



MDS Tip Sheet: ITEM M5c

Turning/Repositioning Program

SEPTEMBER 2007

INTRODUCTION	In response to questions related to MDS coding for item M5c, turning/repositioning program, the following tip sheet has been developed. Use this DAVE 2 Tip Sheet to better understand MDS coding rationale for this item.
DEFINITION	Item M5c asks you to indicate whether there has been a continuous, consistent program for changing the resident's position and realigning the body during the 7-day look back period.
CLARIFICATIONS	Program – means a specific approach that is <i>organized, planned, documented, monitored and evaluated</i> .
CODING TIPS	<p>Simply using a standard turning schedule whereby residents are turned every two hours does not constitute a turning/repositioning program that would allow you to code Item M5c. Consider the following when evaluating whether a turning/repositioning program may be coded at M5c:</p> <ul style="list-style-type: none">• The turning/repositioning plan/program is specific as to the approaches for changing the resident's position and realigning the body. This plan/program is organized and planned.• Progress notes, assessments, or other documentation (as dictated by facility policy) supports that the turning/repositioning plan/program is monitored and evaluated over time to determine the effectiveness of this intervention. <p>The frequency with which position changes are performed must be based on the individualized assessment of the resident.</p>
CODING EXAMPLES	<p>1) Resident Martha James has a diagnosis of right-sided hemiplegia from a previous stroke. She has received rehabilitation and is able to assist in some of her care and positioning. As part of her assessment, it was noted that while in bed Martha is able to tolerate pressure on each side for approximately three hours before showing signs of the effects of pressure on her skin. Staff assist her to turn every three hours while in bed. When she is up in her wheelchair, it is difficult for her to off-load the pressure to her buttocks. Her assessment indicates that her skin cannot tolerate pressure for more than one hour without showing signs of the effect of the pressure when she is sitting, and therefore, Martha is assisted hourly by staff to stand for at least one full minute to relieve pressure. Staff document all of these interventions in the medical record and note the resident's response to the interventions. This is a turning/repositioning plan/program. Code Item M5c.</p> <p>2) Resident Mary Jenks has a diagnosis of Advanced Alzheimer's and is totally dependent on staff for all of her care. Her care plan states that she is to be turned and repositioned, per facility policy, every three hours. There is no notation in the medical record about an assessed need for turning/repositioning, nor is there a specific approach or plan related to positioning and realigning of the body. There is no assessment of the resident's response to turning and repositioning. This is not a turning/repositioning plan/program. Do NOT code Item M5c.</p>
FOR MORE HELP	<p>The RAI User's Manual for MDS coding is available on the Centers for Medicare & Medicaid Services website: http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp. If you need help interpreting MDS coding instructions, contact your State RAI Coordinator listed in Appendix B of the User's Manual. If you require further assistance, you may submit your question to mdsquestions@cms.hhs.gov.</p>