

# **MDS Alert**

## Section O: Study 7 Scenarios To Hone Your Restorative-Nursing Coding

Don't make this mistake when you should actually code 0.

Incorrectly coding item O0500  $\square$  Restorative Nursing Programs is easier than you think, but most professionals mistakenly believe that they have the item down pat. Brush up on your O0500 coding skills with these examples from the RAI Manual:

#### When to Code for Multiple Techniques

**Scenario 1:** Mr. Jones has lost range of motion (ROM) in his right arm, wrist, and hand due to a cerebrovascular accident (CVA) several years ago. He has moderate to severe loss of cognitive decision-making skills and memory. To prevent further ROM loss and contractures to his right arm, the occupational therapist fabricated a right-resting hand splint and instructions for its application and removal.

The nursing coordinator created instructions for providing passive ROM exercises to Mr. Jones' right arm, wrist, and hand three times per day. There are also instructions on how and when to apply and remove the hand splint, and all these plans are documented in Mr. Jones' care plan.

The total amount of time each day involved in removing and applying the hand splint and completing the ROM exercises is 30 minutes, with 15 minutes to perform the ROM exercises and 15 minutes to apply/remove the splint.

**How to code:** For this scenario, you would code both O0500A [] Range of motion (passive) and O0500C [] Splint or brace assistance as 7, because this is the number of days that the staff provided the restorative nursing techniques.

#### Understand 'Active' Vs. 'Passive' ROM

**Scenario 2:** Mrs. Smith's right shoulder ROM has decreased slightly over the past week, and the physician diagnosed her with right shoulder impingement syndrome following an exam and X-ray. The physical therapist gave Mrs. Smith exercises to perform each day to help improve her right shoulder ROM.

After initial training in these exercises, the physical therapist provided instructions to Mrs. Smith and the nursing staff on how to cue and sometimes actively assist the resident when she cannot make the full ROM that the exercises require on her own.

Mrs. Smith must perform the exercises for 15 minutes twice daily at the shift change in the morning and afternoon. The nursing staff cued and sometimes actively assisted Mrs. Smith twice daily over the past seven days.



**How to code:** Here, you would code O0500B [] Range of motion (active) as 7, because this was the number of days that staff provided restorative nursing training and skill practice for active ROM.

#### **Code Days Even If Amount of Time Changes**

**Scenario 3:** Mr. Brown was admitted to your facility seven days ago following repair to a fractured hip. Physical therapy was delayed due to complications and a weakened condition. Upon admission, Mr. Brown had difficulty moving himself in bed and required total assistance for transfers.

To prevent further deterioration and increase independent mobility, the nursing staff implemented a plan on the second



day following admission to teach Mr. Brown how to move himself in bed and transfer from the bed to a chair using a trapeze, the bed rails, and a transfer board.

The charge nurse documented that in the five days Mr. Brown had been receiving training and skill practice for bed mobility for 20 minutes each day and transferring for 25 minutes per day. Each day, the amount of time to provide this restorative nursing intervention has been decreasing, so that for the past five days, the average time is 45 minutes.

**How to code:** Code both items O0500D [] Bed Mobility and O0500E [] Transfer as 5, because this was the number of days that staff provided restorative nursing training and skill practice for bed mobility and transfer.

#### **Code Quad Cane Help for Walking Item**

**Scenario 4:** Mrs. Haywood is receiving training and skill practice in using a quad cane. Mrs. Haywood and the nursing staff have set progressive walking distance goals. She has three scheduled times each day when she learns how to walk with her quad cane, and each teaching and practice episode with a nursing assistant for walking takes approximately 15 minutes

**How to code:** For this scenario, you would code item O0500F [] Walking as 7, because this was the number of days that staff provided the guad cane training and practice.

#### **Report Assistance with Dressing**

**Scenario 5:** Mr. Anderson has left-sided hemiplegia due to a CVA that occurred about one year ago. Mr. Anderson has a strong desire to participate in his own care. Although he cannot dress himself independently, he can participate in this Activity of Daily Living (ADL). His overall care plan goal is to maximize his independence in ADLs.

The therapist developed a plan to assist Mr. Anderson in how to maintain his ability to put on and take off his shirt with no physical assistance from the staff. The nursing assistants verbally guide Mr. Anderson as he puts on and takes off his shirt to enhance his efficiency and maintain his level of function.

Mr. Anderson spends approximately 20 minutes per day completing the task of dressing and undressing.

**How to code:** Here, you would code item O0500G [] Dressing or Grooming as 7, because this was the number of days that staff provided restorative nursing training and skill practice for dressing and grooming.

## Don't Code If Resident Refuses Restoration

**Scenario 6:** Mrs. Jenkins' cognitive status has been deteriorating progressively over the past few months. Despite deliberate nursing restoration attempts to promote her independence in feeding herself, she will not eat unless she is fed by staff or family members.

**How to code:** For this scenario, you would code item O0500H [] Eating and/or Swallowing as 0, because staff did not provide restorative nursing skill and practice training for eating and/or swallowing during the last seven days.

### Pay Attention to When Training Ended

**Scenario 7:** Mrs. Ennis has Amyotrophic Lateral Sclerosis and is no longer able to speak or even nod her head "yes" or "no." Her cognitive skills remain intact, however, and she can spell and move her eyes in all directions. The speech-language pathologist taught Mrs. Ennis and the nursing staff to use a communication board so that she can communicate with staff.

Mrs. Ennis has been using the communication board during the past two weeks and has been successful. Because the speech-language pathologist completed the teaching and practice using the communication board two weeks ago and Mrs. Ennis is able to use the board to communicate successfully, she no longer receives skill and practice training in communication.



