

# Ability to Move Independently Worsens Quality Measure (QM) Long Stay (LS) MDS Coding Tips

## Quality Measure Overview

This measure reports the percentage of long-stay residents who experienced a decline in independence of locomotion during the target period, when comparing current abilities to at least one prior assessment. Decline is identified by:

1. Recoding all values (G0110E1 = [7, 8]) to (G0110E1 = [4]).
2. An increase of one or more points on the “locomotion on unit: self-performance” item between the target assessment and prior assessment (G0110E1 on target assessment – G0110E1 on prior assessment  $\geq$  1).

<b>G0110. Activities of Daily Living (ADL) Assistance</b>		
	<b>1. Self-Performance</b>	<b>2. Support</b>
	↓ Enter Codes in Boxes ↓	
<b>A. Bed mobility</b> - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Transfer</b> - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position ( <b>excludes</b> to/from bath/toilet)	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Walk in room</b> - how resident walks between locations in his/her room	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Walk in corridor</b> - how resident walks in corridor on unit	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Locomotion on unit</b> - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	<input type="checkbox"/>	<input type="checkbox"/>

For more guidance on completing the MDS appropriately, refer to the [RAI Manual Section G](#)

This measure is used in the [Five Star Quality Rating System](#)

**Exclusions:** Residents satisfying any of the following conditions:

1. Comatose or missing data on comatose (B0100 = [1, -]) at the prior assessment.
2. Prognosis of less than 6 months at the prior assessment as indicated by:
  - 2.1. Prognosis of less than six months of life (J1400 = [1]), or
  - 2.2. Hospice use (O0100K2 = [1]), or
  - 2.3. Neither indicator for being end-of-life at the prior assessment (J1400  $\neq$  [1] and O0100K2  $\neq$  [1]) and a missing value on either indicator (J1400 = [-] or O0100K2 = [-]).
3. Resident totally dependent during locomotion on prior assessment (G0110E1 = [4, 7, or 8]).
4. Missing data on locomotion on target or prior assessment (G0110E1 = [-]).
5. Prior assessment is a discharge with or without return anticipated (A0310F = [10, 11]).
6. No prior assessment is available to assess prior function.
- 6.1. Target assessment is an OBRA Admission assessment (A0310A = [01]), a PPS 5-Day assessment (A0310B = [01]), or the first assessment after an admission (A0310E = [1]).

**Covariates** used to risk-adjust this measure include:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Eating</li> <li>2. Toileting</li> <li>3. Transfer</li> <li>4. Walking in Corridor</li> <li>5. Severe cognitive impairment</li> <li>6. Linear Age</li> </ol> | <ol style="list-style-type: none"> <li>7. Gender</li> <li>8. Vision</li> <li>9. Oxygen Use</li> <li>10. All covariates are missing if no prior assessment is available</li> </ol> |
|---|---|

For details on covariates, see [MDS 3.0 Quality Measures User’s Manual](#).

**To explore QAPI opportunities at the system-wide, facility level:**

- At least monthly, review the Ability to Move Independently Worsens QM with the Inter-Disciplinary Team, keeping alert for improvement opportunities.
- When reviewing the CASPER Facility Level report, pay special attention to those QMs that are starred in the far-right column, labeled Comparison Group National Percentile. The star indicates that the facility's rate for the Quality Measure, in this instance, Ability to Move Independently Worsens QM is greater than 75% of the skilled facilities in the country. In other words, 75% of the nursing homes in the United States are doing better in this measure than your facility and therefore, you should work on trying to improve this QM.
- On the CASPER Facility Level Report, also review the Comparison State and National Average Rates columns to compare your facility's status to the rest of the state and the nation. If your rates are higher than those rates, this might indicate an area in need of improvement. Of special note for this quality measure, you should be looking at the Facility Adjusted Percent to compare against the state and national rates as this takes the covariates into account.
- Consider adding a Restorative Nursing Rehabilitation Program to your facility's services.
- Assure the staff completing the ADL section of the MDS (often nursing assistants) has solid education on locomotion, definitions of the levels of self-performance and self-sufficiency once in a wheelchair.
- Perform auditing and monitoring on not only Section G, but also the areas of the MDS that include exclusions and covariates (Section B, C, J & O).

**To explore QAPI opportunities at the resident level:**

- Review your CASPER Resident Level Reports.
- Do the reports match up with your awareness of residents with an increasing difficulty with mobility?
- If someone appears on the list that you do not think meets the criteria of "Ability to Move Independently Worsened" as outlined in the MDS 3.0 Quality Measure User Manual, look at the coding of Section G and consider the Rule of 3 in the resident's MDS – is there an error? Look at sections of the MDS that include exclusions and covariates, including Section B, C, J & O.
- Consider changes that have happened for your individual residents. Has the resident become bedbound or experienced some other significant change in status? Has the rehab team performed a screen? Is a PT or OT evaluation warranted? Has the resident experienced weakness or another impairment that is causing difficulty in mobilization?

Refer to the current [MDS 3.0 Quality Measures User's Manual \(v. 14\)](#) for additional details.

**For guidance on quality measures and support in making improvements, please contact a member of our nursing home team; visit the [Who We Are](#) page for a listing of team members and contact information.**

