MDS Alert

Quality Measures: Enable Without Restraint: Use Devices To Promote Residents' Mobility

Just because Kendal-at-Longwood is restraint-free doesn't mean it shies away from helping residents improve their mobility.

While you won't see Merry Walkers or geri-chairs in the facility, two of its residents use a rowing chair for mobility, reports DON **Celia Agustin, RN**. "The chair looks like a lawn chair and its level can be changed to help the resident propel safely," she says. "The resident in the chair can recline to get some rest or sit upright at the table and eat in a dignified manner," Agustin adds. "The chair isn't considered a restraint, however, and isn't coded as such on the MDS."

Staff at Kendal-at-Longwood will also use bedrails but only to assist a resident's mobility, and if the rails don't act as restraints. For example, staff might use bedrails if the resident uses them to get out of bed or to improve his bed mobility.

Fall management tip: "The majority of our beds are low beds used to decrease the risk of falls," says Agustin. "In some cases, we use a perimeter mattress that has a sleeve you put over the mattress with a little bumper on all four sides," she adds. "This helps the resident recognize the beds have edges to it."

Coding Tips: The Merry Walker Ambulatory Device should not be automatically classified as a restraint. "If these devices assist ambulation for particular residents, code them as a cane/walker/crutch at G5a whether or not they are coded as a restraint. If the resident can easily open the front gate to exit the device, don't code it as a restraint for that particular resident," according to the RAI user's manual.

As for geri-chairs: If use of a geri-chair prevents a resident from wandering, code "0" (behavioral symptom not exhibited in last seven days) in Section E4. "The questionable clinical practice of placing a resident in a geri-chair to restrict movement would then be evaluated using the physical restraints RAP," the RAI manual instructs (p. 3-68).