ACTIVITIES OF DAILY LIVING

DOCUMENTATION GUIDE

QUALITY OF CARE

§483.25 Quality of Care

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

State Operations Manual Appendix PP

QUALITY OF CARE

§483.25(a) (1) Activities of Daily Living

A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to --

(i) Bathe, dress, and groom;

(ii) Transfer and ambulate;

(iii) Toilet;

(iv) Eat; and

(v) Use speech, language, or other functional communication systems.

State Operations Manual Appendix PP

ADL SELF-PERFORMANCE

RESIDENT PERFORMANCE

ADL RESIDENT PERFORMANCE

* Consider every component or part of the ADL activity to determine how much assistance the resident required during a particular task.
* Record what actually happened, not the type and level of assistance the resident “should” be receiving based on the care plan.
* The resident’s ability to perform a task may vary from day to day, shift to shift, or within shifts.

Independent = 0

NO TALK, NO TOUCH, NO GESTURES

* Staff does not assist, instruct, or cue
* Resident does all the activity ALONE
* The resident was independent EVERY TIME the activity occurred during the 7-day look-back.

Supervision=1

TALK, GESTURE, NO TOUCH

* Staff provides instructions or cueing (verbal and /or gestures), but does not provide hands on assistance.

Limited assistance = 2

STAFF TALKS TO, GIVES INSTRUCTIONS, OR CUES AND TOUCHES RESIDENT TO ASSIST

* Staff hands are used for more than set up, but do not lift any part of the resident.
* The resident is still very much involved. Staff did some hands on assistance but it was NONWEIGHT BEARING.

Extensive assistance = 3

TALK, TOUCH, and LIFT

* Staff uses their muscle power to assist the resident. This includes lifting, moving, and shifting.
* The resident performed part of the activity, but WEIGHTBEARING ASSIST (lifting a part of the body) was required.

Total Dependence = 4

ALL ACTION BY STAFF

* Resident does ABSOLUTELY NOTHING to participate in any part of the activity being done for him/her EVERY TIME the activity occurred during the 7-day look-back.

7 = Activity occurred only once or twice

8 = Activity did not occur

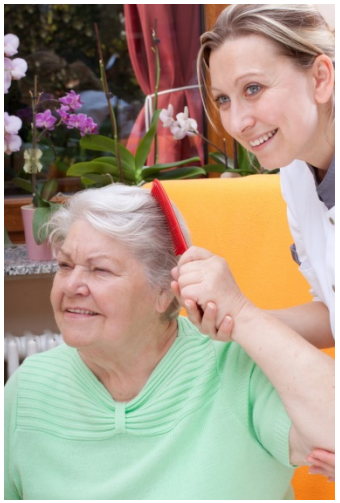
* Or the activity did occur and care was provided 100% by family or non-facility staff.

ADL STAFF SUPPORT

ADL SUPPORT PROVIDED

ADL STAFF SUPPORT

* Report most support provided even if that level of support only occurred ONCE.
* Guided Maneuvering versus Weight-bearing
  * Determine WHO is supporting the weight of the resident's extremity or body.



ADL Staff Support Provided

* Staff did Nothing = 0
* Set up help only = 1
* One person providing physical assistance = 2
* Two or more people providing physical assistance =3
* Activity did not occur=8

* Code for the MOST SUPPORT PROVIDED over all shifts
* Code regardless of resident's self performance classification

CHANGE IN CONDITION

OBSERVATION AND REPORTING

DETECTING CHANGE IN A RESIDENT'S CONDITION

* Know the resident's normal (baseline) condition
* Note the resident's ability to move around
* Know how the resident manages ADLs
* Know the resident's preferences for activities, eating and dressing

CHANGES FROM THE RESIDENT'S NORMAL CONDITION CAN SIGNAL A MEDICAL CHANGE

RECOGNIZING CHANGES

* 3 KEY STEPS TO IDENTIFY A CHANGE:

* Complete a shift-to-shift comparison (i.e., speak to other CNAs/staff members/family, review previous documentation)
* Determine if a change occurred in any of the resident's vital signs
* Assess urinary and bowel records (i.e. last BM, constipation, diarrhea and number of times, decreased/increased urination, painful urination, color)

TOP 12 CHANGES IN RESIDENTS

* **PHYSICAL CHANGES:**
  * Walking
  * Urination and bowel patterns
  * Skin
  * Level of weakness
  * Falls
  * Vital signs

* **NON-PHYSICAL CHANGES:**
  * Demeanor
  * Appetite
  * Sleeping
  * Speech
  * Confusion or agitation
  * Complaints of pain

A more complete assessment is needed when changes in these areas occur.

WHAT IS INTERACT?

* **INTERACT** is a quality improvement program designed to improve the early identification, assessment, documentation and communication about changed in the status of residents.

* The goal of **INTERACT** is to improve care with early detection and effective communication to reduce potentially avoidable transfers to the hospital.

* **INTERACT** Tools and resources may be found at:
  * **https://interact2.net**

EARLY WARNING TOOL
"STOP AND WATCH"

If you have identified an important change while caring for a resident today, use the following, and on a separate paper/form, document the change and discuss with the charge nurse before the end of your shift. Indicate who you reported to, the date, time, and your signature.

Indicate the name of the resident on the paper/form

S eems different than usual
T alks or communicates less than usual
Overall needs more help than usual
P articipated in activities less than usual

A te less than usual (Not because of dislike of food)
N
D rank less than usual

W eight change
A gitated or nervous more than usual
T ired, weak, confused, or drowsy
C hange in skin color or condition
H elp with waling, transferring, toileting more than usual

USE OF THE INTERACT PROGRAM

The INTERACT™ trademark is registered with the US Patent and Trademark Office by FAU and the INTERACT Program materials are copyrighted by FAU. These materials are provided for free and we welcome their use in clinical care.

There is growing interest in INTERACT materials within academic, clinical, and commercial organizations which we welcome. However, we want to ensure that these materials are utilized consistently and in an optimal fashion. As a result there is now a "Click through" agreement on the INTERACT Tool pages. We do not want inhibit use, but we request that INTERACT materials not be incorporated in software or electronic health records or in other forms of health information technology, without specific permission from FAU. We also request that you not use these materials and/or the trademark INTERACT® trademark in any form in products for sale, without specific permission from FAU.

ACKNOWLEDGEMENTS

OSDH does not imply endorsement of any products, clinical tools, or resources displayed in this ADL Documentation Guide

QIES Help Desk

Oklahoma State Department of Health

For Questions Call: 271-5278

This publication, printed by Protective Health Services, was issued by the Oklahoma State Department of Health as authorized by Terry Cline, Ph.D., Commissioner of Health. 225 copies have been prepared and distributed at a cost of $220.50. Copies are also available for download from the Oklahoma State Department of Health website at www.health.ok.gov.