

MDS Alert

Resident Assessment Protocols: Tap The RAP To Stay One Step Ahead Of Pressure Ulcer Risk

Double-check coding for MDS triggers.

Don't fall in the trap of not working the pressure ulcer RAP, which can occur if you miscode the MDS triggers ...quot; or don't code a pressure-related wound at M2a.

The RAP triggers alert the assessor to the fact that there may be a risk, says **Rena Shephard, RN, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego. "The RAP walks you through diagnoses, conditions, treatments and other things ... to see if a resident is at risk for skin breakdown," she says.

Review these MDS assessment parameters to see if you've missed a trigger for the RAP (see the MDS coding in the next article):

- a pressure ulcer of any stage
- impaired bed mobility. This includes a resident who requires assistance greater than supervision in column A, including activity did not occur, notes Shephard.
- bedfast
- bowel incontinence
- peripheral vascular disease
- a previous pressure ulcer (resolved or cured in the past 90 days)
- daily trunk restraint
- desensitization to pain or pressure

Watch out: If the staff don't code a pressure ulcer at M2a, then the RAP may not trigger, cautions Shephard. While the facility may avoid triggering the pressure ulcer quality indicator, the staff won't work the pressure ulcer RAP. And the care plan may not address the resident's risk of developing additional skin breakdown, Shephard says.

Example: Staff might not code an abrasion at M2a that the staff knows was caused by a shearing force or friction, Shephard notes. But "if the skin breakdown occurs when the staff transfers the resident or when the resident slides down in the chair, then that counts as a pressure ulcer." In such a case, the team needs to identify the underlying problem and correct it--for example, the staff may need to use a different transfer technique to prevent the shearing force, says Shephard.