

**Questions and Answers for July 13th Webinar**  
**Integrating the MDS 3.0 Into Daily Practice: How to Put Organizational Systems in Place**

**Question:** Can we use the MDS as a source document for the Social Service History and Assessment on Admission?

**Answer:** The MDS reflects the F-Tags language and thereby assures that the facility is aware of these standards. The questions asked under D0200 Mood and Behavior and under F0400 and F0500 are useful in evaluating how the resident is perceiving their current situation, what's important to them and their quality of life in the facility. These things must be part of the plan of care. However, there is much more to this person than just what s/he is experiencing today. A comprehensive psychosocial history is essential to knowing the real person behind the current presentation. It will assist in understanding why the resident feels certain things are important and allows us to build a care plan that supports dignity and respect. So my answer is why would you limit your knowledge of who the resident is to these few questions? (Connie McDonald, Administrative Director, Gray Birch and Glenridge, Augusta, Maine)

**Question:** How do you maintain privacy while doing "hand off" practices between nurses and CNAs while making resident rounds?

**Answers:** Our walking rounds are primarily for resident well-being and safety, no specific health information is shared in the hallways or resident rooms. Our communication shift hand-offs are held in a more private setting like the nurses' station or Nurse Manger's office. We ask visitors and residents to excuse us while we do report. (Connie McDonald, Administrative Director, Gray Birch and Glenridge, Augusta, Maine)

We do a visual bedside check and then discuss any HIPPA related information when both parties are out of hearing range from the residents. (Sally Martin, Vice President for Nursing, Morningside House, Bronx, New York)

**Question:** Regarding consistent assignment, what are the numbers for us to consider to distinguish between partial and full consistent assignment?

**Answers:** Each CNA assignment requires staffing 24/7 which basically means that every time CNA Susie works she cares/is responsible for the same residents. If the shifts are 8 hrs, each, it will take a minimum of two people per week on each shift = 6. If 12 hr shifts, it will also = 6. 6 is very hard to maintain as staff have extra days off such as holidays and vacations, call in sick, attend education programs, etc. We average between 8 and 11 caregivers on our assignments. Our organization considers 32 hours for full time benefits so most of our staff elect either 32 hrs. or 24 hrs per week. That conveniently adds up to 56 hours, which is what each assignment requires per shift. We designate the 32 hr person as the "primary" and the 24 hr person as the "partner" for the assignment. (Connie McDonald, Administrative Director, Gray Birch and Glenridge, Augusta, Maine).