

MDS Alert

Coding Quizzer: Do You Know When Wandering Puts Your Residents at Risk?

Test your knowledge of how to code these RAI scenarios.

Wandering may be a pursuit of exercise or a pleasurable leisure activity, or it may be related to tension, anxiety, agitation, or searching, notes the RAI manual. Make sure you're assessing your residents' reasons for wandering, determining the frequency of its occurrence, and any factors that trigger the behavior or that decrease the wandering episodes.

"Wandering is the act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction. Wandering may or may not be aimless. The wandering resident may be oblivious to his or her physical or safety needs. The resident may have a purpose such as searching to find something, but he or she persists without knowing the exact direction or location of the object, person or place. The behavior may or may not be driven by confused thoughts or delusional ideas (e.g., when a resident believes she must find her mother, who staff know is deceased)"

"Pacing (repetitive walking with a driven/pressured quality) within a constrained space is not included in wandering."

"Wandering may occur even if resident is in a locked unit."

"Traveling via a planned course to another specific place (such as going to the dining room to eat a meal or to an activity) is not considered wandering."

"Not all wandering is harmful."

"Some residents who wander are at potentially higher risk for entering an unsafe situation."

"Some residents who wander can cause significant disruption to other residents."

"Care plans should consider the impact of wandering on resident safety and disruption to others."

"Determine the need for environmental modifications (door alarms, door barriers, etc.) that enhance resident safety if wandering places the resident at risk."

"Determine when wandering requires interventions to reduce unwanted intrusions on other residents or disruption of the living environment."

Source: The Long-Term Care Facility Resident Assessment Instrument User's Manual, MDS 3.0, April 2012, pgs. E17-E21.

1. Review the medical record and interview staff to determine whether wandering occurred during the 7-day look-back period.

2. If wandering occurred, determine the frequency of the wandering during the 7-day look-back period.

Code 0, behavior not exhibited: if wandering was not exhibited during the 7-day look-back period. Skip to Change in Behavioral or Other Symptoms item (E1100).

Code 1, behavior of this type occurred 1-3 days: if the resident wandered on 1-3 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days. Proceed to answer Wandering -- Impact

item (E1000).

Code 2, behavior of this type occurred 4-6 days, but less than daily: if the resident wandered on 4-6 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days. Proceed to answer Wandering -- Impact item (E1000).

Code 3, behavior of this type occurred daily: if the resident wandered daily during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days. Proceed to answer Wandering -- Impact item (E1000).

Code 0, no: if wandering does not place the resident at significant risk.

Code 1, yes: if the wandering places the resident at significant risk of getting to a dangerous place (e.g., wandering outside the facility where there is heavy traffic) or encountering a dangerous situation (e.g., wandering into the room of another resident with dementia who is known to become physically aggressive toward intruders).

Coding for E1000B: Does the wandering significantly intrude on the privacy or activities of others?

Code 0, no: if the wandering does not intrude on the privacy or activity of others.

Code 1, yes: if the wandering intrudes on the privacy or activities of others (i.e., if the wandering violates other residents' privacy or interrupts other residents' performance of activities of daily living or limits engagement in or enjoyment of social or recreational activities), whether or not the other resident complains or communicates displeasure or annoyance.

Examples:

Scenario #1: A resident wanders away from the nursing home in his pajamas at 3 a.m. When staff members talk to him, he insists he is looking for his wife. This elopement behavior had occurred when he was living at home, and on one occasion he became lost and was missing for 3 days, leading his family to choose nursing home admission for his personal safety.

Scenario #2: A resident wanders away from the nursing facility at 7 a.m. Staff find him crossing a busy street against a red light. When staff try to persuade him to return, he becomes angry and says, "My boss called, and I have to get to the office." When staff remind him that he has been retired for many years, he continues to insist that he must get to work."

Scenario #3: A resident propels himself in his wheelchair into the room of another resident, blocking the door to the other resident's bathroom.

