

## Long-Term Care Survey Alert

### Quality Assurance: This MDS-Related Tactic Can Preempt Persistent Pressure Ulcers

**A nurse expert suggests facilities validate this.**

In a presentation at the recent annual LeadingAge meeting, **Ruth Bish, RN**, relayed that a facility asked her to take a look at a resident who had a non-healing stage 2 pressure ulcer on her coccyx. The staff said that "they had tried all these treatments and on and on and on."

Bish said that when she entered the resident's room, she saw that the resident's bed was against the wall. And Bish noted that the person was coded on the MDS as requiring a two-person assist for bed mobility. So Bish asked the nursing assistant how she got the resident up. The nursing assistant replied, "Oh, I'm going to get her up in just a second -- wait and I'll show you," Bish recounted, noting that the nursing assistant sounded "very proud of herself."

Actions tell all: The nursing assistant "took the draw sheet and pulled [the resident] to the edge of the bed and then sat her up and stood and pivoted her," said

Bish, who is with the Pennsylvania Restraint Reduction Initiative. "Once we knew that's what was happening, and they stopped doing that, that wound that had not healed in months and months healed within a matter of weeks."

"But the problem was with [the resident's] bed against the wall, it took two people, you had to unlock the bed and raise it a little bit [and] move it out," Bish said. "The second person had to go in. Then you had to lift the person over, put the bed back against the wall, put it down and lock the brakes." And that wasn't realistic, Bish pointed out.

Tip: Bish advised conferees to look at Section G of the MDS to see what the staff has coded for bed or chair mobility. Then "go out and look at the resident and see if the level of assistance actually matches."

"Oftentimes, we will read on MDSs that people are ... an assist of two for bed mobility or for their transfers in and out of bed," said Bish. "But yet when we go in to observe the resident and talk to the nursing assistants, they often do it by themselves," she added. Bish noted that "sometimes it's hard to get somebody to come help because everybody is busy or [the nursing assistants] are in a hurry and they just want to get it done -- or they are very independent and they don't like to ask for help."