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

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
  – Transferring
  – Eating
  – Toileting

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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