Quality Measure Tip Sheet: Activities of Daily Living – Long Stay

Quality Measure Overview
Numerator:
- This measure reports the percentage of residents whose need for help with activities of daily living (ADLs) has increased when compared to the prior assessment.
- Measures the **most support provided in the last seven days**, even if that support only occurred once.
- **This measure involves four late-loss, self-reported ADLs**:
  - Bed mobility
  - Transferring
  - Eating
  - Toileting

Denominator:
- All long-stay residents with a selected target and prior assessment, except those with exclusions

Exclusions:
- Prognosis of life expectancy is less than six months.
- Hospice care is employed.
- All four late-loss ADL items indicate total dependence on the prior assessment (4, 7, 8 coded).
- Three of the late-loss ADLs indicate total dependence on the prior assessment, and the fourth late-loss ADL indicates extensive assistance.
- Resident is comatose.
- Resident is not in the numerator and bed mobility or transferring, eating or toileting equal [-].

MDS Coding Requirements
In the Minimum Data Set (MDS):
- Include look-back period of seven days.
- Code based on resident’s level of assistance when using adaptive devices such as a walker, a device to assist with donning socks, a dressing stick, a reacher or adaptive eating utensils.
- Capture the total picture of the resident’s ADL performance 24 hours a day for the entire seven-day period.
- Indicate whether the activity occurred three or more times within the seven-day period, using the ADL Self-Performance Algorithm (see the Resident Assessment Instrument [RAI], page G-8).


Ask These Questions…
- Was the MDS coded per RAI requirements?
- Is the staff member’s coding documentation accurate?
- Is the MDS designee completing self-observation of care and staff member interviews to determine accuracy of documentation?
- Has baseline function been determined?
- Has the root cause for the decline been determined and treated?
- Has the resident been referred to therapy for assessment and treatment?
- Are underlying health conditions that may be affecting ADL performance being treated?
- Have restorative programs been initiated to rehabilitate or maintain the resident’s ADL performance?
- Does evidence exist of the delivery of services for residents on a restorative program?
- Is pain/depression managed?
- Is the resident receiving appropriate assistance from staff members?
- Are activity pursuits appropriate?
- Is adaptive equipment available, as needed, to assist the resident?

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