

MDS Alert

MDS Accuracy: Refrain From Making This Key Mistake In Coding Restraints

Otherwise, your facility may find itself grappling with F tags.

Under- or overcode restraints at your residents'--and your facility's--peril. Either way, surveyors could be up in arms about what they view as inappropriate use of restraints or MDS inaccuracies.

The biggest mistake facilities make in coding Section P4 (physical restraints) is that they don't look at whether a device acts as a restraint for a particular resident, in the view of **Marjorie Ray, RN**, Washington State RAI coordinator. Instead, they look at the intent of using the restraint--for example, to keep a resident from falling, says Ray.

Nail down the definition: The RAI manual defines a physical restraint as "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body."

Remember that "easily removed" is a purposeful activity--not an accident, according to Ray. Residents must know what they need to do to release the device and be able to do so when asked for it to be considered "easily removed."

The bottom line: If a device restrains the person, as defined by the RAI manual, you must code it as a restraint, emphasizes Ray.

Example: If someone has a waist belt to keep him from sliding to one side in the chair, and he tries to get up and can't--that belt is acting as a restraint. If someone is trying to get up, he may be in discomfort, need to change position or go to the bathroom, notes **Liz Frost**, director of nursing for **Hearthstone** in Seattle.

Know How to Handle Bedrails

A bedrail can serve as a mobility aid coded at G6b and also a restraint coded in Section P4. Whether the resident has full or half rails, the question is: "Can the resident get out of bed safely if he/she wants to? If the answer is no, then it is a restraint," says **Marilyn Mines, RN, BC**, in Deerfield, IL.

Don't overcode bedrails in Section P4: Ray notes that some facilities overcode bedrails as restraints when the rails don't limit the person's ability to get out of bed or access his body. Staff "may code it out of fear that they might get cited if they don't," says Ray. But doing so means the MDS won't be accurate--and it could get surveyors on your case. Before implementing any restraint, the facility must assess the resident's needs and medical symptoms addressed by the restraint, according to the RAI manual. (review the restraint protocol on pp. 3-200 and 3-201 of the manual).

Tip: Use the physical restraint RAP and care plan to address situations in which a device is both a restraint and an enabler.

What about a Geri chair? If a resident who cannot voluntarily move uses a Geri chair, the chair would not meet the definition of a restraint, says Mines. Conversely, if the resident is able to transfer but can't when he's in a Geri chair, then the chair acts as a restraint.