies residents who are in an active assessment gathering period so nurses document things like a fever or behaviors for those residents as well as work with direct care staff to ensure they are tracking what they are supposed to and collecting data that is helpful to the MDS.

❯ Steps to ensure quality, accurate MDS data (cont)

9. **The nurse leader needs to understand payment issues, but they don't need a comprehensive dollar-by-dollar knowledge of rate setting.** However, they need to know what some common items that might be missed because there aren't good documentation policies and procedures. These can have an impact on reimbursement.

10. **There are a number of definitional changes and specifics that will need to be coded on the new MDS 3.0.** Consider putting together core information about key changes and communicate this candidly –in a fact sheet with bullet points or checklist, for example – so that everyone on the team understands the changes and their responsibility for collecting and sharing data.

"The role of nursing leadership is large, complicated and demanding, so it is important to make sure that nurse leaders have adequate baseline information about the MDS process," said Klusch. At the same time, she noted, "The operational managers need to ensure that we have information about how the MDS process works, especially when there are changes to the MDS process. With the new MDS set to be implemented in a year, this is an excellent time to make sure nurse leadership knows what the changes are and how to plan for them."

Never forget that MDS data collection involves the team – including those individuals who aren't onsite every day – including pharmacy and therapy services professionals. "There are implications for documentation in every area. We have wonderful consultants who have tremendous knowledge of and information about our residents. We need to have excellent communication with them, Klusch said, adding, "As the database changes, there are opportunities, particularly for pharmacy, to evaluate situations we see when people come into the building and provide information accordingly."

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