What Does a Nurse Assessment Coordinator Do All Day?

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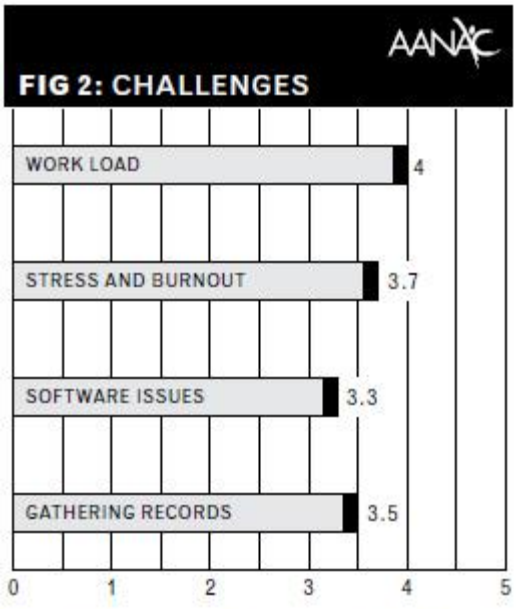
NAC 2013 biennial member work study results are in, and this year's results might shock you. With 1,400 nurses responding to the survey, nurse assessment coordinators report spending an average of 5 hours and 8 minutes per resident completing a comprehensive assessment. This includes an average of 74 minutes on the Omnibus Budget Reconciliation Act of 1987 (OBRA) comprehensive assessments, 41 minutes on care planning, and 193 minutes on Care Area Assessments (CAAs), with each comprehensive assessment resulting in an average of 8.4 triggered CAAs. According to the survey results, these nurses spend an average of 48 minutes per OBRA quarterly assessment, 48 minutes on a stand-alone PPS assessment, and 35 minutes on each start-of-therapy (SOT), end-of-therapy (EOT), and change-of-therapy (COT) OMRA (see figure 1).

FIG 1:
DAILY WORK DISTRIBUTION

	AVERAGE MINUTES PER
Entry Tracking Record	5
Death in Facility Tracking Record	4
OBRA Comprehensive Assessment	74
OBRA Quarterly Assessment	48
PPS only	48
SOT, EOT, and COT OMRA Assessments	35
Discharge Assessment	35
Summit/Review Validation Report	36
CAA per Ave Number of CAAs	193
Care Plan Development	41
Care Planning Conference	30

Source: AANAC 2013 Member Work/Time Study

“Many nursing home managers seek to staff the nursing department as effectively as they can, in order to improve resident assessment and care planning, accurately reflect facility Quality Measures and Five-Star ratings, and ensure accuracy of MDS-related reimbursement,” explains Diane Carter, RN, MSN, RAC-CT, C-NE, AANAC president and CEO.



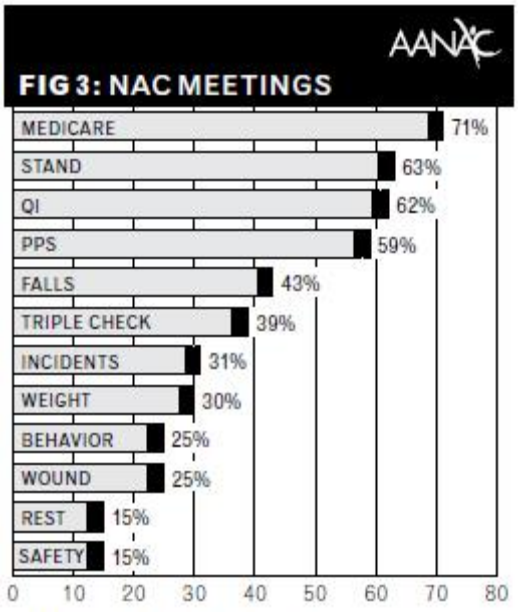
Source: AANAC 2013 Member Work/Time Study

“These study results, by providing current reported averages, can help determine appropriate hours per assessment, which assists managers to determine adequacy of nursing hours related to assessment and care planning.”

Nurse assessment coordinators (NACs) cite *workload* as their biggest challenge, with *gathering records, software issues,* and *stress and burnout* trailing close behind (see figure 2). The spread between software issues and workload is 7 percentage points. These four main NAC challenges were all scored between 3 and 4 on a 1–5 scale, with 5 indicating the greatest challenge.

NACs reported that they attend meetings for Safety Committee, Restorative Nursing, Wound Care, Behavior Management, Weight Loss, Incident Monitoring, Triple Check, Fall Risk, Quality Improvement, Daily Stand-Up, and Medicare (see figure 3). With high

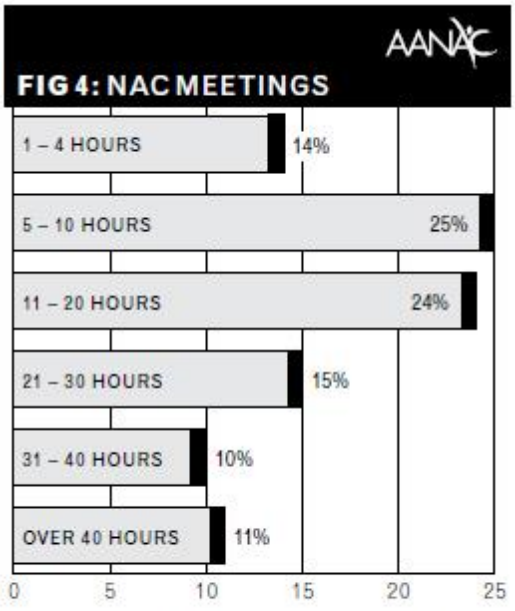
participation in these important clinical meetings, NACs are engaged with the interdisciplinary team members and are an integral part of each resident's care team.



Source: AANAC 2013 Member Work/Time Study

What might astonish you about this year's research is that 61% of NACs do not participate in Triple Check. Triple Check is the process by which the MDS, medical record, and billing claim (UB-04) are cross checked for accuracy and consistency. With 97% of respondents reporting that their facility participates as a Medicare provider, the lack of NAC input into Triple Check is surprising, considering the intensity of Medicare audits across the country. NACs appear to make up for low participation in Triple Check by taking part in Medicare meetings, with attendance reported to be over 71%.

With the soon-to-be released quality assurance and performance improvement (QAPI) regulation coming from CMS, it is good to note that over 62% of NACs participate in quality assurance meetings. Since the RAI process and MDS systems are so integral to facility quality outcomes, having the NAC assisting in quality initiatives can greatly enhance Quality Measures outcomes.



Source: AANAC 2013 Member Work/Time Study

It may be that some of the above committee meetings are combined meetings; for example, Triple Check might occur at the weekly Medicare meeting, or fall risk might be discussed along with other types of incidents. That would use time efficiently, but what is notable is that over 36% of NACs report spending 21 or more hours each week in meetings. 60% of NACs spend between 11 and 40 hours per week in non-assessment meeting time (see figure 4). With, on average, half their week spent in non-assessment activities, NACs have reduced hours to complete MDS assessments. This threatens RAI and MDS accuracy and puts quality outcomes at risk. No wonder workload is considered the biggest challenge.

FIG 5:
NAC ICD CODING

	NAC RESPONSIBILITY	AVE. MIN./WEEK
2011	45%	95
2013	57%	65

Source: AANAC 2013 Member Work/Time Study

Looking ahead to the CMS launch of ICD-10 on October 1, 2014, we asked NACs if they were responsible for diagnosis coding. NAC-reported responsibility for diagnosis coding jumped from 45% to 57% between the studies conducted in 2011 and 2013 (see figure 5). Add 65 minutes per week of diagnosis coding and sequencing to the time spent in meetings. Many NACs are strapped for time to fulfill their MDS assessment responsibility, and 48% of them reported routinely working overtime (up from 38% in the 2011 study).

Finally, in the heart of the biennial work study, respondents indicated that, as NACs, they are responsible for completing many of the MDS sections. Over 80% of NACs report responsibility for completing the sections noted in figure 6. For completion of other sections of the MDS, the engagement drops significantly. In figure 7 you can see the percentage of NACs who complete the following sections of the MDS.

FIG 6: RESPONSIBILITIES

NAC MDS SECTIONS OF RESPONSIBILITY	
Section A, Identification Information	83%
Section G, Functional Status	87%
Section H, Bladder and Bowel	86%
Section I, Active Diagnosis	88%
Section J, Health Conditions	89%
Section L, Oral/Dental Status	82%
Section M, Skin Conditions	84%
Section N, Medications	89%
Section O, Special Treatments, Procedures, and Programs	88%
Section P, Restraints	85%
Section V, Care Area Assessments	86%
Section Z, Assessment Administration	80%

Source: AANAC 2013 Member Work/Time Study

FIG 7: OTHER SECTIONS

NAC MDS SECTIONS OF RESPONSIBILITY	
Section B, Hearing, Speech and Vision	75%
Section C, Cognitive Patterns	27%
Section D, Mood	13%
Section E, Behavior	23%
Section F, Preferences for Customary Routine and Activities	9%
Section K, Swallowing/Nutritional Status	21%
Section Q, Participation in Assessment and Goal Setting	21%
Section X, Correction Request	73%

Source: AANAC 2013 Member Work/Time Study

So what does a NAC do all day? The AANAC nurse assessment coordinators are dedicated to MDS accuracy, quality resident care outcomes, contributing to the interdisciplinary team, and promoting quality assurance. NACs fight through challenges such as gathering information from all shifts, software issues, stress and burnout, and juggling their heavy workload. Many NACs work overtime to get the job done. The staff at AANAC, your facility co-workers, and your residents and their families want to say thank you for what you do each and every day.

Interesting Survey Factoids About AANAC Nurse Assessment Coordinators

Job Setting:

57% work in urban facilities.
43% work in rural facilities.
94% work full-time.

Annual Salary:

The national average salary is $61,283.
Baccalaureate-prepared nurses earn 6% more than the national average, at $64,974.
Master's-level nurses earn 25% more than the national average, at $82,427.
Urban-based NACs earn an average of 9% more than rural-based NACs (rural average: $58,264; urban average: $64,161).
NACs working in facilities with over 200 beds earn 16% more than average, at $72,417.

Years of Experience:

35% have worked for 5 years or less.
45% have worked for 10 years or more.
25% have worked for 15 years or more.

Job Duties:

47% of NACs work overtime on a regular basis.
35% of NACs are pulled from their primary responsibilities to perform other duties.

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9 Comments

1. 1 **Gina Foard** *25 Feb*

   I have been MDS co-ordinator for 1 whole year now. last year I was refused to go to cert. by the corporation so I am not certified. i do much of the same work as above . i was ADON for about 7 months and then was asked to step down from that position because I couldn't do a proper job with all my other duties. I get

paid 24$ /hr and that is far less than the national average. I am an RN with 23 years experience.

2. 2 **Liz Pollmann, RN, MDS/CPC-RAC-CT** *21 Feb*

   Let's not forget that each week I also am a dining room supervisor three meals a week and feed at least one meal a day as a non supervisor. I am incharge of all of the care plan meetings both with the team and with families, managing care plans, certs, fighting with MDs to sign the certs for medicare and daily changes of care plans for some of my residents. I have my CNA's reading my care plans weekly to tell me what is wrong with them now. They are living the care plans with residents, I can't be in all the places they are, so I open my door each day to at least 30 little sheets of paper with my "mistakes" on them. I also seem to be the go to girl for how can we fix this questions, but I don't mind any of this. I really do love my residents and my job, so in the end it is ALL worth every moment!

3. 3 **Jodi Menzies, RN, RAC-CT** *21 Feb*

   All of the above, and more! Let's also not forget inservicing floor staff on appropriate ADL documentation, documenting appropriately when what the software pulls in and what is actually happening are not coinciding, ensuring that restorative programming has been initiated for any residents coming off of skilled therapy, and that said restorative program has been appropriately input into the system, plus, as a type I diabetic, it is most often my responsibility to provide diabetes education to families and short-term rehab patients, including diet, appropriate foot care, and blood sugar management and medication administration. Oh, and my favorite, the audits that are randomly generated to investigate anything that might come up. Currently, I am responsible for inspecting all of the public areas on the unit that my office adjoins, as well as inspecting the shower room, clean linens closet, supply closet, and soiled utility room to ensure that everything is clean and appropriately stored. Except, all too often, it isn't. Which then also becomes my responsibility. They are lucky we are salary in this facility!

4. 4 **Kristine Wilhelm** *21 Feb*

   Don't forget about the increasing number of pre-certs and re-certs

5. 5 **Cindy Miller RN RAC-CT** *21 Feb*

   I forgot to add that I split the responsibility for PRIs needed for transfer,Medicaid application and TBI waiver program placement for 287 residents.

6. 6 **Cindy Miller RNRAC-CT** *21 Feb*

I have 2 units for a total of 85 residents,and my duties also inclue Medicare Certification,running the IDT meeting for each unit along with "other duties as deemed necessary" per my contract. These duties include pressure ulcer measurement and documentation,assessing other skin issues, respiratory assessments,updating careplans for falls and skin issues, completion of incident reports in the abscence of the nurse managers. I have been an RNAC since 2000 and make $18,000. less than the national average.I work in a suburban location. So very happy to have a forum where the duties performed by other RNACs are revealed.

7. 7 **Chris Amaral RN RAC-CT** *21 Feb*

   Don't forget Care Plan meetings! I go to all of them, and family meetings as well.

8. 8 **Brenda Williams, RN RAC-CT** *21 Feb*

   I and the other MDS coordinator are responsible for printing all patient assessment information for RAC audits and any other audit request by insurance co. and attorney's office requests. And we are salary and do not receive over-time. Although we do not attend official group meetings like those indicated in the survey, the average time spent completing assessments & care plans are reflective of the time we spend on each patient as well, although it varies depending upon the individual patient needs & medical issues.

9. 9 **Kathleen Bren RN-C** *20 Feb*

   Preadmission screenings for admissions with initial care plans and insurance checks, submissions and audits, MDS scheduling, audits for RACs inquiries do not seem to be included in this study. I was curious how many NACs are also responsible for these items.