Improving Nursing Home Composite Scores by Accurate Assessment of Activities of Daily Living (ADL)

ADLs

There are eleven ADLs listed on the Minimum Data Set (MDS). The ADLs are bed mobility, transfers, walk in the room, walk in the corridor, locomotion on the unit, locomotion off the unit, dressing, eating, toilet use, personal hygiene and bathing. A resident may lose the ability to dress or walk, but may still have the ability to turn in bed, get out of a chair, feed himself and/or assist with using the toilet. The proper capture and coding of ADLs provide accurate information for your current population.

Impact of ADLs on Composite Scores

Data used to calculate your facilities’ Composite Score comes directly from MDS data. Four of these are considered “late loss ADLs” meaning that people retain their functional ability in these four areas the longest. The four late loss ADLs are bed mobility, transfers, eating and toilet use. Only consider coding self-performance. The four late loss ADLs are heavily weighted and play a major role in your facility’s overall Composite Score.

Helpful tips:

1) Know the difference between extensive and limited ADL-Self Performance
   a. Code 2-Limited: if the 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
   b. Code 3-Extensive: If the resident performed part of the activity over the last 7 days and help of the following type(s) was provided three or more times
      i. Weight-bearing support provided three or more times
      ii. Full staff performance of activity during part, but not all of the last 7 days

2) Know the difference between guided maneuvering and weight-bearing assistance. Determine who is supporting the weight of the resident’s extremity or body
   i. Weight bearing: staff is supporting some of the weight or performs part of the activity
   ii. Guided maneuvering: resident can lift the item, but staff assistance is needed to guide the resident in the activity

3) Make sure to include the correct assessment in the right measures
   a. Potential capability of the resident is covered in the ADL Functional Rehabilitation Potential item
   b. Refrain from recording the type and level of assistance that the resident should be receiving according to the written plan of care. Record only the level of assistance actually provided.

4) Code ADLs consistently. All changes in self-performance levels should be actual
5) Require MDS coding competency for staff
   a. Staff tools should align with the MDS coding guidelines
6) Develop a process to review MDS data and determine accuracy prior to submission
7) Consider each episode of the activity that occurred three or more times within the last 7 days
   (on all shifts; 7-day look back for 24 hours per day)
8) Identify what the resident actually does for himself/herself, then complete the Self-Performance
    evaluation for all ADLs before beginning the ADL Support evaluation

Here is a great story on ADLs, found on our website. [http://atomalliance.org/a-step-in-the-right-direction-improving-activities-of-daily-living/](http://atomalliance.org/a-step-in-the-right-direction-improving-activities-of-daily-living/)

**Let us help!**
Qsource, a partner in atom Alliance can assist with sharing and identification of best practices in effectively evaluating residents’ ADLs and understanding the impact on composite scores. For more guidance, contact the Qsource Quality Improvement Advisor for Kentucky, Scott Gibson at scott.gibson@area-G.hcqis.org or by phone at 502-680-2669. All our services are free, and we offer many educational tools to assist.

**More on atom Alliance**
Formed as a partnership between three leading healthcare consultancies, atom Alliance is working under contract to CMS throughout Alabama, Indiana, **Kentucky**, Mississippi and Tennessee to improve quality and achieve better outcomes in health and healthcare and at lower costs for the patients and communities we serve.

Through atom Alliance, AQAF in Alabama, IQH in Mississippi and Qsource in Indiana, **Kentucky** and Tennessee are carrying out an exciting strategic plan, with programs in place to convene, teach and inform healthcare providers, engage and empower patients, and inspire, share knowledge and spread best practices with communities across the entire healthcare continuum. Learn more at www.atomAlliance.org.

References:
McKnight’s Blog, Mary Beth Neswell, Accuracy with ADL coding, September 27, 2012
IPRO Nursing Home Team PowerPoint presentation, ADLs...are you coding the information accurately?, February 17, 2016