Increased (Late Loss) ADL Help Quality Measure

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Outline of Presentation…

• Impact of MDS Coding
  • Regulatory
  • “Public Reporting” / Image (i.e. Nursing Home Compare)
  • Reimbursement

• Common Definitions vs. MDS Definitions
  • Extensive vs. Limited

• Next Steps
What is your QAPI Process?

Consider the following questions…

• Does your facility have an effective process to capture, track and monitor activities of daily living?

• Does your facility understand how important the appropriate capture of ADL self-performance is?

• Does your appropriate staff understand the difference in the MDS definitions of “extensive” and “limited”?
The primary sources of information for this presentation are…

- CMS’s RAI Version 3.0 Manual
- MDS 3.0 Quality Measures User’s Manual
Impact of MDS Coding…

MDS coding sets the stage for your regulatory survey.

MDS coding feeds directly into the updated “publically reported data” posted nationally on Nursing Home Compare.

MDS coding plays a significant role in the reimbursement received by a facility to care for the individual residents.
Increased ADL Help Quality Measure…

This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.
Long-stay residents with selected target and prior assessment assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1).
What is considered “an increase”? 

An increase is defined as an increase in two or more coding points in one late-loss ADL item 

or 

a one point increase in coding points in two or more late-loss ADL items.

Note that for each of the four “late loss” ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then it is considered equal to [4] to allow for appropriate comparison.
### MDS 3.0 Measure: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (continued)

<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE SPECIFICATIONS</th>
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<tbody>
<tr>
<td><strong>Denominator</strong></td>
<td>All long-stay residents with a selected target and prior assessment, except those with exclusions.</td>
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| **Exclusions**      | 1. All four of the late-loss ADL items indicate total dependence on the prior assessment, as indicated by: 
  Bed Mobility (G0110A1) = [4, 7, 8] **and** 
  Transferring (G0110B1) = [4, 7, 8] **and** 
  Eating (G0110H1) = [4, 7, 8] **and** 
  Toileting (G0110H1) = [4, 7, 8]. |
|                     | 2. Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1 AND the fourth late-loss ADL indicates extensive assistance (value 3) on the prior assessment. |
|                     | 3. If resident is comatose (B0100 = [1, -]) on the target assessment. |
|                     | 4. Prognosis of life expectancy is less than 6 month (J1400 = [1, -]) on the target assessment. |
|                     | 5. Hospice care (G0100K2 = [1, -]) on the target assessment. |
|                     | 6. The resident is not in the numerator **and** 
  Bed Mobility (G0110A1) = [-] on the prior or target assessment, or 
  Transferring (G0110B1) = [-] on the prior or target assessment, or 
  Eating (G0110H1) = [-] on the prior or target assessment, or 
  Toileting (G0110H1) = [-] on the prior or target assessment. |
Section G – Functional Status…

<table>
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<tr>
<th>Section G</th>
<th>Functional Status</th>
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<td><strong>G0110. Activities of Daily Living (ADL) Assistance</strong></td>
<td>Refer to the ADL flow chart in the RAI manual to facilitate accurate coding</td>
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**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.

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

   **Coding:**
   - **Activity Occurred 3 or More Times**
     1. **Independent** - no help or staff oversight at any time
     2. **Supervision** - oversight, encouragement or cueing
     3. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
     4. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
     5. **Total dependence** - full staff performance every time during entire 7-day period

   - **Activity Occurred 2 or Fewer Times**
     1. **Activity occurred only once or twice** - activity did occur but only once or twice
     2. **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

2. **ADL Support Provided**
   - Code for most support provided over all shifts; code regardless of resident's self-performance classification

   **Coding:**
   1. **No setup or physical help from staff**
   2. **Setup** - help only
   3. **One person physical assist**
   4. **Two+ persons physical assist**
   5. **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**

- **Self-Performance**
- **Support**

Enter Codes in Boxes
Section G – Functional Status...

4 “Late Loss” ADLs...
- Bed Mobility
- Transfer
- Eating
- Toilet Use

Only Self-Performance Coding is considered...

Not Staff Support
The Rule of 3...

It is very important that staff who complete this section fully understand the components of each ADL, the ADL Self-Performance coding level definitions, and the Rule of 3.

In order to properly apply the Rule of 3, the facility must first note which ADL activities occurred, how many times each ADL activity occurred, what type and what level of support was required for each ADL activity over the entire 7-day look-back period.
ADL Self-Performance…

Measures what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance-based scale.
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).
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).
Eating (continued) …

Residents with tube feeding, TPN, or IV fluids...

— Code extensive assistance (1 or 2 persons): if the resident with tube feeding, TPN, or IV fluids did not participate in management of this nutrition but did participate in receiving oral nutrition. This is the correct code because the staff completed a portion of the ADL activity for the resident (managing the tube feeding, TPN, or IV fluids).

— Code totally dependent in eating: only if resident was assisted in eating all food items and liquids at all meals and snacks (including tube feeding delivered totally by staff) and did not participate in any aspect of eating (e.g., did not pick up finger foods, did not give self tube feeding or assist with swallow or eating procedure).
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.
A Code of 0 or 1...

**Code 0, 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.

**Code 1, supervision:** if oversight, encouragement, or cueing was provided three or more times during the last 7 days.
Code 2, 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.
Code 3, 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.
Code 4, 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.
A Code of 7 or 8...

**Code 7, activity occurred only once or twice:** if the activity occurred fewer than three times.

**Code 8, 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.

Remember that a code of “7” or “8” will be considered equal to a code of “4” (Total Dependence) for purposes of comparison and calculation of the “Increased ADL Help Quality Measure”.

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“Extensive” vs “Limited”…

• Weight-Bearing vs Non-Weight-Bearing

• Consistent understanding of the RAI definitions

• Impact on other quality measure (i.e. HR PU)

• Reimbursement Considerations
Further Clarifications…

- **Differentiating between guided maneuvering and weight-bearing assistance:** determine who is supporting the weight of the resident’s extremity or body. For example, if the staff member supports some of the weight of the resident’s hand while helping the resident to eat (e.g., lifting a spoon or a cup to mouth), or performs part of the activity for the resident, this is “weight-bearing” assistance for this activity. If the resident can lift the utensil or cup, but staff assistance is needed to guide the resident’s hand to his or her mouth, this is guided maneuvering.

- **Do NOT** record the staff’s assessment of the resident’s potential capability to perform the ADL activity. The assessment of potential capability is covered in **ADL Functional Rehabilitation Potential Item (G0900).**

- **Do NOT** record the type and level 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.
ADL Coding Instructions…

Coding Instructions

For each ADL activity:

- To assist in coding ADL self performance items, please use the algorithm on page G-6.
- Consider each episode of the activity that occurred during the 7-day look-back period.
- In order to be able to promote the highest level of functioning among residents, clinical staff must first identify what the resident actually does for himself or herself, noting when assistance is received and clarifying the types of assistance provided (verbal cueing, physical support, etc.).
- Code based on the resident’s level of assistance when using special adaptive devices such as a walker, device to assist with donning socks, dressing stick, long-handle reacher, or adaptive eating utensils.
- For the purposes of completing Section G, "facility staff" pertains to direct employees and facility-contracted employees (e.g. rehabilitation staff, nursing agency staff). Thus, does not include individuals hired, compensated or not, by individuals outside of the
ADL Coding Instructions…

- A resident’s ADL self-performance may vary from day to day, shift to shift, or within shifts. There are many possible reasons for these variations, including mood, medical condition, relationship issues (e.g., willing to perform for a nursing assistant that he or she likes), and medications. The responsibility of the person completing the assessment, therefore, is to capture the total picture of the resident’s ADL self-performance over the 7-day period, 24 hours a day (i.e., not only how the evaluating clinician sees the resident, but how the resident performs on other shifts as well).

- The ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common. Refer to the algorithm on page G-6 for assistance in determining the most appropriate self-performance code.

- Although it is not necessary to know the actual number of times the activity occurred, it is necessary to know whether or not the activity occurred three or more times within the last 7 days.

- Because this section involves a two-part evaluation (ADL Self-Performance and ADL Support), each using its own scale, it is recommended that the Self-Performance evaluation be completed for all ADL activities before beginning the ADL Support evaluation.
Algorithm for Self-Performance Coding...

G0110: Activities of Daily Living (ADL) Assistance (cont.)

ADL Self Performance Algorithm

START HERE

Did the activity occur at least 1 time?

Yes

Did activity occur 3 or more times?

Yes

Did resident fully perform the ADL activity without ANY help or oversight from staff every time?

No

Code 8 The ADL Activity (or any part of the ADL) was not performed by the resident or staff at all

No

Code 7 Activity Occurred only 1 or 2 times

INSTRUCTIONS

Follow the arrows on the flowchart to determine correct coding, starting at the 'Did Activity Occur?' box.

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 (5) - activity must not have occurred at all or family

Yes

No

Code 0 Independent

Code 4 Total Dependence

Code 3 Extensive Assistance

No

Yes

Did resident require full staff performance every time?

Did resident require full staff performance at least 3 times but not every time?
Algorithm for Self-Performance Coding (continued)...

- 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 (5) – activity must not have occurred at all or family and/or non-facility staff provided care 100% of the time for the activity over the entire 7-day period. Example, three times extensive assistance (3) and three times limited assistance (2) – code extensive assistance (3).
- When an activity occurs at more than one level but not three times at any one level, apply the following:
  - Episodes of full staff performance are considered to be weight-bearing assistance (when every episode is full staff performance - this is total dependence).
  - When there are 3 or more episodes of a combination of full staff performance and weight-bearing assistance - code extensive assistance (3).
  - When there are 3 or more episodes of a combination of full staff performance/weight bearing assistance, and non-weight bearing assistance, code limited assistance (2).

If none of the above are met, code supervision.

![Algorithm Diagram]

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Mr. Q. has slid to the foot of the bed four times during the 7-day look-back period. Two staff members had to physically lift and reposition him toward the head of the bed. Mr. Q. was able to assist by bending his knees and pushing with legs when reminded by staff.

**Coding:** G0110A1 would be **coded 3, extensive assistance.**
G0110A2 would be **coded 3, two+ persons physical assist.**

**Rationale:** Resident required weight-bearing assistance of two staff members on four occasions during the 7-day look-back period with bed mobility.

Mrs. B. requires weight-bearing assistance of one staff member to partially lift and support her when being transferred. The resident was noted to have been transferred 14 times in the 7-day look-back period and each time required weight-bearing assistance.

**Coding:** G0110B1 would be **coded 3, extensive assistance.**
G0110B2 would be **coded 2, one person physical assist.**

**Rationale:** Resident partially participates in the task of transferring. The resident was noted to have transferred 14 times during the 7-day look-back period, each time requiring weight-bearing assistance of one staff member.
A Place to Start…

“Did you touch the resident?”
“Was there any weight-bearing assistance?”

• Gait Belts (function or fashion?)
• Lifting a resident’s feet/legs on to/off of… the bed
• Assisting a resident to stand from a bed or chair by support of their arm or elbow
• Assisting a resident to roll on their side while in bed (repositioning… wound care…)
What is your facility’s current practice?

How are levels of self-performance collected/determined to be coded on the MDS?

- CNA sheets?
  - Repetitive entries?
  - Is MDS terminology used on the CNA sheets?
    - Is there a misunderstanding or a misinterpretation of the MDS definitions?

- Interview of direct-care staff for comprehensive note?
  - Are all shifts asked for feedback?
    - How are the questions posed to direct care staff?
      - Does the interviewer “understand” the MDS definitions?
      - MDS terminology vs. common translation?
Next Steps…

• Review your “real-time” CASPER data on your Facility-Level Quality Measure Report.

• Review your facility’s current capture and documentation process for ADLs... BOTH Self-Performance and Support as collected to be coded on the MDS.

• Adopt a competency expectation of the RAI Manual’s definitions of the “self-performance” codes in Section G of the MDS. Pay particular attention to the actual defined difference between “limited” and “extensive” assistance.

• Ensure that accurate information on the self-performance of ADLs is captured from ALL shifts. There must be accurate documentation to reflect any coding for the 7-day look-back period.
Next Steps (continued)…

• Understand that the ADL Self-Performance codes should take into account each occurrence... NOT each shift...24 hours/day.

• Does your documentation offer an opportunity to capture multiple ADL episodes per shift?

• If you have an electronic/kiosk system, is it set up to collect multiple episodes per shift?

• If you utilize an electronic system to capture the ADL Self-Performance codes... Does your system mirror the MDS language or is their opportunity to “translate” the RAI Manual terminology for better understanding and accuracy?
The Role of Consistent Assignment...

• Consistent assignment is a key step in giving care that is centered on the resident.

• Staff who work with the same residents most of the time are prime sources for the accurate capture of self-performance codes…. “what the resident actually does…”

• Consistent knowledge of every resident’s abilities can be invaluable in your efforts for accurate documentation and consistent MDS coding.

• For more information on consistent assignment – www.nursinghomes.ipro.org
For more information

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