

MDS Alert

Coding Accuracy: Failing To Do This Will Leave Your Bed Mobility Coding Ailing

2 quick double checks will save your facility thousands of dollars.

Accurately coding bed mobility can add to your facility's fiscal health. And these simple real-time audit strategies will help you see if a resident's bed mobility scores are in line with his true ADL requirements.

1. Compare a resident's transfer skills to bed mobility. "Clinically, one will usually see a person's bed mobility and transfer skills are fairly similar," says consultant **Cheryl Field, RN, MSN**, with **LTCQ Inc.** in Lexington, MA. A resident may, for example, require a two-person assist to transfer to a chair and also for bed mobility to help pull him up in the bed at night when he's most dependent, she points out.

Yet people generally lose transfer skills before they lose bed mobility skills, adds Field. So it's not unusual to see someone coded as a "3" for extensive assistance in transfer, but he is still a "2" for limited assistance in bed mobility, she says.

But someone coded as independent or supervision for bed mobility -- and much more dependent for transfer and toileting requires a second look.

Consultant **Diana Johnson, RN**, did an audit in one facility where the MDS team coded a resident as 1/1 for bed mobility but as a 3/3 for transfer and toileting.

When asked, CNAs said they had helped the resident up in bed, says Johnson, clinical consultant, **Health Dimensions Group**, Minneapolis. And that means the MDS team had undercoded bed mobility.

If there's one, there's probably more: In her audit, Johnson found many instances where staff had coded residents as much more dependent in transfer and toileting than bed mobility, reflecting a systemic problem in undercoding the latter.

2. Identify residents whom you know probably require weight-bearing support with bed mobility to make sure you document and code ADL assistance.

An example would include a resident with a knee replacement who is on a continuous motion machine, says Johnson. "You know you're going to have to lift that knee to put it in and out of the machine."

If a person requires a manual lift for transfer, the nurse or CNAs will usually have to provide weight-bearing support to help get the transfer pad from underneath him, adds Johnson.

"If the resident can't transfer without a lift, chances are he can't roll over independently and allow the nurse to remove the pad." (See the model conversation the nurse should have with CNAs about bed mobility, in this issue.)