

## MDS Alert

### Quality of Care: Promote Bed Mobility Without Endangering Residents Or Your Survey Record

**If you're checking G6b, make sure you've covered these assessment bases.**

You're going out on a risky limb if you don't have a solid decision-making tree to determine whether a resident can safely use a bedrail as an enabler.

Consider following these three best practices to ensure a resident can and should use a bedrail as a bed mobility or transfer device.

**1. Carefully assess the risk-benefits of a resident's use of a bedrail as a positioning/transfer device coded at G6b.** "One critical part" of that evaluation involves observing "whether and how [residents] use their bedrails," says **Neil Beresin, MEd**, regional director for the **Pennsylvania Restraint Reduction** Initiative in Kennett Square, PA.

"Do they use them to turn or reposition, or to get out of bed? Do they use them spontaneously and independently--or only when staff cue them to use the rails?" asks Beresin.

**Real-world experience:** The staff at **Hearthstone** found that some residents with bedrails designated as enablers weren't using them at all for mobility. Instead, the residents simply used the rails as a place to put their bed controls, relays **Liz Frost, RN**, director of nursing for the facility in Seattle.

**More isn't better:** In assessing residents using bedrails for positioning, Frost and her team found that the residents didn't always need or use a rail on both sides of the bed. "Currently, we have five people who use a bedrail for bed mobility and only two of them have a rail on each side," she says.

**Consider this alternative:** "For residents who use their siderails independently, many providers are having good success reducing many of their full, three-quarter, and half rails to a single mobility transfer bar," says Beresin. But the latter should meet or exceed the dimensional recommendations on bed system entrapment zones specified by the March 2006 U.S. **Food and Drug Administration** guidance, he says.

To review the "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment," go to [www.fda.gov/cdrh/beds/guidance/1537.html](http://www.fda.gov/cdrh/beds/guidance/1537.html).

**2. Look for MDS inconsistencies that indicate bedrails aren't appropriate for a particular resident.** For example, if you code someone as totally dependent in bed mobility in Section G1, why are you putting up the rails? asks Frost. Conversely, "if the person is totally independent in self-performance, why are the bedrails up? You have to answer those questions on a resident-to-resident basis," she adds.

**Check Section B4:** The **Hearthstone** care team also looks at the resident's cognitive status. "If the person has a rail for bed mobility" but is coded as impaired in daily decision-making (B4), he "may not have the judgment to use the bedrail appropriately," cautions Frost.

And he could, for example, try to climb over the rail and get hurt.

**3. Be constantly on the lookout for signs that a bedrail may no longer be safe for a particular resident.** "The care team should immediately re-evaluate the resident's ability to use bedrails safely with any change of status," such as an illness that could cause weakness or delirium, advises **Patricia Callen, RN, BSHCA, CLNC**, president of **Callen &**

**Associates**, a medical-legal consulting firm in Ashland, MA. "They should also re-evaluate bedrail safety issues as part of the care plan meetings," she adds.

In addition to a change in a resident's physical, cognitive or behavioral status, look for these red flags indicating you need to re-evaluate the resident and his bed system, suggests Beresin:

- The resident starts a new medication, "including but not limited to psychoactive, cardiac, analgesic, or antibiotic," advises Beresin.
- The resident has a change or addition to any part of his bed system including a regular or overlay mattress, head or footboard, or rail of any size, says Beresin.

You'll need to re-evaluate the zones of entrapment in such a case to make sure they don't pose a danger, Beresin points out.

- Staff become aware that the resident has "risky behaviors or incidents such as sliding out of the bed, getting caught on an existing rail--or sustaining bruises from contact with the rail," says Beresin.

**Coding tip:** You code a bedrail used as a positioning or transfer aid at G6b. But you must also determine whether to code the bedrail as a restraint.

Editor's note: See the related story in the next article.