

# Quality Measure Tip Sheet:

## Activities of Daily Living – Long Stay

This measure is used in the 5-star quality rating system.

### Quality Measure Overview

- This measure reports the percentage of 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 assessments that indicate the need for help with late-loss ADLs has increased when the selected assessments are compared.
  - An increase is defined as an increase in two or more coding points in one late-loss ADL item or one point increase in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [7,8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison.
- This measure involves four late-loss ADLs:
  - Bed mobility
  - Eating
  - Transferring
  - Toileting
- Exclusions:
  - 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
  - Prognosis of life expectancy is less than six months
  - Hospice care is employed
  - Resident is not in the numerator and bed mobility or transferring, eating or toileting equal [-].



### Minimum Data Set (MDS) Coding Requirements

In the 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 if 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).

### Consider 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 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 the 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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