MDS Alert

ADL Assessment: Get In The Payment Groove: Use These Bed Mobility Assessment, Coding Moves.

Short changing this late-loss ADL robs the care coffers.

If your facility is like many, you have room to improve bed mobility coding and your facility's RUG scores to boot.

Bed mobility is the "Rodney Dangerfield" of ADLs -- "the most misunderstood," emphasizes **Diana Johnson, RN**, consultant, **Health Dimensions Group**, Minneapolis.

Undercoding costs the facility big time.

For one, residents who require help with bed mobility cost more in staff time, says Johnson. In addition, undercoding a resident's late-loss ADL by even one point can cost you a RUG category.

Example: A resident with a total knee or hip replacement often has bed mobility issues, says Johnson. And undercoding his ADL by one point so he has a 6 instead of a 7 means he won't go into rehab plus extensive services if he qualifies for that category, Johnson points out.

Rise to the challenge: And that is making sure staff "understand what bed mobility means" and capturing all the different pieces of that ADL, says **Marilyn Mines, RN, RAC-C, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL.

Johnson agrees, noting that "bed mobility isn't a term we use in nursing. We talk about a person being a two-person transfer when making assignments, but bed mobility is more a therapy term."

Know the Components of Bed Mobility

The RAI manual definition of bed mobility encompasses how the resident:

- moves to and from a lying position;
- turns side to side;
- positions his body while in bed, in a recliner, or other type of furniture in which the resident sleeps rather than a bed.

You can code the person's "bed mobility" in a recliner or chair if that's where he is sleeping, says **Sheryl Rosenfield, RN**, director of clinical services for **Zimmet Healthcare Group Inc**. in Morganville, NJ.

The resident who sleeps in a recliner "will usually be the less functional person who has dyspnea when lying flat, for example," Rosenfield notes.

Bed mobility isn't about "getting in and out of bed," stresses **Cheryl Field, RN, MSN**, a consultant and rehabilitation nursing specialist with **LTCQ Inc**. in Lexington, MA. But "it would include positioning in the bed in preparation for transferring out," she says.

"Bed mobility also includes repositioning in bed where the nurse puts pillows under the legs or between the knees," Field adds.

Look for these omissions: "Sometimes staff don't count assistance with bed mobility such as getting the person into a sitting position," says Mines.

Or "they view bed mobility as turning side to side" but don't count the times they have to help the person position himself in bed. For example, "many times, residents scoot down to the bottom of the bed," Mines notes.

Ask This Question to Identify Potential Limited or Extensive Assistance

CNAs may say the resident is independent or requires only supervision with bed mobility.

But dig deeper by asking them this question: "Do you ever touch the resident to help him change position in bed?" If they answer yes, you need to determine if the resident needs limited or extensive assistance, advises Mines.

"If you lift the person back up in bed -- even though he's helping to push himself up with his knees -- then that counts as extensive assistance," says Mines. That's "because the CNA(s) or nurse is actually bearing the person's weight in pulling him up."

Another example: Say the resident is sitting on the bed and you have to lift the person's legs and put them on the side so the resident is sitting on the side of the bed, says Mines. That counts as weight-bearing assistance, she notes.

Code a "3" for extensive assistance in Column A if the weight-bearing assistance for bed mobility occurs three or more times in the seven-day lookback.

Identify limited assistance: If you just lightly touch the resident's legs to help guide them toward the side of the bed without bearing any of their weight, that's guided maneuvering, says Mines.

Code a "2" for limited assistance if staff provides guided maneuvering of limbs three or more times in the lookback.

Capture the resident at his most dependent: The resident who requires only cueing during the day may require weight-bearing assistance to help him move up in the bed at night, says **Bet Ellis, RN**, a consultant with **LarsonAllen** in Charlotte, NC.

Remember: Even one instance of a two-person assist in bed mobility during the lookback equates to a code of "3" in Column B for support.

Editor's note: Read "Know The Score For Bed Mobility" in this isue to see how your coding adds up to a total score for bed mobility.