Quality Measure Tip Sheet
Percent of Residents Whose Need for Help with ADLs Has Increased (Long Stay)

MDS Coding Requirements

- Include look-back period of seven days.
- Code based on resident's level of assistance when using adaptive devices.
- Capture the total picture for the resident's ADL performance 24 hours a day.
- Indicate if the activity occurred three or more times within a seven-day period.
- Only code for the assistance "facility staff" provide. **DO NOT** include assistance provided by family/visitors, hospice, nursing/CNA students, etc.
- Use the Rule of 3. In order to properly apply the Rule of 3, the facility must first note which ADL activities occurred, how many times each occurred, what type and what level of support was required over the entire 7-day look-back period. See Page G-6 of the RAI Manual.

Coding Tips

- Be aware that Independent, Total Dependence, Activity occurred only once or twice and Activity did not occur are exceptions to the Rule of 3.
- Some residents sleep on furniture other than a bed. Consider assistance received in this alternative bed when coding bed mobility.
- Differentiate between guided maneuvering and weight-bearing assistance: determine WHO is supporting the weight of the resident's extremity or body.
- For residents that receive tube feeding, TPN, IV Fluids or have a foley or ostomy. Do not code activity did not occur for eating or toileting unless the resident truly did not take in ANY nourishment or elimination did not occur AT ALL in the 7-day look back period.

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Ask These Questions

- **MDS**
  - Was the MDS coded per the RAI Manual requirements?
  - Was the Rule of 3 followed?
  - Does the staff that code this section on the MDS understand the RAI coding definitions?

- **Prevent a Decline**
  - Are your long term residents assessed on a regular basis to capture declines in function?
  - Have restorative programs been initiated to maintain the resident's ADL performance?
  - Has baseline function been determined?
  - Is pain/depression managed?
  - Is the resident receiving appropriate assistance from staff members?
  - Is adaptive equipment available, as needed, to assist the resident?

- **ADL Decline**
  - Is the staff members' coding documentation accurate?
  - Has the root cause for the decline been determined?
  - Has the resident been assessed for a Significant Change? If so, was one completed?
  - Are underlying health conditions that may be effecting ADL performance being treated?
  - Has the resident been referred to therapy for treatment?
  - Once the resident has been treated and has improved back to baseline, have they been assessed for Significant Change for Improvement?

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