



ADL DOCUMENTATION AND MDS SCORING

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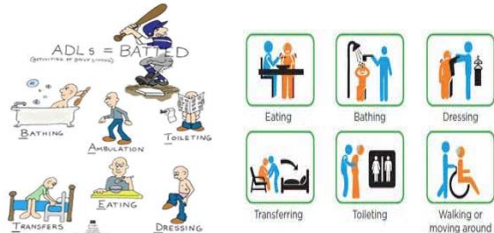
OBJECTIVES

- 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: **A**ctivities of **D**aily **L**iving 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)

Self-Performance Column 1 =	Support Column 2 =	ADL Score =	SCORE
- 0, 1, 7, or 8	and (any number)	0	G0110A = _____
2	and (any number)	1	G0110B = _____
3	and - 0, 1, or 2	2	G0110I = _____
4	and - 0, 1, or 2	3	
3 or 4	and	3	


ADL score for eating (G0110H)

Self-Performance Column 1 =	Support Column 2 =	ADL Score =	SCORE
- 0, 1, 2, 7, or 8	and - 0, 1, or 8	0	G0110H = _____
- 0, 1, 2, 7, or 8	and 2 or 3	2	
3 or 4	and - 0, or 1	2	
3	and 2 or 3	3	
4	and 2 or 3	4	




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 + person 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?



G0110. Activities of Daily Living (ADL) Assistance
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

Instructions for Rule of 3


- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
 - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
 - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

<p>1. ADL Self-Performance Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time</p> <p>Coding:</p> <p>Activity Occurred 3 or More Times</p> <ol style="list-style-type: none"> 0. Independent - no help or staff oversight at any time 1. Supervision - oversight, encouragement or cueing 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support 4. Total dependence - full staff performance every time during entire 7-day period <p>Activity Occurred 2 or Fewer Times</p> <ol style="list-style-type: none"> 7. Activity occurred only once or twice - activity did occur but only once or twice 8. Activity did not occur - 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 period 	<p>2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification</p> <p>Coding:</p> <ol style="list-style-type: none"> 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;">2.</td> </tr> <tr> <td style="text-align: center;">Self-Performance</td> <td style="text-align: center;">Support</td> </tr> </table> <p style="text-align: center;">↓ Enter Codes in Boxes ↓</p>	1.	2.	Self-Performance	Support
1.	2.				
Self-Performance	Support				

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.




**SECTION G:
ACTIVITIES OF DAILY LIVING: DEFINITIONS**

- **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**

<p>Two different measures:</p> <ul style="list-style-type: none"> - Self-performance - Support 	<p>Late loss ADLs</p> <ul style="list-style-type: none"> - Bed mobility - Transfers - Eating - Toileting
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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 maneuvering 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




SELF-PERFORMANCE

- **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.







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




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

<p><u>Documentation</u></p> <ul style="list-style-type: none"> - Oversight - Encouragement - Verbal Cueing - No hands on - NO touch 	<p><u>Scoring the MDS</u></p> <ul style="list-style-type: none"> - Oversight - Encouragement - Cueing 3 or more times
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SUPERVISION
OVERSIGHT, ENCOURAGEMENT, CUEING









<h2>LIMITED ASSISTANCE</h2> <p><i>HANDS-ON GUIDING BUT NO WEIGHT-BEARING SUPPORT</i></p>	
<p>Documentation</p> <ul style="list-style-type: none"> ■ Resident Highly Involved in Activity ■ Staff Provided: <ul style="list-style-type: none"> - Guided maneuvering of limbs - Touch without any weight bearing 	<p>Scoring the MDS</p> <ul style="list-style-type: none"> ■ 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 

Limited Assistance

Hands-on Guiding but NO Weight-bearing Support



<h2>EXTENSIVE ASSISTANCE</h2> <p><i>WEIGHT-BEARING SUPPORT OR FULL STAFF PERFORMANCE FOR A PART OF TASK</i></p>	
<p>Documentation</p> <ul style="list-style-type: none"> ■ 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 	<p>Documentation</p> <ul style="list-style-type: none"> ■ Resident performed part of the activity ■ Staff Provided: <ul style="list-style-type: none"> - 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

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.


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 cueing, but does not provide physical(hands on) assistance (i.e. does not touch)
- **LIMITED ASSIST: TALK AND TOUCH:** Staff talks to give instruction 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, "scotching" 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


	ACTIVITY DID NOT OCCUR
	<ul style="list-style-type: none">■ The ADL activity, in its entirety, was not performed by the resident or staff member■ It <i>never</i> occurred
	


	SCENARIOS
	


	BED MOBILITY
	<p>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.</p> <ul style="list-style-type: none">■ Self -Performance 0 - Independent■ Support Provided 1 - Set-up help only
	


	BED MOBILITY
	<p>What if Mrs. D. needed reminders to reposition but could reposition herself without assistance?</p> <ul style="list-style-type: none">■ Self-performance 1 - Supervision■ Support provided 1 - Set-up help only 


	BED MOBILITY
	<p>What if Mrs. D. needed staff to remind her to reposition and staff guided her hand, no weight bearing, to the side rail?</p> <ul style="list-style-type: none">■ Self-performance 2 - limited assistance■ Support provided 2 - one person limited assistance 


	BED MOBILITY
	<p>What if Mrs. D. needed two staff to turn her, using the draw sheet?</p> <ul style="list-style-type: none">■ Self-performance 3 - extensive assistance (weight bearing)■ Support provided 3 - two persons physical assistance 


	BED MOBILITY
	<p>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.</p> <ul style="list-style-type: none">■ Self-performance - 4 total dependence■ Support provided - 3 two person physical assistance 


	TRANSFER
	<p>Resident is able to move from bed to chair and chair to bed without any physical or verbal help.</p> <ul style="list-style-type: none">■ Self-performance 0 - independent■ Support provided 0 - no setup or physical help from staff 


	TRANSFER
	<p>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.</p> <ul style="list-style-type: none">■ Self-performance 1 - supervision■ Support provided 1 - set up help only 


	TRANSFER
	<p>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.</p> <ul style="list-style-type: none">■ Self-performance 2 - limited assistance■ Support provided 2 - one person assist 

	TRANSFER
	<p>Resident requires one staff to partially lift and support her during transfer from bed to chair.</p> <ul style="list-style-type: none">■ Self-performance 3 - extensive assistance■ Support provided 2 - one person physical assistance 

	TRANSFER
	<p>Resident is unable to transfer. Two staff lift and transfer him to chair using mechanical lift. Resident is unable to assist in any way.</p> <ul style="list-style-type: none">■ Self-performance 4 - total dependence■ Support provided 3 - two person physical assistance 


	TRANSFER
	<p>Resident had recent surgery and must remain in bed.</p> <ul style="list-style-type: none">■ Self-performance 8 - activity did not occur■ Support provided 8 - activity did not occur 

	FEEDBACK
	<p>NOW, RATHER THAN GO THROUGH ALL THE CATEGORIES IN SECTION G, I NEED YOUR FEEDBACK.</p> <ul style="list-style-type: none">■ 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
	<p>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.</p> 


UTILIZING THE WEBINARS

- All the *Webinar Mondays* offerings are archived on our website:
<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)

