



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

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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 assessment 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 [-].

MDS Coding Requirements

Refer to Section G

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 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?



For guidance on quality measures, reach out to Health Services Advisory Group (HSAG).

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