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Guidance Provided for New Regulations on Coding Restraints and Alarms

At a recent Association regional meeting, members asked if the new federal regulations require wander guards to be coded as a restraint. **Amy Ruedinger, RN, Pinnacle Innovative Healthcare Solutions**, has provided some insights on this subject:

The following guidance was provided on the new MDS coding requirements:

The new regulations state that wander guards used for individual residents are to be considered as "alarms" for the purpose of coding in Section P of the MDS.

The regulations also state that all alarms must be "evaluated" to see if they are also meeting the definition of a restraint. This does not automatically mean that ALL alarms must be coded as restraints, but rather that the staff should evaluate the effect of any type of alarm that is used. The staff should consider the definition of a restraint when making coding decisions.

Some important excerpts from the RAI manual, chapter 3, section N, for coding of both restraints and alarms are provided below:

P0100: Physical Restraints

Steps for Assessment

- 1.** Review the resident's medical record (e.g., physician orders, nurses' notes, nursing assistant documentation) to determine if physical restraints were used during the 7-day look-back period.
- 2.** Consult the nursing staff to determine the resident's cognitive and physical status/limitations.
- 3.** Considering the physical restraint definition as well as the clarifications listed below, observe the resident to determine the *effect* the restraint has on the resident's normal function. Do not focus on the type, intent, or reason behind its use.

4. Evaluate whether the resident can easily and voluntarily remove any manual method or physical or mechanical device, material, or equipment attached or adjacent to his or her body. If the resident cannot easily and voluntarily do this, continue with the assessment to determine whether or not the manual method or physical or mechanical device, material or equipment restrict freedom of movement or restrict the resident's access to his or her own body.

5. Any manual method or physical or mechanical device, material or equipment should be classified as a restraint only when it meets the criteria of the physical restraint definition. This can only be determined on a case-by-case basis by individually assessing each and every manual method or physical or mechanical device, material or equipment (whether or not it is listed specifically on the MDS) attached or adjacent to the resident's body, and the effect it has on the resident.

6. Determine if the manual method or physical or mechanical device, material, or equipment meets the definition of a physical restraint as clarified below. Remember, the decision about coding any manual method or physical or mechanical device, material, equipment as a restraint depends on the effect it has on the resident.

7. Any manual method or physical or mechanical device, material, or equipment that meets the definition of a physical restraint must have:

- physician documentation of a medical symptom that supports the use of the restraint,
- a physician's order for the type of restraint and parameters of use, and
- a care plan and a process in place for systematic and gradual restraint reduction (and/or elimination, if possible), as appropriate.

Clarifications for restraints

- "Remove easily" means that the manual method or physical or mechanical device, material, or equipment can be removed intentionally by the resident in the same manner as it was applied by the staff (e.g., side rails are put down or not climbed over, buckles are intentionally unbuckled, ties or knots are intentionally untied), considering the resident's physical condition and ability to accomplish his or her objective (e.g., transfer to a chair, get to the bathroom in time).
- "Freedom of movement" means any change in place or position for the body or any part of the body that the person is physically able to control or access.

In classifying any manual method or physical or mechanical device, material or equipment as a physical restraint, the assessor must consider the effect it has on

the resident, not the purpose or intent of its use. It is possible that a manual method or physical or mechanical device, material or equipment may improve a resident's mobility but also have the effect of physically restraining him or her.

P0200: Alarms

An alarm is any physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected, and may include bed, chair and floor sensor pads, cords that clip to the resident's clothing, motion sensors, door alarms, or elopement/wandering devices.

Steps for Assessment

1. Review the resident's medical record (e.g., physician orders, nurses' notes, nursing assistant documentation) to determine if alarms were used during the 7-day look-back period.
2. Consult the nursing staff to determine the resident's cognitive and physical status/limitations.
3. Evaluate whether the alarm affects the resident's freedom of movement when the alarm/device is in place. For example, does the resident avoid standing up or repositioning himself/herself due to fear of setting off the alarm?

Alarms-Coding Tips

- Bed alarm includes devices such as a sensor pad placed on the bed or a device that clips to the resident's clothing.
- Chair alarm includes devices such as a sensor pad placed on the chair or wheelchair or a device that clips to the resident's clothing.
- Floor mat alarm includes devices such as a sensor pad placed on the floor beside the bed.
- Motion sensor alarm includes infrared beam motion detectors.
- Wander/elopement alarm includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn/attached to the resident that alert the staff when the resident nears or exits an area or building. This includes devices that are attached to the resident's assistive device (e.g., walker, wheelchair, cane) or other belongings.

- Other alarm includes devices such as alarms on the resident's bathroom and/or bedroom door, toilet seat alarms, or seatbelt alarms.
- Code any type of alarm, audible or inaudible, used during the look-back period in this section.
- If an alarm meets the criteria as a restraint, code the alarm use in both P0100, Physical Restraints, and P0200, Alarms.
- Motion sensors and wrist sensors worn by the resident to track the resident's sleep patterns should not be coded in this section.
- Wandering is random or repetitive locomotion. This movement may be goal-directed (e.g., the resident appears to be searching for something such as an exit) or may be non-goal directed or aimless. Non-goal directed wandering requires a response in a manner that addresses both safety issues and an evaluation to identify root causes to the degree possible.
- While wander, door, or building alarms can help monitor a resident's activities, staff must be vigilant in order to respond to them in a timely manner. Alarms do not replace necessary supervision.
- Bracelets or devices worn or attached to the resident and/or his or her belongings that signal a door to lock when the resident approaches should be coded in P0200F Other alarm, whether or not the device activates a sound.
- Do not code a universal building exit alarm applied to an exit door that is intended to alert staff when anyone (including visitors or staff members) exits the door.