

Functional Abilities: Self-Care and Mobility

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Objectives

Upon completion of this webinar, participants will be able to:

- Explain why accurate documentation of Functional Abilities is essential
- Identify the key components of each Self-Care and Mobility element
- Interpret and apply the Safety and Quality of Performance Scale
- Use strategies to improve accuracy and reliability in GG documentation

Acronyms

- OBRA-Omnibus Budget Reconciliation Act
- PPS- Prospective Payment System
- ARD- Assessment Reference Date
- IPA-Interim Payment Assessment
- SCSA- Significant Change in Status Assessment
- SCPA- Significant Correction to a Prior Comprehensive Assessment
- SCQA- Significant Correction to a Prior Quarterly Assessment
- ADLs- Activities of Daily Living
- IDT- Interdisciplinary Team

CGA- Contact Guard Assist

Section GG Functional Abilities

Assessment Focus

- The ability to perform ADLs.
- Identifies strengths, care needs, and safety concerns.

Why This Assessment Matters

- Residents with functional limitations are at risk for further decline and complications e.g., Pressure Ulcers, Falls/Fractures, Contractures, Malnutrition/Weight Loss, Incontinence
- Dependence on others can lead to feelings of helplessness, isolation, diminished self worth, loss of control over one’s destiny, depression

Accuracy Matters

- Resident Care Planning
- Reimbursement $$$$
- Quality Measures/Quality Indicators
- Consumer Information Regarding the Nursing Home
- The Survey Process
- Inaccurate assessments are more than just paper errors. They have far reaching implications for both, the resident and the facility.

General GG Guidelines

- Scoring is determined by:
  - Direct Observations of the Resident,
  - Resident Self Reports, and
  - Reports from Qualified Clinicians, Direct Care Staff, and Family **documented in the medical record** during the 3-day observation period.
- Residents must be allowed to complete the activities as independently as possible, as long as they are safe.

Assistive Devices and Helpers

- Resident Performance is scored with the resident using their assistive devices
- Do not score activities with the use of devices that are restricted to use only during therapy treatments.
- A helper is defined as a facility employee and facility contracted employees.
- Assistance provided by non-facility or contracted staff is not scored.
- If helper assistance is required because the resident's performance is unsafe or of poor quality, score according to the type and amount of assistance provided.

Self-Care Activity Definitions

Eating

- Includes 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 eating finger foods with their hands.
- Includes foods/liquids eaten between meals.
- Does not include tube or IV feedings
- Does not include bringing the tray to the resident.

Oral Hygiene

- Oral Hygiene- Includes the ability to use suitable items to clean teeth/dentures.
- Includes the ability to insert/remove the dentures and manage denture soaking/rinsing.
- Includes cleaning the gums for residents who have no natural teeth or wear dentures.

Toilet Hygiene

- Toilet Hygiene- Includes the ability to maintain perineal hygiene, managing clothing before and after elimination, and cleansing an ostomy opening.
- Includes incontinence cares for residents who are checked and changed.
- Includes catheter and ostomy site care.
- It does not include emptying or changing a catheter or ostomy bag.

Shower/ Bathe Self

- Shower/Bathe Self- Includes the ability to wash rinse, and dry the face, upper and lower body, perineal area, and feet.
- Includes bed and sponge baths
- Must be a full body bath
- Does not include am/pm partial baths.
- Does not include cleansing the back and hair or transfers in/out of the tub or shower.

Upper Body Dressing

- Upper Body Dressing- Includes the ability to dress and undress above the waist, including fasteners.
- Includes applying and removing an elastic bandage, abdominal binder, back brace, stump sock/shrinker, upper body support device, neck support, hand or arm prosthesis or splint.
- Does not include a hospital gown.

Lower Body Dressing

- Lower Body Dressing- Includes the ability to dress and undress below the waist, including fasteners.
- Includes applying and removing a knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis.
- Includes applying and removing incontinence briefs.
- Does not include socks that extend up the leg or footwear.

Footwear

- Includes the ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility, including fasteners.
- Includes all items that cover all or part of the foot, even if it extends up the leg.
- Includes an ankle-foot orthosis (AFO), elastic bandages, foot orthotics, orthopedic walking boots, compression stockings

Personal Hygiene

- Personal Hygiene- Includes the ability to comb hair, shave, apply makeup, washing and drying face and hands.
- It does not include baths, showers, and oral hygiene.
- It does not include am/pm partial baths.
- It does not include peri care.

Mobility Activity Definitions

Roll Left and Right

- Includes the ability to roll from lying on back to left and right side and return to lying flat on back in bed.
- Must complete the activity with or without assistance or the use of an assistive device.
- If the resident does not sleep in a bed, bed mobility is assessed wherever the resident sleeps.

Sit to Lying

- Includes the ability to move from sitting on the side of the bed to lying flat on the bed.
- The activity starts with the resident sitting on the side of the bed and ends when the resident is lying flat on their back in bed.
- Includes lifting the legs into the bed
- If the resident cannot sit on the side of the bed for medical or safety reasons, the activity did not occur. Use the appropriate Activity Not Attempted code.

Lying to Sitting

- Lying to Sitting on the Side of Bed- Includes the ability to move from lying on the back to sitting on the side of the bed with no back support.
- Include lifting the legs out of the bed.
- If the resident cannot sit on the side of the bed for medical or safety reasons, the activity did not occur. Use the appropriate Activity Not Attempted code.

Sit to Stand

- Sit to Stand- Includes the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
- If a Sit to Stand lift is used the resident is participating in the activity.
- If the resident transfers with a full mechanical lift, the activity did not occur. Use the appropriate Activity Not Attempted code.

Chair/Bed to Chair Transfer

- Includes the ability to transfer to and from a bed to a chair or wheelchair.
- Includes residents who sleep in a recliner. The recliner is considered their bed.
- If the resident is transferred with a full mechanical lift, they are not participating in the transfer. They would be scored Dependent with this activity.

Toilet Transfers

- Includes the ability to get on and off a toilet or commode.
- It does not include getting to or from the toilet or commode.
- It does not include toilet hygiene.
- It does not include assisting on/off a bedpan.

Tub/Shower Transfers

- Includes the ability to get into and out of the bathtub or shower.
- Does not include getting to/from the bathtub or shower room.
- If the resident receives a full body bed bath or a sponge bath at the sink, the activity did not occur. Use the appropriate Activity Not Attempted code.

Car Transfers

- Car Transfers- Includes the ability to transfer in and out of a car on the passenger side.
- It does not include getting to/from the car.
- It does not include opening/closing the car door
- It does not include fastening/unfastening the seatbelt.

Walking Items

Walk 10 Feet- Includes the ability, once standing, to walk at least 10 feet in a room, corridor, or similar space.

Walk 50 Feet with Two Turns- Includes the ability, once standing, to walk at least 50 feet and make two turns.

Walk 150 Feet- Includes the ability, once standing to walk at least 150 feet in a room, corridor, or similar space.

Walk 10 Feet on Uneven Surfaces-Includes the ability to walk 10 feet on uneven or sloping surfaces e.g., turf or gravel. Can occur indoors or outdoors.

Stair Items

1 Step (curb)- Includes the ability to go up and down one step or a curb.

4 Steps- Includes the ability to go up and down four steps with or without a railing.

12 Steps- Includes the ability to go up and down 12 steps with or without a railing.

Picking Up an Object

- Includes the ability to bend/stoop from a standing position to pick up a small object from the floor.
- If the resident is unable to stand the activity cannot occur. Use the appropriate Activity Not Attempted code.
- Assistive devices can be used e.g., a reaching aid, a cane to support standing balance.

Wheelchair Items

Wheel 50 Feet with Two Turns- Once seated in a wheelchair, Includes the ability to wheel at least 50 feet and make two turns.

Wheel 150 Feet- Once seated in a wheelchair, includes the ability to wheel at least 150 feet in a corridor or similar space.

- Does not include assistance provided to residents who are transported by wheelchair for convenience only.

Performance Scoring

Safety and Quality Performance Scores

06-Independent

The resident completes the activity safely by themselves with no cues, oversight, or assistance was provided.

05- Set-up and Clean-up

The helper assists only prior to and after the activity. The resident completes the activity.

04- Supervision or Touch

The helper provides verbal cues, steadying/touching, or CGA as the resident completes the activity.

03- Partial Moderate

The helper lifts, holds, or supports the trunk or limbs, but provides less than half the effort to complete the activity.

02- Substantial Maximal

The helper lifts, holds, or supports the trunk or limbs, and provides more than half the effort to complete the activity.

01- Dependent

The helper provides all the effort, the resident does not participate, or two helpers are required to assist the resident to complete the activity.

Activity Not Attempted Codes

07- Resident Refused

09- Not Applicable

10-Not Attempted d/t Environmental Limitations

88- Not Attempted d/t Medical Condition or Safety Concern

Understanding the Observation Period

- The observation period is dependent on the type of assessment completed

Type of Assessment	Observation Period
Standalone Admission Assessment	Days 1-3 of the stay
5d Assessment	Days 1-3 of the Medicare Part A stay
Standalone PPS Discharge Assessment	The last three days of the Medicare Part A stay
Quarterly, Annual, SCSA, SCPA, SCQA	The ARD and the two previous calendar days
IPA	The ARD and the two previous calendar days
Standalone OBRA Discharge Assessment	The last three days of the stay

- When OBRA and PPS assessments are combined, use PPS observation period

Determining Usual Performance

- Observe the resident's interactions with others in different locations, circumstances, and times of day.
- Usual Performance is the level of performance the resident displays most often
- The more data collected, the more accurate the score will be
- When self-performance fluctuates the IDT may use their clinical judgement
- The coding decision must be supported by the medical record documentation

Improving Assessment Accuracy

- Ensure direct care staff have a thorough understanding of all the definitions.
- Review direct care staff documentation during the observation period.
- Ensure you are using the correct 3-day observation period.
- Collect data on all days/shifts during the 3d observation period.
- Score based on observed performance not perceived ability.

Improving Assessment Accuracy (cont.)

- Document each episode of assistance provided
- Document the rationale for refusals and contraindications
- Use descriptive documentation to identify the level of assistance provided
- Write clarification notes explaining the rationales for the coding decision

Care Planning

- Care Plans are required to be reviewed and revised after each assessment.
- Care Plans must be individualized and based on a thorough, accurate assessment.
- Care Plans should identify the resident's self-performance, the amount, and type of support provided.
- When the need for assistance varies, the resident's Care Plan should identify the variances.

Thank You!

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