ADL DOCUMENTATION AND MDS SCORING

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OBJECTIVES

- Understand the importance of accurate ADL coding.
- Review accurate ADL coding according to the RAI Manual
- Practice coding different scenarios
- Show how to utilize the archived webinar for on-going education in your home

ADL-DEFINITION

- ADL: Activities of Daily Living or tasks related to personal care
ADL-MDS

- **ADL SELF-PERFORMANCE:**
  Measures what the resident actually did (not what he or she might be capable of doing)

- **ADL SUPPORT PROVIDED:**
  Measures the most support provided by staff

ADL CODING???

ERRORS AND CONFUSION

- Misunderstanding of definitions and coding/documenting
- Lack of communication between direct care staff and licensed staff
- Fear of coding/documenting something different
- Want to show what resident is capable of doing vs. what's actually done
- Resident expectations for help vs. what they are capable of
- Documenting at beginning of shift
- Confusing forms, paper or electronic

MDS ADL SCORES

- What is the MDS? Why are ADLs so confusing?
- Why are ADLs so important?
- How do we get a RUG? Where are those scores?
- How can we get accurate ADL scoring?
- How can we get accurate ADL documentation to support MDS coding?
- What are the late loss ADLs?
RUG-IV ADL Score

- RUG-IV: 8 classification levels; 66 groups
- The ADL score is a component of the calculation for placement in all RUG-IV groups. The ADL score is based upon the four “late loss” ADLs:
  - Bed Mobility
  - Transfer
  - Toileting
  - Eating

Calculation of Total “ADL” Score

ADL Score for bed mobility (G0110A), transfer (G0110B), and toilet use (G0110I)

<table>
<thead>
<tr>
<th>Self-Performance Column 1</th>
<th>Support Column 2</th>
<th>ADL Score</th>
<th>SCORE</th>
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<td>(any number)</td>
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<td>0</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>0, 1, or 3</td>
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<td>0</td>
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<td>5</td>
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</table>

ADL score for eating (G0110H)

<table>
<thead>
<tr>
<th>Self-Performance Column 1</th>
<th>Support Column 2</th>
<th>ADL Score</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>0, 1, or 2</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

ADL-MDS

- How does resident perform?
  - Bed mobility
  - Transfers
  - Ambulation
  - Dressing
  - Eating
  - Toileting and personal hygiene

- How much staff support is needed?
  - Independent
  - Set up help only
  - One person
  - Two or more physical assist
  - Activity does not occur
ADL-MDS

- Document support needed for ADLs over all shifts
  - It might not be the same on all shifts
  - Document what you observed and did on your shift
- Which interventions used to compensate for ADL deficit: i.e., walker, w/c, cane?

PERTAINING REGULATIONS

- F272 Comprehensive Assessments
- F273 Assessment Frequency - No Later than 14 Days
- F274 Assessment After Sig Change
- F275 Assessment Every 12 Months
- F278 Accuracy of Assess/Coordination/Professionals
- F279 Develop Comprehensive Care Plans
- F280 Develop/Prep/Review of Comprehensive Care Plan
IMPACT OF ADL DOCUMENTATION
MDS-MINIMUM DATA SET

- ADL coding/scoring affects the RUG
- ADL score based on all documentation
- Rehab Therapy minutes and plan
- Nursing skilled services
- Cognition and behaviors

Outcomes of the MDS
- Resource Utilization Group (RUG): Rates are based on amount of care needed by resident
- Care Plan
- Quality Indicator Report (Casper report)
- 5-Star rating
- Survey preparation

SECTION G OF MDS IS ADLs

- Most errors in this section
- Impact on survey process and 5 star rating system
- Significantly impacts reimbursement
- Staffing patterns for CNA’s time
- Care planning
- Documentation must reflect the staff support—-an accurate picture!!

WHAT IS YOUR SYSTEM?

- Use of documentation tools for ADLs?
- Understand Rule of 3
- Expect variations unless the resident is totally dependent all the time
- MDS coordinator cannot be the only person documenting the resident’s care
- Nursing assistants’ documentation on all 3 shifts is critical to accuracy of the MDS
- Take credit for the care provided
### SECTION G: ACTIVITIES OF DAILY LIVING: DEFINITIONS

- **Bed mobility**: how resident moves to and from lying position, turns side or side, and positions body while in bed or alternate sleep furniture.
- **Transfer**: how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position *(excludes* to/from bath/toilet).
- **Walk in room**: how resident walks between locations in his/her room.
- **Walk in corridor**: how resident walks in corridor on unit.
- **Locomotion on unit**: how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair.
- **Locomotion off unit**: how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair.
- **Dressing**: how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses.
- **Eating**: how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).
- **Toilet use**: how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.
- **Personal hygiene**: how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands *(excludes* baths and showers).

### Section G: Physical Functioning

**Two different measures:**
- Self-performance
- Support

**Late loss ADLs**
- Bed mobility
- Transfers
- Eating
- Toileting
**SELF-PERFORMANCE**

- **Independent:** if resident completed activity with no help or oversight every time during the 7-day look-back period and the activity occurred at least three times.
- **Supervision:** if oversight, encouragement, or cueing was provided **three or more times** during the last 7 days.
- **Limited assistance:** if resident was highly involved in activity and received physical help in guided manoeuvring of limb(s) or other non-weight-bearing assistance on **three or more times** during the last 7 days.
- **Extensive assistance:** if resident performed part of the activity over the last 7 days and help of the following type(s) was provided **three or more times**:
  - Weight-bearing support provided **three or more times**, OR
  - Full staff performance of activity **three or more times** during part but not all of the last 7 days.
- **Total dependence:** if there was **full staff performance** of an activity with no participation by resident for any aspect of the ADL activity and the activity occurred three or more times. The resident must be unwilling or unable to perform any part of the activity over the entire 7-day look-back period.
- **Activity occurred only once or twice:** if the activity occurred fewer than three times.
- **Activity did not occur:** if the activity did not occur or family and/or non-facility staff provided care **100%** of the time for that activity over the entire 7-day look-back period.

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**ASSESSMENT GUIDELINES**

- Record the **actual** resident self-performance on each ADL
- Self-performance may vary day-to-day, shift-to-shift, within shifts, 24 hours a day
- Consider the resident’s performance when using adaptive device
- Do not include assistance provided by family or other visitors
**SUPPORT BY STAFF**

Measures the highest level of support provided by staff over the last 7 days

0. No set up  
1. Setup - Resident is provided with the materials needed to perform the activity  
2. One person physical assist  
3. Two person physical assist  
8. Did not occur

**SETUP SUPPORT**

What you did to help make the resident as independent as possible in performing ADLs?

- The resident was handed the walker. 
- The resident's meal was cut up, coffee poured, tray arranged  
- The resident was given bed pan or wash pan  
- Incontinent products brought to the room  
- The resident was given a towel when bath was done.  
- Bed mobility: handing resident the trapeze bar or raising the ½ rails  
- Dressing: retrieving clothes from the closet, laying clothes on bed, handing resident a shirt  
- Personal hygiene: providing a washbasin and grooming articles
INDEPENDENT
No help or staff oversight at any time (and ADL occurred at least three times)

- No staff help or touch
- No staff oversight or talk
- Does task on their own
- ADL occurred at least three times during the look-back period
- Code 0 if the resident did not need ANY assistance or oversight to complete the ADL every time

SUPERVISION
Oversight, Encouragement, Cueing

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Scoring the MDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Oversight</td>
<td>- Oversight</td>
</tr>
<tr>
<td>- Encouragement</td>
<td>- Encouragement</td>
</tr>
<tr>
<td>- Verbal Cueing</td>
<td>- Cueing 3 or more times</td>
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<tr>
<td>- No hands on</td>
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</tr>
<tr>
<td>- NO touch</td>
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</tr>
</tbody>
</table>

SUPERVISION
Oversight, Encouragement, Cueing
LIMITED ASSISTANCE
HANDS-ON GUIDING but NO WEIGHT-BEARING SUPPORT

Documentation
- Resident Highly Involved in Activity
- Staff Provided:
  - Guided maneuvering of limbs
  - Touch without any weight bearing

Scoring the MDS
- Other non-weight bearing assistance 3+ times
- If guided maneuvering of limbs or non-weight bearing assist did not occur 3+ times, but occurred at least 2 times during the observation period, the code of Limited Assist can still be coded if 1 or 2 episodes of weight bearing assist occurred.

EXTENSIVE ASSISTANCE
WEIGHT-BEARING SUPPORT or FULL STAFF PERFORMANCE FOR A PART OF TASK

Documentation
- Weight-bearing support provided
- Full staff performance of activity during part but not all of the activity
- Three or more instances of weight-bearing assistance
- Resident performed part of the activity
- Staff Provided:
  - Weight-bearing support for all or part of the activity (includes part of activity like combing hair)
**EXTENSIVE ASSISTANCE**

*Weight bearing support or FULL staff performance for a part of task*

**TOTAL DEPENDENCE**

*FULL STAFF PERFORMANCE EVERY TIME DURING ENTIRE 7-DAY PERIOD*

**Translation**

**MDS to Documentation**

- **INDEPENDENT: NO TALK, NO TOUCH**: Staff does not assist, instruct nor cue; resident does all parts of activity ALONE.
- **SUPERVISION: TALK, NO TOUCH**: Staff provides instructions or cues but does not provide physical (hands on) assistance (i.e. does not touch).
- **LIMITED ASSIST: TALK AND TOUCH**: Staff talks to give instructions or cues and touches resident to assist; can be as simple as putting your hand on resident's back or holding his/her elbow while he/she walks.
- **EXTENSIVE ASSIST: TALK, TOUCH, AND LIFT or SHIFT**: Staff uses muscle power to lift, move, or "shift" resident. This includes lifting his/her legs into bed, "scooting" buttocks into position in bed, lifting his/her arm to assist in self feeding.
- **TOTAL: ALL ACTION BY STAFF**: Resident does not participate at all in any part of the activity being done for him/her; entirely passive.

**Documentation**

- Complete Non-Participation by the Resident
- Scoring the MDS
  - Full staff performance in the entire ADL activity including all subtasks.
  - If resident performed ANY part of the activity (was involved in any level), then the total dependence cannot be coded.
  - ADL occurred at least three times during the look-back period.
- Code 4 if the resident is unwilling or unable to perform any part of the ADL for the entire look-back period.

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**TRANSLATION**

**MDS TO DOCUMENTATION**

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- **TOTAL: ALL ACTION BY STAFF**: Resident does not participate at all in any part of the activity being done for him/her; entirely passive.
ACTIVITY DID NOT OCCUR

- The ADL activity, in its entirety, was not performed by the resident or staff member
- It never occurred

SCENARIOS

BED MOBILITY

Mrs. D. turns and repositions herself in bed and is able to sit up and lie down without any staff assistance during the entire look back period. She uses a single side rail that staff place in the up position when she is in bed.

- Self-Performance 0 - Independent
- Support Provided 1 - Set-up help only
**BED MOBILITY**

What if Mrs. D. needed reminders to reposition but could reposition herself without assistance?

- Self-performance: 1 - Supervision
- Support provided: 1 - Set-up help only

**BED MOBILITY**

What if Mrs. D. needed staff to remind her to reposition and staff guided her hand, no weight bearing, to the side rail?

- Self-performance: 2 - limited assistance
- Support provided: 2 - one person limited assistance

**BED MOBILITY**

What if Mrs. D. needed two staff to turn her, using the draw sheet?

- Self-performance: 3 - extensive assistance (weight bearing)
- Support provided: 3 - two persons physical assistance
**Bed Mobility**

Mrs. S. is unable to physically turn, sit up, or lie down in bed. Two staff must physically turn her every 2 hours. Mrs. S. is unable to help at all every time during the entire shift.

- Self-performance - 4 total dependence
- Support provided - 3 two person physical assistance

**Transfer**

Resident is able to move from bed to chair and chair to bed without any physical or verbal help.

- Self-performance 0 - independent
- Support provided 0 - no setup or physical help from staff

**Transfer**

One staff must supervise resident as she transfers from her bed to wheelchair daily. Staff must bring the wheelchair to the bed and remind her to hold the chair and position herself slowly.

- Self-performance 1 - supervision
- Support provided 1 - set up help only
TRANSFER

Resident transfers from bed to chair when she uses her walker. Staff place the walker near the bed and use guided maneuvering as she transfers.

- Self-performance 2 - limited assistance
- Support provided 2 - one person assist

TRANSFER

Resident requires one staff to partially lift and support her during transfer from bed to chair.

- Self-performance 3 - extensive assistance
- Support provided 2 - one person physical assistance

TRANSFER

Resident is unable to transfer. Two staff lift and transfer him to chair using mechanical lift. Resident is unable to assist in any way.

- Self-performance 4 - total dependence
- Support provided 3 - two person physical assistance
TRANSFER

Resident had recent surgery and must remain in bed.

- Self-performance 8 - activity did not occur
- Support provided 8 - activity did not occur

FEEDBACK

NOW, RATHER THAN GO THROUGH ALL THE CATEGORIES IN SECTION G, I NEED YOUR FEEDBACK.

- Were the bed mobility and transfer scenarios useful?
- Do you plan to use the archived webinar to train and do ongoing education with your staff?
- Do you have suggestions for improving the scenarios?

FEEDBACK

The survey at the conclusion of the webinar will include questions on how to improve the presentation. Please take a few minutes and respond to the survey. Your opinions matter and will be used to develop the scenarios.
**Utilizing the Webinars**

- All the *Webinar Mondays* offerings are archived on our website: [http://www.nursinghomehelp.org/supgr.html](http://www.nursinghomehelp.org/supgr.html)
- Accessing the webinars requires internet access, but can be done at any time

**Thank You**

Please take a few minutes to complete the survey. Once your input is incorporated into the scenarios, I will re-record the webinar and notify you. The updated handouts will be available at the same time.

**References**

- RAI manual (Oct 2014)