

Welcome!

A Change in ADL Documentation

GG ADL Documentation for the Licensed Nurse & Nursing Assistants

Beginning 10/3/2023

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A Change in Documentation



Beginning October 3rd, major changes will occur in how Nursing Homes document and assess function.

Today, we document Activities of Daily Living (ADLs) at least every shift.

On October 3rd, the type of ADLs that nurses and CNAs document daily will change.

This shift will be to self-care and mobility activities in MDS Section GG.

OBJECTIVES

Upon completion of class today, attendees will be able to:

What	Who	When	How
 <p>Identify what is changing in ADL documentation</p>	 <p>Identify who is responsible to document daily</p>	 <p>State when this change will be implemented</p>	 <p>State how to document the care of our patients & residents</p>



After attending today's presentation, attendees will complete a post-test test to ensure they are prepared for the change in documentation on October 3rd.

The Why

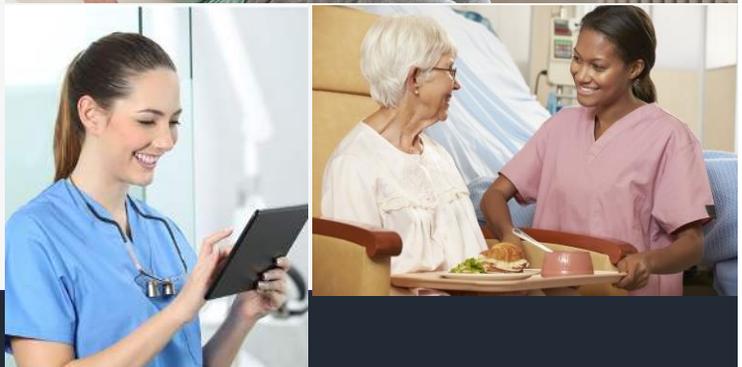
There is an overall shift in the industry to the assessment and documentation of function per Section GG.

The activities in Section GG are more specific to the task, which will lead to better care planning and (when applicable) transitions in care for residents.

Unfortunately, certain States will continue to require documentation for Late-Loss ADLs in addition to GG.

GG Documentation

Coding Performance Levels



What is Changing?

- New performance scores
- No more support codes!

CHANGE



loading...

Scoring Performance

When coding the resident's performance, use the 6-point scale below or one of the four "activity not attempted" codes to specify the reason why an activity was not attempted.

6-Point Performance Scale	
06	Independent
05	Setup or clean-up assistance
04	Supervision or touching assistance
03	Partial/moderate assistance
02	Substantial/maximal assistance
01	Dependent

Activity Not Attempted Codes	
07	Resident refused
09	Not applicable
10	Not attempted due to environmental limitations
88	Not attempted due to medical condition or safety concern

Key Definition

Helper

For the purposes of documenting Section GG activities, a “helper” is defined as facility staff who are direct employees and facility-contracted employees.

Therefore, “helper” does not include individuals hired, compensated or not, by individuals outside of the facility’s management and administration such as hospice staff, nursing/certified nursing assistant students, etc.



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06 - Independent

Resident completes the activity by themselves with no assistance from a helper.

No one helps the resident with the activity. This means a helper does not:

- Set up
- Clean-up
- Provide supervision/cues

05 – Setup or Clean-up Assistance

**Helper sets up or cleans up; resident completes activity.
Helper assists *ONLY prior to or following* the activity.**

The helper **DOES NOT** assist during the activity.

04 – Supervision or Touching Assistance

Helper provides verbal cues, and/or touching/steadying, and/or contact guard assistance as the resident completes the activity. Assistance may be provided throughout the activity or intermittently.

For code 04, the helper *does not* provide weight bearing assistance.

03 – Partial/Moderate Assistance

Helper does **LESS THAN HALF** the effort. Helper lifts, holds, or supports the resident's trunk or limbs but provides less than half the effort.

02 – Substantial/Maximal Assistance

Helper does **MORE THAN HALF** the effort. Helper lifts, holds, or supports the resident's trunk or limbs but provides more than half the effort.

01 – Dependent

Helper does ALL of the effort. Resident does none of the effort to complete the activity.

OR

The assistance of 2 or more helpers is required to complete the activity.

This means once a resident requires 2 or more helpers to complete an activity, even if the helpers are providing different levels of assistance, you code 01, Dependent.

Activity Did Not Occur

If an activity did not occur for a resident during your shift, enter one of the following codes that best describe the reason why:

07, Resident Refused

Code if the resident refused to complete the activity.

09, Not Applicable

Code if the activity was not attempted and the resident did not perform this activity prior to their current illness, injury, worsened condition or stay.

10, Not Attempted due to Environmental Limitations

Code if the resident did not attempt this activity due to environmental limitations, such as lack of equipment and weather conditions.

88, Not Attempted due to Medical Condition or Safety Concerns

Code if the activity was not attempted due to medical condition or safety concerns.

GG Documentation

The Self-Care & Mobility Activities

(The New ADLs)



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Eating



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The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

DOES NOT include:

- Tube feedings
- IV feedings/hydration

If the resident does not eat or drink by mouth during the shift, even if they receive tube or IV feedings, use one of the four activity not attempted codes.



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Oral Hygiene

The ability to use suitable items to clean teeth.

If the resident has dentures, oral hygiene includes the ability to:

- Insert and remove dentures into and from the mouth,
- Manage denture soaking and rinsing with use of equipment

For a resident without teeth or dentures, code based on the amount of assistance to clean the resident's gums.

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Toileting Hygiene

The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, includes wiping the opening BUT NOT managing equipment.

Includes:

- Performing perineal hygiene
- Managing clothing (including undergarments and incontinence products before and after voiding or having a bowel movement)
- Adjusting clothing relevant to the resident



If managing an ostomy, includes wiping the opening BUT NOT managing equipment.



If managing a foley catheter, includes foley cath care but not management of equipment.



Shower/Bathe Self

The ability to bathe self, including washing, rinsing and drying. This can take place in any location, including:

- A shower
- A tub/bath
- At a sink
- In the bed (full body sponge bath)

EXCLUDES washing of back and hair.

DOES NOT include transferring in/out of tub/shower.

Dressing

Beginning October 3rd, dressing will be divided into 3 separate tasks:

1. Upper body dressing,
2. Lower body dressing, and
3. Putting on/taking off footwear



Dressing



Upper Body Dressing

The ability to dress and undress above the waist, including fasteners if applicable.

DOES NOT include solely donning/doffing hospital gowns.



Lower Body Dressing

The ability to dress and undress below the waist, including fasteners.

DOES NOT include footwear.



Putting On/Taking Off Footwear

The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility, including fasteners if applicable.

INCLUDES compression stockings.

Dressing items includes all types of clothing, undergarments, pajamas, incontinence briefs, braces, orthotics, stump sock/shrinkers, prosthesis, and elastic bandages.

Coding Scenario

Mrs. Marshall has multiple fractures and sprains due to a fall. She has been issued a knee brace, to be worn during the day. Mrs. Marshall threads her legs into her garments and pulls up and down their clothing to and from just below her hips. Only a little assistance from a helper is needed to pull up her garments over her hips. Mrs. Marshall requires the helper to fasten her knee brace because of grasp and fine motor weakness.

What code would you enter into POC for Lower Body Dressing for Mrs. Marshall?



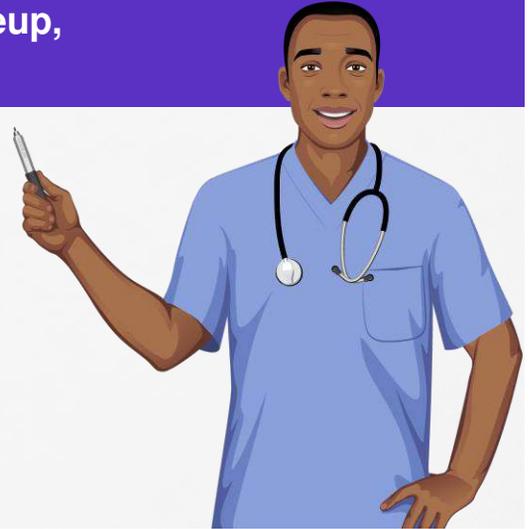
The correct code is 03, Partial/Moderate Assistance
The helper only provided a little assistance, providing less than half the effort.

Personal Hygiene

The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands.

DOES NOT include:

- Baths
- Showers
- Oral hygiene



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Bed Mobility

Beginning October 3rd, bed mobility will be divided into 3 separate tasks:

1. Roll left and right
2. Sit to lying
3. Lying to sitting on side of bed



Bed Mobility

Roll Left and Right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

Sit to Lying: The ability to move from sitting on side of bed to lying flat on the bed.

Lying to Sitting on Side of Bed: The ability to move from lying on the back to sitting on the side of the bed.



If the resident does not sleep in a bed, document these activities using the alternative furniture on which the resident sleeps. For example, a recliner.

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Transfers



Sit to Stand



Chair/bed-to-
Chair



Toilet



Tub/Shower



Car

Beginning October 1st, transfers will be divided into 5 separate tasks:

1. Sit to Stand
2. Chair/bed-to-Chair Transfer
3. Toilet Transfer
4. Tub/Shower Transfer
5. Car Transfer

Transfers



Sit to Stand:

The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed (or from any sitting surface).



Chair/bed-to-Chair Transfer:

The ability to transfer to and from a bed to a chair (or wheelchair). Includes stand-pivot, squat-pivot, slide board and mechanical lift transfers.

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Transfers

Toilet Transfer is the ability to get on and off a toilet or commode (with or without a raised toilet seat).

DOES NOT include:

- Toileting hygiene
- Clothing Management
- Transferring on/off bedpan

Tub/Shower Transfer is the ability to get in and out of a tub/shower.

DOES NOT include:

- Washing
- Rinsing
- Drying, or
- Any other bathing activity



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Transfers

Car Transfers

The ability to transfer in and out of a car or van on the passenger side.

INCLUDES:

- Use of an indoor car to simulate outdoor car transfers

DOES NOT include:

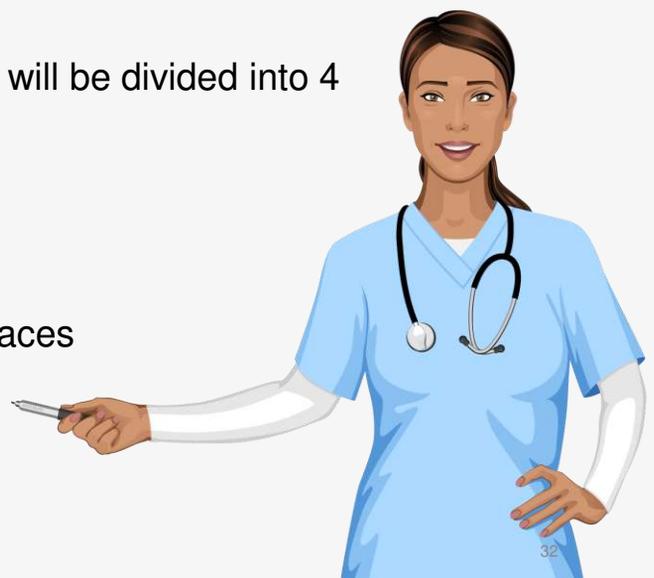
- Opening/closing the door
- Fastening the seatbelt
- Wheelchair vans where the resident remains in the wheelchair

Walking

Beginning October 3rd, walking will be divided into 4 separate tasks:

1. Walk 10 feet
2. Walk 50 feet with two turns
3. Walk 150 feet
4. Walk 10 feet on uneven surfaces

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Walk 10 Feet

Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.

Walk 50 Feet with 2 Turns

Once standing, the ability to walk at least 50 feet and make two separate 90 degree turns.

Walk 150 Feet

Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Walking 10 Feet on Uneven Surfaces

The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor)

If the resident needs to sit to rest during the walking activity before it is completed, use one of the four activity not attempted codes

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Coding Scenario

Mr. Thomas walks 50 feet with the CNA providing trunk support. He also requires a second CNA, who provides supervision and follows closely behind with a wheelchair for safety. Mr. Thomas walks the 50 feet with two turns with the assistance of two helpers.

What code would you enter into POC for Walk 50 Feet w/2 Turns for Mr. Thomas?



**The correct code is 01, Dependent
Mr. Thomas required the assistance of two helpers to complete the ADL.**

Steps

Beginning October 3rd, there will be three new tasks regarding steps:

1. 1 Step (Curb)
2. 4 Steps
3. 12 Steps



Steps

These activities indicates the resident goes up and down the stairs by any safe means, with or without any assistive devices (including a wheelchair). Rest breaks between going up and down steps (sitting or standing) do not impact coding.

1 Step (Curb): The ability to go up and down a curb and/or up and down one step.



4 Steps: The ability to go up and down four steps with or without a rail.



12 Steps: The ability to go up and down 12 steps with or without a rail.



Picking Up Object



The ability to bend/stoop **from a standing position** to pick up a small object, such as a spoon, from the floor.

If the resident does not stand, use one of the four activity not attempted codes.

Wheel

Beginning October 3rd, there will be two new tasks regarding locomotion using a wheelchair or scooter:

1. Wheel 50 Feet With Two Turns
2. Wheel 150 Feet

If either activity occurred, you will need to indicate if a manual or motorized wheelchair/scooter was used.



Wheel

Wheel 50 Feet With Two Turns:

Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two separate 90 degree turns.



Wheel 150 Feet:

Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

Remember, if either activity occurred, you will need to indicate if a manual or motorized wheelchair/scooter was used.

In Summary...

How we document the care we provide will change beginning October 3rd.

-  Section GG ADL documentation will focus on more precise activities.
-  The same staff who document ADL care today will continue to do so
-  POC will remain the primary source of ADL **shift** documentation by CNAs/LNAs
-  Licensed nurses should continue to document function, using progress notes/UDAs OR POC

Congratulations! You have completed the training for Section GG documentation. You are now ready to test your knowledge!

Additional Resources

Additional resources are available to help you with your documentation:

The collage features three key resources for documentation:

- GG POCKET GUIDE:** A red and white guide titled "Self-Care and Mobility Performance Coding Instructions". It includes sections for:
 - 06. Independent:** The patient/resident completes the activity by themselves with no assistance from a helper.
 - 05. Setup or clean-up assistance:** The helper sets up or clears up; patient/resident completes activity. The helper assists only prior to or following the activity, but not during the activity.
 - 04. Supervision or touching assistance:** provides verbal cues and/or touching, guiding and/or contact guard assistance as the patient/resident completes the activity. Assistance is provided throughout the activity or intermittently.
 - 03. Partial/moderate assistance:** The helper does LESS THAN HALF the effort. The helper lifts, holds, or supports trunk/arms, but provides less than half the effort.
 - 02. Substantial/Manual assistance:** The helper does MORE THAN HALF the effort. The helper lifts or holds trunk/arms and provides more than half the effort.
- GG ADL Decision Tree:** A flowchart titled "GG ADL Decision Tree" with the instruction: "Use this Decision Tree to code the resident's performance. If helper assistance is required because the resident's performance is unsafe or of poor quality, score according to the amount of assistance provided. Only use the 'activity not attempted/coden' if the activity did not occur, that is, the resident did not perform the activity and a helper did not perform that activity for the resident."
 - START HERE**
 - Does the resident need the assistance of 2 or more helpers to complete the GG ADL? (YES: 01 - Dependent, NO: Proceeds to next question)
 - Does the resident complete the GG ADL, with or without assistive devices, by themself, with no assistance (physical, verbal, non-verbal/cueing, setup, clean-up)? (YES: 00 - Independent, NO: Proceeds to next question)
 - Does the resident need only setup/clean-up assistance from one helper? (YES: 03 - Contact/Touch Assistance, NO: Proceeds to next question)
 - Does the resident need only verbal/manual cueing or steady/touching/contact guard assistance from one helper? (YES: 04 - Supervisor/Touching Assistance, NO: Proceeds to next question)
 - Does the resident need physical assistance - for example lifting or trunk support - from one helper providing less than half of the effort to complete the GG ADL? (YES: 05 - Partial/Manual Assistance, NO: Proceeds to next question)
 - Does the resident need physical assistance - for example lifting or trunk support - from one helper providing more than half of the effort to complete the GG ADL? (YES: 02 - Substantial/Manual Assistance, NO: Proceeds to next question)
 - Does the helper provide all the effort to complete the activity? (YES: 01 - Dependent)
- GG Documentation Flash Cards:** Two cards are shown:
 - Oral Hygiene:** "Oral Hygiene is the ability to use..."
 - Eating:** "Eating is the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident."
 - Includes:** All food and liquid by mouth; Mechanically altered diets; Thickened liquids; Finger foods; Setup and clean-up of the meal.
 - DOES NOT include:** Assistance with tube feeding; Assistance with IV feeding; Bringing the tray/meal to the resident without setup or clean-up.
 - Additional Considerations:** Eating may be completed with or without the use of adaptive utensils or other devices; Code based on the need for assistance to eat safely.

THANK YOU!

For questions after today's presentation, please reach out to the facility's MDS Coordinator.

