Bed Mobility & Transfer Self Performance

A resident’s ADL self-performance may vary from day to day, shift to shift, or within shifts.

*Do NOT record the type of assistance that the resident “should” be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan.*

*RECORD WHAT ACTUALLY HAPPENED.*
Bed Mobility & Transfer Self Performance

MDS Rule of 3

The MDS Coordinator will code the MDS at the most dependent level if it occurred 3 times in the last 7 days.
Bed Mobility Self Performance

Guidelines for coding ADLs for self-performance

<table>
<thead>
<tr>
<th>BED MOBILITY: Set-up help is handing the trapeze, pulling side-rail up, handing pillows to resident.</th>
<th>Lying for sitting &amp; sitting to lying position</th>
<th>Turning side to side, positioning in a sitting position for self-care</th>
</tr>
</thead>
<tbody>
<tr>
<td>3= weight-bearing assistance of pulling up on lift sheet while resident pushes up feet OR total staff performance of any subtask</td>
<td>3= weight-bearing assistance of lifting trunk to sitting position and/or lifting legs to put over the edge of bed when resident is laid down OR total staff performance of any subtask</td>
<td>3= weight-bearing assistance of holding resident over so he does not fall backwards while on side, using lift sheet to pull &amp; position hips, lifting legs to position with pillow/ padding between knees OR total staff performance of any subtask</td>
</tr>
</tbody>
</table>

Transfer Self Performance

Guidelines for coding ADLs for self-performance

<table>
<thead>
<tr>
<th>TRANSFERS: Self-up help is giving the resident a transfer board, locking brakes on wheelchair for safety.</th>
<th>Sitting or standing position on floor or chair</th>
<th>Leaving in a sitting position on the floor or in the chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>3= weight-bearing assistance of full or partial lifting resident from sitting to standing position (resident did not lift his own bottom off the bed or chair) OR lifted with the lift OR total staff performance of any subtask</td>
<td>3= weight-bearing assistance of resident full or partial leaning on staff for balance during pivot, or staff holding resident up while assisting (lifting legs or sliding feet) to move feet in pivot motion OR total staff performance for any subtask</td>
<td>3= weight-bearing assistance of holding resident up so he does not fall down while lowering slowly to the bed or chair, or bearing the resident’s weight for balance to get to sitting position OR lowered with the lift OR total staff performance for any subtask</td>
</tr>
</tbody>
</table>

This material was prepared by IPRO, the Medicare Quality Improvement Organization for New York State, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 10SO09-NY-AM7.2-11-05 (Adapted from American Association of Nurse Assessment Coordinators- AANAC)
Transfer Self Performance

Sometimes May Need Partial Weight Bearing Assistance

1

2

3

Transfer Self Performance

Sometimes May Need Partial Weight Bearing Assistance

5
Bed Mobility & Transfer Self Performance

Sometimes May Need Partial Weight Bearing Assistance

1. Transfer into or out of bed
2. Lifting Legs
3. Bed Mobility
4. Position legs in bed
5. Bed Mobility

Transfer Self Performance

Sometimes May Need Partial Weight Bearing Assistance

6. Lowering
7. Pivoting
Bed Mobility & Transfer Self Performance

Sometimes May Need Partial Weight Bearing Assistance
Bed Mobility & Transfer Self Performance

Sometimes May Need Partial Weight Bearing Assistance

Positioning Pillows
Bed Mobility & Transfer Self Performance

Self performance Codes

0 = Independent: NO TALK, NO TOUCH
Staff does no assist, instruct, nor cue: resident does All activity ALONE i.e., monitoring, no hands on assistance (with your eyes, you watched the resident thru the door)

0 = Independent: NO HELP OR OVERSIGHT
Bed Mobility & Transfer Self Performance

1. Supervision: TALK, NO TOUCH
   Staff provides instructions or cueing (verbal), but does not provide physical (hands on) assistance. Oversight and cueing staff uses mouth/voice only. NO HANDS

2. Supervised: Cues (verbal), encouragement (with your voice), observation (with your eyes, you watched the resident thru the open door)
Bed Mobility & Transfer Self Performance

2 = Limited assistance: TALK and TOUCH
Staff talks to give instructions or cues and touches resident to assist; can be as simple as putting hands on resident’s back or holding his/her elbow while walking. Hands used for more than set-up, but does not lift any part of the resident. The resident is highly involved, you did some hands on assist but it was NON-WEIGHT BEARING

2 = Limited Assistance: The resident is highly involved, you did some hands on assist but it was NON-WEIGHT BEARING - Guidance
Bed Mobility & Transfer Self Performance

3 = Extensive assistance: TALK, TOUCH, and LIFT
Staff uses muscle power to lift, move, or "shift" resident. This includes lifting legs into bed, "scooting" buttocks into positioning in bed, lifting arm to assist in self feeding. The resident performed part of the activity, but WEIGHTBEARING ASSIST (someone lifted a part of the body) assist was required.

3 = Extensive assistance: The resident performed part of the activity, but WEIGHT-BEARING (someone lifted a part of the body) assist was required.
Bed Mobility & Transfer Self Performance

Think while providing care: I am

Cueing= Supervision
Guiding= Limited Assistance
Partial Weight Bearing Assistance=Extensive

AND

Take Credit for the Care you Provide

DOCUMENT!!!