MAPP: How is it Working in Maryland?

Open communication and cooperation is just one product of the Maryland Appraisal of Patient Progress program.

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Patient care plans are the basis of the nursing process. In long term care during the past ten years, the emphasis on designing care plans has changed from the cardex "pencil" written care plan, easily changed and readily available, to a formal, perfectly written document.

Since the beginning of the nursing profession, nurses have assessed, planned, implemented and evaluated the care of their patients. From the nurses' point of view, the original design adequately described what care was needed. Some nurses believe it is difficult to prove that a care plan written in standardized form will drastically improve the quality of patient care in the nursing home.

The Maryland Appraisal of Patient Progress (MAPP) program was designed to assure quality patient care through a standardized format assessment and care planning. The program is designed to accomplish this through interdisciplinary review, evaluation and documentation that identify changes in patient care needs, set measurable goals, define specific approaches and designate accountability for actions and outcomes.

An additional goal is to eliminate duplicative documentation by providing a single source document for use by all health professionals.

It was implemented by the Division of Licensing and Certification of the Maryland Department of Health and Mental Hygiene over an 18 months period and then field tested on 100 percent patient load in 13 facilities in Maryland for 12 months.

Before MAPP, most facilities had an assessment tool based on the physical, social, nutritional and mental status of the patient. This assessment was reviewed only when any of the areas changed. The care plan was developed by each discipline within the first week of admission and then reviewed every three months. It had three components: problems, goals and treatment approaches.

The Division of Licensing and Certification felt more frequent and thorough assessment was the key to identifying patient needs through a new comprehensive assessment instrument. The end result of their efforts was MAPP, which consists of two parts:

1. *Status measurement form*

- provides a standardized format for documenting patients' present health, psychosocial functional and nutritional status, along with information concerning their interests and activities participation.
- provides the data necessary to plan and carry out patient care management.

2. *Interdisciplinary care planning*

- documents problems and needs in meeting goals, how and by whom they will be carried out and results to be achieved; as part of the medical record, the care plan is regarded as a record of action to be taken, outcomes accomplished and changes in management that result from re-evaluation.

MAPP was implemented statewide on June 4, 1981. Facilities' reactions were varied, depending on their receptivity to change, their size and the effectiveness of their previous assessment tool.

Nurses generally have viewed the change positively. Administrative staff hoped that MAPP would reduce unneeded documentation as well as satisfy the Division of Licensing and Certification's need to standardize care plans and patient assessment across the state.

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After using this instrument for nine months, nursing home staff were asked to evaluate the program's effectiveness. Some of the positive elements cited were:

1) MAPP promotes interdisciplinary action which was lacking in many facilities under the previous patient assessment system. Communication improved among the different departments, resulting in better coordination of patient care.

2) Patient assessment has improved the measurement of the patients' status, problems and needs, which is of great importance in developing the plan of care.

3) MAPP provides unified, consistent and routine documentation which aids nursing orientation between facilities. The instrument eliminates the duplication of progress notes and patient demographics.

4) MAPP eliminates duplication and fragmentation among government agencies, since the system can be used by the Division of Licensing and Certification, PSRO, Medicaid, Medicare and third party payers.

5) MAPP requires the establishment of achievable and measurable goals that aid in evaluating the plan of care. These written goals are always based on patient needs.

Some of the concerns cited were:

1) Assessors must "fit" patients into a "coded controlled statement" rather than state the conditions seen by staff. It is not always possible to fit patients into "little boxes," and they may tend to lose their identity.

2) Due to the instrument's length (nine pages and the care plan) and coding system, it is not being used by the staff. The inability to quickly review the forms reduces their usefulness. A director of nursing of a large facility stated, "Paperwork matches paperwork rather than reflecting quality of care."

3) All disciplines are required to spend a great deal of time completing the instrument, especially in homes with high patient turnover.

4) MAPP has not proven that it has improved the quality of care in the nursing facility. Time spent in documentation continues to detract form the primary role of delivering patient care.

5) The instrument is too complicated to be a tool for nurse aides or any individuals not familiar with its format and content.

6) It is a "myth" to state that MAPP is not written for the benefit of the surveyor's paper compliance.

7) Monthly patient assessments by each discipline are more frequent than many professionals feel is necessary for good patient care. The concern has been addressed to the Division of Licensing and Certification and reconsideration is being given to less frequent assessments.

8) Departments such as activities, social services and, to a lesser degree, dietary are overburdened with the frequency of assessment.

Only a few positive and negative elements of this program have been touched upon and comments differ from facility to facility. More time will be needed for nursing home staff to develop a better understanding of the assessment instrument and its purpose.

In order to develop a balanced viewpoint on the MAPP program, the Health Facilities Association of Maryland established a task force composed of nursing home administrators and nurses to analyze the strengths and weaknesses of the program. Positions developed by this task force were then presented to a statewide steering committee established by the Department of Health and Mental Hygiene.

Open dialogue has been going on since the inception of the program, to improve the operations of MAPP. Until the program is perfected, final regulations will not be developed by the state.

Open communication and cooperation between the Division of Licensing and Certification and the provider community ultimately will produce a more effective assessment tool that will place Maryland in the forefront in the development and implementation of patient assessment. ■