Need for Help with Daily Activities Has Increased Quality Measure (QM) Long Stay (LS) MDS Coding Tips

Quality Measure Overview

This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.

Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1).

An increase is defined as an increase in two or more coding points in one late-loss ADL item or one point increase in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison.

Prior Assessment Late Loss ADL Self-Performance Coding for: Bed Mobility (G0110A1), Transfer (G0110B1), Eating (G0110H1), Toileting (G0110G1)	Target Assessment Late Loss ADL Self-Performance Coding for: Bed Mobility (G0110A1), Transfer (G0110B1), Eating (G0110H1), Toileting (G0110G1) = 1 point (level) increase if	Target Assessment Late Loss ADL Self-Performance Coding for: Bed Mobility (G0110A1), Transfer (G0110B1), Eating (G0110H1), Toileting (G0110G1) ≥ 2 point (level) increase if
0	1	2, 3, 4, 7 or 8
1	2	3, 4, 7 or 8
2	3	4, 7 or 8
3	4, 7 or 8	-----------------
4, 7 or 8	-----------------	-----------------

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. All four of the late-loss ADL items indicate total dependence on the prior assessment, as indicated by:
   1.1. Bed Mobility (G0110A1) = [4, 7, 8] and
   1.2. Transferring (G0110B1) = [4, 7, 8] and
   1.3. Eating (G0110H1) = [4, 7, 8] and
   1.4. Toileting (G0110I1) = [4, 7, 8]
2. Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1 AND the fourth late-loss ADL indicates extensive assistance (value 3) on the prior assessment.
3. If resident is comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months (J1400 = [1, -]) on the target assessment.
5. Hospice care (O0100K2 = [1, -]) on the target assessment.
6. The resident is not in the numerator and
   6.1. Bed Mobility (G0110A1 = [-]) on the prior or target assessment, or
   6.2. Transferring (G0110B1 = [-]) on the prior or target assessment, or
   6.3. Eating (G0110H1) = [-]) on the prior or target assessment, or
   6.4. Toileting (G0110I1 = [-]) on the prior or target assessment

To explore QAPI opportunities at the system-wide, <u>facility</u> level:

- At least monthly, review the Need for Help with Daily Activities Has Increased 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, Need for Help with Daily Activities Has Increased 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.
- Also, on the CASPER Facility Level Report, review the columns that show the Comparison State and National Average Rates 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.
- Consider adding a Restorative Nursing Rehabilitation Program to your facility's services.
- Assure that the staff completing the ADL section of the MDS (often nursing assistants) have solid education on bed mobility, transfers, eating and toileting and the definitions of the levels of self-performance. https://jeopardylabs.com/play/adl-coding-made-fun4
- Perform auditing and monitoring on not only Section G, but also the areas of the MDS that include exclusions (Section B, C, J & O).

To explore QAPI opportunities at the <u>resident</u> level:

- Review your CASPER Resident Level Reports.
- Do the reports match up with your awareness of residents with an increase in the need for Help with Daily Activities?
- If someone appears on the list that you do not think meets the criteria of "Need for Help with Daily Activities Has Increased" as outlined in the MDS 3.0 Quality Measure User Manual, look at the coding of Section G in the resident's MDS – is there an error? Look at sections of the MDS that include exclusions, 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.