



ADLs

Most of us take for granted the simple activities of daily living (ADL), such as getting dressed, eating, and moving from place to place. But for many nursing home residents, performing these tasks is often a challenge.

As a CNA, your assistance is especially critical when it comes to the four “late-loss ADLs.” These activities are referred to as “late-loss” because they are the tasks residents lose the ability to perform last at the end of their lives.

In addition to helping residents perform their late-loss ADLs, you need to know how to accurately document residents’ level of independence in each function, as well as the type of assistance you provided the resident.

Why is ADL documentation so important? The more detailed information you provide about the care delivered, the more likely your nursing home will be paid appropriately for the care it provides.

This issue will explain the four late-loss ADLs, identify each associated code and what it means for accurate documentation, and provide ways to improve documentation.

Have a good day of training, and stay tuned for next month’s issue of **CNA Training Advisor** on infection control.

About your CNA training advisor

Judith Ryan, RN, BSN, is the senior advisor for **CNA Training Advisor**. She is the director of staff development at Abbott House, a 55-bed nursing home in Lynn, MA. Ryan has been a nurse for 20 years. As part of her job, she is responsible for conducting inservices on a wide range of topics for CNAs.

PROGRAM PREP

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will learn how to:

- Define the four late-loss ADLs
- Understand ADL coding
- Improve documentation

Preparation

- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method

1. Place a copy of **CNA Professor** and a pencil at each participant’s seat
2. Conduct the questionnaire as a pretest or, if participants’ reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

Tips and tools for CNA training

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The four late-loss ADLs are those that residents tend to be able to perform the longest during their lives. These are the most basic activities and are usually the last to disappear. Their decline could indicate that a resident's health is failing.

The four ADLs are as follows:

- 1. Transfer.** This describes how the resident moves between surfaces (e.g., to and from the bed, a chair, a wheelchair, or to the standing position). This does not include moving to and from the bath or toilet, which is covered under other ADL categories. Document as soon as possible after care delivery. This will ensure that you accurately write down how the resident performed on his or her own and what you had to assist with.
- 2. Bed mobility.** This refers to how the resident moves to and from a lying position, turns side to side, and positions the body while in a bed, recliner, or other type of furniture he or she sleeps in.
- 3. Eating.** This describes how the resident eats and drinks, regardless of skill (although this does not include eating or drinking during a medication pass). Eating also includes the intake of nourishment by other means such as tube feeding or total parenteral nutrition. Even a resident who receives tube feedings and does not consume food or fluids by mouth is engaged in eating or receiving nourishment.
- 4. Toilet use.** This refers to how the resident uses the toilet room, commode, bedpan, or urinal; transfers on and off the toilet; cleanses him- or herself; changes his or her pad; manages an ostomy or catheter; and adjusts his or her clothes. Don't limit your assessment to bathroom use only; elimination occurs in many settings.

Understand each code

Your MDS coordinator will use your thorough documentation to code the ADLs on the MDS.

By providing the most accurate information possible, you help the MDS coordinator ensure that your nursing home gets funded appropriately for the care you provide.

It is important that you correctly document each late-loss ADL so your facility receives the reimbursement it deserves and residents receive the care they need.

ADLs are coded in two categories: self-performance and support provided. Review the codes below to understand the wording that should be documented for your residents.

➤ **Self-performance.** This is a measure of what the resident actually does, not what you think or know he or she is capable of doing. When you code self-performance, do not code what you think the resident can do; code what the resident actually does during that day on that shift. You have a choice of the following six codes:

- **0 (independent).** The resident can perform the ADL on his or her own without help from a CNA. For example, a resident

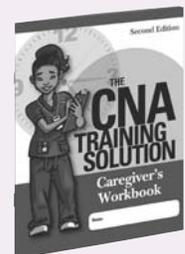
performs her own transfers, such as moving from the bed to the chair, and does not need caregiver help or supervision.

- **1 (supervision).** Use this code if the resident needs supervision, encouragement, or cuing. For example, a CNA encourages a resident, who is sitting up in bed by herself. The CNA walks by the resident's side but doesn't need to hold her arm as they move over to the chair.
- **2 (limited assistance).** Use this code when the resident is very involved in the activity and has received physical help only through the guided maneuvering of limbs or other non-weight-bearing assistance. For example, a resident is very involved in getting out of bed and receives physical help only as the CNA puts an arm on his shoulders to steady him as he sits down.
- **3 (extensive assistance).** Weight-bearing assistance is defined as bearing the weight of the resident. In other words, it means lifting a part of the resident's weight. For example, the resident is able to move from the bed to a chair with the CNA lifting part of his body to help him sit up straight in the chair. Although weight-bearing assistance may seem like a difficult concept, try thinking of it this way: You are probably providing weight-bearing assistance if you have to change the position of your feet or bend your knees to assist the resident. Don't forget that supporting a frail person's arm, no matter how light he or she is, is also considered weight-bearing assistance.
- **4 (total dependence).** The resident needs the CNA to fully perform the activity for him or her and does not participate in any aspect of the ADL. For example, two CNAs lift and transfer a resident to a reclining chair.
- **8 (activity did not occur).** Use this code if the activity did not take place at all. Here's a helpful hint: If you code an 8 in the self-performance category, enter the same code in the support provided category.

Save hours of preparation time

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► **Support provided.** This is a measure of how much you and other CNAs do to assist the resident with each activity. You have a choice of the following five codes:

- **0 (no setup help or physical help from staff members).** Use this code if the resident can perform the activity entirely on her own. Setup refers to you or other CNAs providing the resident with articles, devices, or preparation necessary to help the resident perform an activity with as little physical help as possible.
- **1 (setup help only).** Use this code if you provide the resident with materials or devices necessary to perform the ADL independently.
- **2 (one-person physical assist).** Use this code if one CNA provides the resident with physical assistance.
- **3 (two or more persons physical assist).** Use this code if two or more CNAs provide the resident with physical assistance.
- **8 (this activity was not performed in the prior seven days by the resident or staff).** If 8 is coded under the support provided category, enter 8 for that ADL under the self-performance category.

Improve documentation

Good ADL documentation promotes successful care planning for your residents and helps ensure accurate reimbursement. By providing detailed information about each resident’s late-loss ADLs, you can more easily spot areas of concern and inform your supervisors of proactive measures to put in place.

The following are five ways to ensure that your late-loss ADL coding is accurate:

► Gather information accurately. Your facility’s MDS coordinator will need to collect information from the whole team throughout all shifts to get a full picture of each resident’s ability.

As you know, a resident’s condition or ability to perform ADLs may fluctuate. The documentation you provide should reflect each instance

of actual ADL care delivery, including variations. The MDS coordinator will determine the coding on the MDS after reviewing all documentation for the week. The documentation you provide helps contribute to that team effort, so always record accurate information. Don’t simply copy what the previous shift documented.

► Properly document your work. Documentation is an important part of your responsibilities. Make sure you understand how documentation affects reimbursement and resident care.

► Use the assessment tools your facility provides. For example, when documenting what happens each day, a checklist can help you keep a better record of how many times a resident was helped with toilet use during the week and the level of assistance required each time. Record the information right away. Otherwise, you rely on your memory, which may not be reliable because of the numerous residents you care for during your shift.

► Keep in mind that CNAs and therapists often don’t speak the same language and may view the same situation from different perspectives. This can become evident in the way you and a therapist document a particular resident’s condition.

A therapist may see a resident at her best, as the person works with the therapist to improve. The therapist might code the resident as fairly independent since the person may perform at a higher level during therapy sessions. CNAs may see the resident outside of therapy and take a different view. For example, when a resident is tired at the end of the day, she may require a lot more assistance with the same activities.

CNAs and therapists should use the same definitions of each activity and type of support to provide consistency in documenting a resident’s condition. Inconsistent documentation often attracts the attention of state surveyors.

► Be concise. Use brief and specific descriptions to save time and contribute to more accurate coding. Your facility does not get reimbursed for the time it takes to observe, document, and code a resident’s ADL abilities. ■

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ADL data collection form

Resident name: _____ Room/unit #: _____ Date: _____

Codes			
Self-performance		Support provided	
0: Independent	3: Extensive assistance	0: No setup or physical help from staff members	3: Two or more persons physical assist
1: Supervision	4: Total dependence	1: Setup help only	8: Activity was not performed in the prior seven days by the resident/staff
2: Limited assistance	8: Activity did not occur	2: One-person physical assist	

	Date	Code	Self		Help		Self		Help		Self		Help	
Bed mobility		N												
		D												
		E												
Transfer ability		N												
		D												
		E												
Eating		B												
		L												
		D												
Ability to use toilet, commode, urinal, or bedpan		N												
		D												
		E												
S = Scheduled toileting B = Bladder retraining N = N/A		N												
		D												
		E												
Services: ROM P = Passive A = Active N = N/A		N												
		D												
		E												
Splint/brace assistance Initial N = N/A		N												
		D												
		E												
Initials		N												
		D												
		E												

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Mark the correct response.

Name: _____

Date: _____

1. All of the ADLs are coded under _____.
 - a. safe patient handling
 - b. resident encouragement
 - c. self-performance and support provided
 - d. none of the above
2. Self-performance is an indication of what a resident may be capable of rather than a measure of what he or she actually does in performing a task.
 - a. True b. False
3. Thorough documentation helps ensure accurate coding and proper reimbursement.
 - a. True b. False
4. One of the four late-loss ADLs is _____.
 - a. shower use
 - b. sleep
 - c. bed mobility
 - d. talking
5. A resident is sitting up in bed and enjoying a meal on his own. How would you document this resident under the self-performance category?
 - a. The resident can perform the ADL on his own without help
 - b. The resident needs help
 - c. The resident can't be left alone
 - d. None of the above
6. You assist a resident by guiding his arm into the arm-hole of his shirt. Under the support provided category for the dressing ADL, you should code this as 2 for a one-person physical assist.
 - a. True b. False
7. It is best to go back and forth between categories as you code each ADL, entering the self-performance and support provided codes for the same ADL.
 - a. True b. False
8. One way to improve your documentation skills is by _____.
 - a. working longer hours
 - b. gathering information accurately
 - c. talking while working
 - d. not pursuing further education
9. Under the support provided category, what would you document if two or more CNAs provided a resident with assistance?
 - a. One person physically assisted the resident
 - b. The resident did not need help
 - c. The activity was not performed
 - d. Two or more persons physically assisted the resident
10. When documenting a resident's condition, it is important to be concise.
 - a. True b. False