CAH Swing Bed QAPI Project

Swing Bed QAPI Coding Forms
Option 1 & 2 Training
Section 5: Self-Care & Mobility Coding

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HEALTHCARE EDUCATION FOUNDATION OF WEST VIRGINIA

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Section 5: Self-Care & Mobility

Section 5: Functional Abilities at the Start of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

A. Self-care Assessment on Admission (Assessment period is days 1 to 2 of the Swing Bed Stay)

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed stay (admission), code the reason. Code the patient's end of Swing Bed stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of stay (discharge) goal(s).

Coding:

Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper
05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity

If activity was not attempted, code reason:

07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

- No change in coding definition
- Principles of coding has not changed
- This section has not changed
- We are still hearing that this section is done by therapy – that must not be! This is a 24 hr. + picture. Must be done by nursing and therapy. Should be a consensus

- Ideally coded within 24-48 hrs. after all parties have assessed the patient
- Recommend a huddle between therapy, nursing and care manager
- Remember that documentation must support the level chosen

Self-Care & Mobility Assessments

- Section 5 Assessment is the same for both Options
  - Same information is asked on admission & discharge

Admission Performance Enter Codes in Boxes	
	A. Eating: 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 patient
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): the ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable

Admission Performance Enter Codes in Boxes	
	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair)
	F. Toilet transfer: The ability to get on and off a toilet or commode
	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt
	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Admission Performance Enter Codes in Boxes	
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step (if coded 07, 09, 10 or 8 then skip to P. Picking up object)
	N. 4 steps: The ability to go up and down four steps with or without a rail (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
	O. 12 steps: The ability to go up and down 12 steps with or without a rail
	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor
	P1. Does the patient use a wheelchair and/or scooter? **0. No ⟶ Skip rest of questions** **1. Yes ⟶ Continue to Wheel 50 feet with two turns**
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
	RR1. Indicate the type of wheelchair or scooter used 1. **Manual** 2. **Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
	SS1. Indicate the type of wheelchair or scooter used 1. **Manual** 2. **Motorized**

- Except, Option 2 will also have a column for Goal Setting on admission

Basic Guidelines in Coding Section 5

- Admission assessment must be completed within 3 calendar days of admission (including the day of admission)
- Coding on admission should reflect the person's baseline admission functional status and is based on clinical assessment
- The admission functional assessment, when possible, should be conducted prior to the person benefiting from treatment interventions in order to determine a true baseline
- Not all items have to be assessed in one sitting – some you may have to delay due to the patient's condition and/or weather… hence the 3 days
- Treatment should not be withheld in order to conduct the functional assessment
- Activities may be completed with (if they usually use a device or safer attempted with a device or without assistive device(s)). Coding is not based on devices
- Patients with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the patient's need for assistance to perform the activity safely (for example, choking risk due to rate of eating, amount of food placed into mouth, risk of falling). These are at the very lease not independent – will be coded a 5 (supervision/set up) or lower

Basic Guidelines in Coding Section 5

- If the patient performs the activity more than once during the assessment period and the patient's performance varies, coding should be based on the patient's "usual performance", which is identified as the patient's usual activity/performance for any of the Self-Care or Mobility activities, not the most independent or dependent performance over the assessment period

- The team may need to use the entire 3-day assessment period to obtain the patient's usual performance for all measures ie: patient too tired to complete the assessment on day 1 or weather is bad, and you do not have a car simulator…

- Assess the patient's self-care status based on:
  - direct observation,
  - the patient's self-report,
  - family reports, and
  - direct care staff reports documented in the patient's medical record during the assessment period

- CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the patient during the three-day assessment period
  - CMS defines "Qualified Clinician" as Healthcare professionals practicing within their scope of practice and consistent with Federal, State, local law and regulations"
  - So, a PTA or COTA may not assess but can contribute their observation etc same as a NA would

Function Levels

- When coding the patient's usual performance, "effort" refers to the type and amount of assistance the helper provides in order for the activity to be completed. The 6-point rating scale definitions include the following types of assistance: setup/cleanup, touching assistance, verbal cueing, and lifting assistance.

- 06 - Independent - Patient completes the activity by him/herself with no assistance from a helper
- 05 - Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity
- 04 - Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently
- 03 - Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
- 02 - Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
- 01 - Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity

Self-Care

❑ EATING:

- Assess eating and drinking by mouth only
- Assistance with tube feedings or TPN is not considered when coding Eating
- If the patient does not eat or drink by mouth and relies solely on nutrition and liquids through tube feedings or TPN because of a new (recent-onset) medical condition but with plans to discontinue at some point, code as 88, Not attempted due to medical condition or safety concerns
- If the patient did not eat or drink by mouth prior to the current illness, injury, or exacerbation, code eating as 09, Not applicable
- For patients who have a combination of oral and tube feeding, eating should be coded on the amount of assistance the patient requires to eat and drink by mouth
- If the patient eats finger foods with his or her hands, code based upon the amount of assistance provided

Self-Care

❑ TOILETING HYGIENE:

- This item pertains to both voiding and/or having a bowel movement
- Toileting hygiene includes managing undergarments, clothing, and incontinence products and performing perineal cleansing before and after voiding or having a bowel movement
- Hygiene tasks can take place before and after use of the toilet, commode, bedpan, or urinal
- If the patient does not usually use undergarments, then assess the patient's need for assistance to manage lower-body clothing and perineal hygiene
- If the patient has indwelling catheter or does not urinate due to dialysis and has bowel movements, code the toileting hygiene based on the assistance needed by the patient when moving his or her bowels
- If the patient completes a bladder or bowel in bed, code Toileting hygiene based on the patient's need for assistance in managing clothing and perineal cleansing

Self-Care

❑ SHOWER / BATH:

- Assessment can take place in a shower or bath, at a sink, or at the bedside (i.e., full body sponge bath)
- Shower/bathe self includes the ability to wash, rinse, and dry the face, upper and lower body, perineal area, and feet. Do not include washing, rinsing, and drying the patient's back or hair.
- Shower/bathe self does not include transferring in/out of a tub/shower.
- If the patient bathes himself or herself and a helper sets up materials for bathing/showering, then code as 05, Setup or clean-up assistance.
- If the patient cannot bathe his or her entire body because of a medical condition, then code Shower/bathe self based on the amount of assistance needed to complete the activity

Self-Care

❑ UPPER & LOWER BODY DRESSING:

- The following items are considered a piece of clothing when coding the dressing items:
  - **Other upper body dressing examples**: thoracic-lumbar-sacrum orthosis (TLSO), abdominal binder, back brace, stump sock/shrinker, upper body support device, neck support, hand or arm prosthetic/orthotic.
  - **Other lower body dressing examples**: knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis. o Footwear examples: ankle-foot orthosis (AFO), elastic bandages, foot orthotics, orthopedic walking boots, compression stockings (considered footwear because of dressing don/doff over foot).
- For both upper & lower - If donning and doffing an elastic bandage, elastic stockings, or an orthosis or prosthesis occurs while the patient is dressing/undressing, then count the elastic bandage/elastic stocking/orthotic/prosthesis as a piece of clothing when determining the amount of assistance the patient needs when coding the dressing item

Self-Care

❑ UPPER BODY DRESSING:

- Includes bra, undershirt, button-down shirt, pullover shirt, dresses, sweatshirt, sweater, nightgown **(NOT hospital gown),** and pajama top
- If the patient dresses himself or herself and a helper retrieves or puts away the patient's clothing, then code 05, Setup or clean-up assistance.
- Helper assistance with buttons and/or fasteners is considered touching assistance = 04

❑ LOWER BODY DRESSING:

- Helper assistance with buttons and/or fasteners, buckling the belt, attaching the suspenders to the pants are all considered touching assistance = 04
  - Includes underwear, incontinence brief, slacks, short, capri pants, pajama bottoms, and skirts
  - Other examples: knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis

Self-Care

❑ PUTTING ON / TAKING OFF FOOTWEAR:

- Includes socks, shoes, boots, and running shoes
  - Other examples: ankle-foot orthosis (AFO), elastic bandages, foot orthotics, orthopedic walking shoes, compression stocking (on and off over foot)

- **For patients with bilateral lower extremity amputations** with or without use of prostheses, the activity of putting on/taking off footwear may not occur.

- For example, the socks and shoes may be attached to the prosthesis associated with the upper or lower leg
  - If the patient performed the activity of putting on/taking off footwear immediately prior to the current illness, exacerbation, or injury, code as 88, Not attempted due to medical condition or safety concerns.

  - If the patient did not perform the activity of putting on/taking off footwear immediately prior to the current illness, exacerbation, or injury because the patient had bilateral lower-extremity amputations and the activity of putting on/taking off footwear was not performed during the assessment period, code as 09, Not applicable

Mobility

ROLLING LEFT TO RIGHT:

- Patient demonstrates being able to lie on back and turn left, return to back and turn to right then return to the back – must be able to do both w/out assistance – if he can do 1 side but not the other, level at how much assistance did you have to give for the other side
- If can go one side but not the other due to pain or tubes etc then put 88

SITTING TO LYING FLAT:

- Lying Flat = to what is usual for that patient – if they need bed up at 30 % due to breathing issues then that is “their flat”

LYING TO SITTING ON SIDE OF BED

- Lying to sitting on side of bed, indicates that the patient transitions from lying on his/her back to sitting on the side of the bed with feet flat on the floor and sitting upright on the bed without back support.
- The clinician is to assess the patient’s ability to perform each of the tasks within this activity and determine how much support the patient requires to complete the activity.
- Clinical judgment should be used to determine what is considered a “lying” position for that patient.
- If the patient’s feet do not reach the floor upon lying to sitting, the clinician will determine if a bed height adjustment or a foot stool is required to accommodate foot placement on the floor/footstool.
- Back support refers to an object or person providing support of the patient’s back.

Mobility

❑ CHAIR / BED-TO-CHAIR:

- Chair/bed-to-chair transfer, begins with the patient sitting in a chair or wheelchair or sitting upright at the edge of the bed and returning to sitting in a chair or wheelchair or sitting upright at the edge of the bed.

- The activities of “Sit to lying” and “Lying to sitting” on the side of the bed are two separate activities that are not assessed as part of “Chair/Bed-to-Chair”

- If a mechanical lift is used to assist in transferring a patient for a chair/bed-to-chair transfer and two helpers are needed to assist with a mechanical lift transfer, then Code 01 - Dependent, even if the patient assists with any part of the chair/bed-to-chair transfer by holding the railing etc….

❑ CAR TRANSFERS

- The Car transfer item includes the patient’s ability to transfer in and out of the passenger seat of a car or car simulator
- For item regarding car transfer, use of an indoor car can be used to simulate outdoor car transfers.
- These half or full cars would need to have similar physical features of a real car for the purpose of simulating a car transfer, that is, a car seat within a car cabin.
- The Car transfer item does not include transfers into the driver’s seat, opening/closing the car door, fastening/unfastening the seat belt
- In the event of inclement weather or if an indoor car simulator or outdoor car is not available during the entire 3-day assessment period, then use code 10, Not attempted due to environmental limitations
- If at the time of the assessment the patient is unable to attempt car transfers and could not perform the car transfers prior to the current illness, exacerbation or injury, code 09, Not applicable.
    - But, if the patient could get in and out of a car prior to the hospitalization but unsafe to try now due to mobility limitation, then code “88” - unsafe

Mobility

❑ WALKING:

- Walking activities do not need to occur during one session
- Allowing a patient to rest between activities or completing activities at different times during the day or on different days may facilitate completion of the activities
- When coding walking items, do not consider the patient's mobility performance when using parallel bars
  - Parallel bars are not a portable assistive device
- If safe, assess and code walking using a portable walking device when needed
- The turns are 90-degree turns.
  - The turns may be in the same direction (two 90-degree turns to the right or two 90-degree turns to the left) or may be in different directions (one 90-degree turn to the left and one 90-degree turn to the right).
  - The 90-degree turn should occur at the person's ability level and can include use of an assistive device (for example, cane).

Mobility

❑ WALKING 10 FEET :

- Once standing, the ability to walk at least **10 feet in a room, corridor, or similar space**
- **Note:** Does the patient walk? Mr. Z currently does not walk, but a walking goal is clinically indicated.
- Coding: 88 due to clinically unsafe on admission
- But it would be 09 N/A if he did not walk prior to his acute admission stay. Same goes to walking 50 ft and 150 ft.

❑ WALKING 50 FEET W/2 TURNS:

- Once standing, the ability to walk a total of at least 50 feet (1 way or go and return) and make two turns (left and right or 2 lefts and 2 rights)

❑ WALKING 150 FEET

- Once standing, the ability to walk at least 150 feet in a corridor or similar space (again 1 way or go 75 FT and return)

Mobility

- **WALKING 10 FEET ON UNEVEN SURFACES:**
  - The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel
- **1 STEP CURB:**
  - The ability to go up and down a curb and/or up and down one step
- **4 STEPS:**
  - The ability to go up and down four steps with or without a rail
- **12 STEPS:**
  - The ability to go up and down 12 steps with or without a rail – can be in the gym or hospital staircase or in the community if you are taking the patient out
- **PICKING UP AN OBJECT:**
  - The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor – may be picking object from a W/C if the patient is W/C bound – remember that it is ok if they need a reacher to pick up the object – we are not measuring the need for device or not
- **WHEEL 50 FEET W/2 TURNS:**
  - Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns (see description of 90 degree turn on previous slide)
- **WHEEL 150 FEET**
  - Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space

Intention of the Wheelchair Item

- It is to assess the patient's use of a wheelchair for self-mobilization at admission and discharge when appropriate.

- The clinician uses clinical judgment to determine if the patient's use of a wheelchair is appropriate for self-mobilization due to the patient's medical condition or safety.

- If the patient walks and is not learning how to mobilize in a wheelchair, and only uses a wheelchair for transport between locations within the facility, code the wheelchair/scooter gateway items at admission and/or discharge items as follows: Does the patient use a wheelchair/scooter = 0 for No.
  - Answering the question in this way invokes a skip pattern which will skip all remaining wheelchair questions.

- Otherwise said, only code wheelchair mobility based on an assessment of the patient's need and ability to mobilize in the wheelchair.

- Remember that it is very possible that the patient starts with a wheelchair but no longer is the case on discharge – only walking will apply at discharge.

Codes for Activities not Attempted

- **All functions must be attempted unless there is a reason why not as follows**:
  Note: It is expected that the documentation in the chart supports reasons for not assessing all items. So, when using any of these exception codes, there should be documentation to back up the reason for not assessing

  - **07** - **Patient refused** – do all possible to convince them to participate and you cannot infer thru clinical data and observation/interviews. **Note:** If the patient is refusing because he/she is afraid or doubting their ability, they should be scored as Dependent

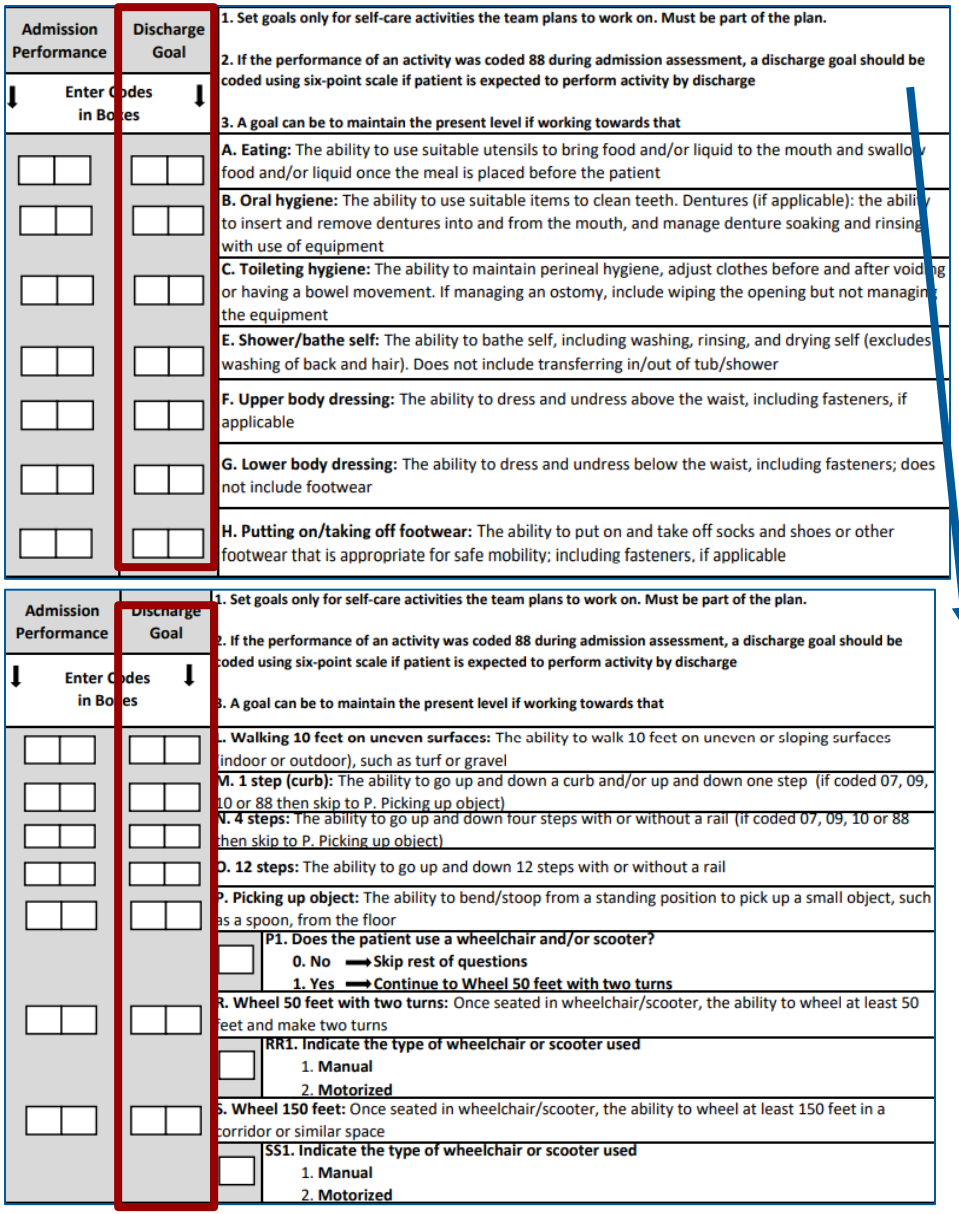
  - **09** - **Not applicable** - **Not attempted** and **the patient did not perform this activity prior to the current illness**, exacerbation, or injury – for instance, if patient was not doing stairs before such as bed/chair ridden at home then its NA If patient does not ambulate or uses w/c in community then the walking scores are NA etc… Should only be used if the patient will not ever attempt this activity ever again (now or in the future).

  - This should not be used because it was not attempted or because its not directly part of the plan of care. Do not code 09 as N/A if the patient is not walking now, but therapy and nursing have goals for the patient to walk prior to discharge. Instead code it as 88 (not attempted due to medical condition or safety concerns)

  - **10** - **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) – for example, there are no 12-step stairs in the hospital (gym or stairs between hospital floors etc… Remember that if the weather is not good to test outdoors on day 1, do not use "not attempted due to environmental limitations" unless the weather does not change for all 3 days

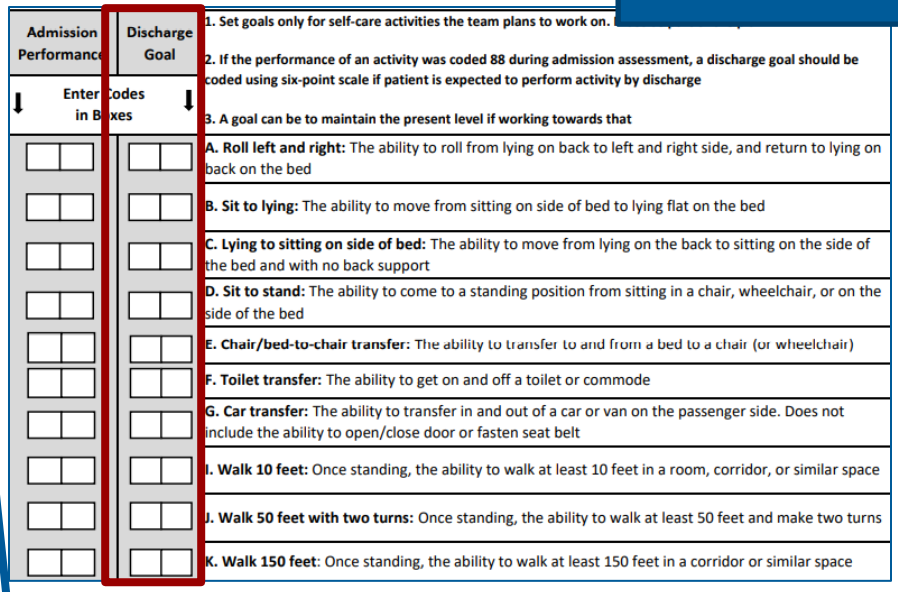
  - **88** - **Not attempted due to medical condition or safety concerns –** for instance you may not be able to assess stairs within the 1st 3 days for post stroke, or maybe their medical issues are still not sufficiently stable to attempt some of the testing such as a patient w/DVT to LLE on bedrest and unable to safely attempt transfer and ambulation

Goal Setting - Option 2 Only



Admission Performance	Discharge Goal
↓ Enter Codes in Boxes ↓	
	1. Set goals only for self-care activities the team plans to work on. Must be part of the plan.
	2. If the performance of an activity was coded 88 during admission assessment, a discharge goal should be coded using six-point scale if patient is expected to perform activity by discharge
	3. A goal can be to maintain the present level if working towards that
	A. Eating: 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 patient
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): the ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable

Admission Performance	Discharge Goal
↓ Enter Codes in Boxes ↓	
	1. Set goals only for self-care activities the team plans to work on. Must be part of the plan.
	2. If the performance of an activity was coded 88 during admission assessment, a discharge goal should be coded using six-point scale if patient is expected to perform activity by discharge
	3. A goal can be to maintain the present level if working towards that
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
	N. 4 steps: The ability to go up and down four steps with or without a rail (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
	O. 12 steps: The ability to go up and down 12 steps with or without a rail
	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor
	P1. Does the patient use a wheelchair and/or scooter? **0. No ⟶ Skip rest of questions** **1. Yes ⟶ Continue to Wheel 50 feet with two turns**
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
	RR1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
	SS1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized



Admission Performance	Discharge Goal
↓ Enter Codes in Boxes ↓	
	1. Set goals only for self-care activities the team plans to work on.
	2. If the performance of an activity was coded 88 during admission assessment, a discharge goal should be coded using six-point scale if patient is expected to perform activity by discharge
	3. A goal can be to maintain the present level if working towards that
	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair)
	F. Toilet transfer: The ability to get on and off a toilet or commode
	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt
	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space

1. Set goals for only the self-care and mobility items the team plans to work on

2. If the performance of an activity was coded 88 during admission assessment, the D/C goal should be coding using the 6-point scale

3. A goal can be to maintain the present status as long as the treatment plan reflects that

Goal Setting

- Section GG is one of the MDS items from where functional outcomes are reported nationally
  - Some call it a Rehab Report Card
  - Section GG off the MDS is what Stroudwater is replicating for CAHs in Section 5

- The focus of this quality measure is functional improvement for patients admitted to SB with an expectation of functional improvement due to skilled needs and services, including physical and occupational therapy.

- Some skilled patients may receive skilled care, but not physical or occupational therapy services, and these patients are excluded in the QRP measure calculation as they are in QAPI.

- Setting realistic and aggressive discharge goals and tracking how we are doing on a daily/weekly basis to achieve the established care-planned Section 5 goals is the road to success

- CMS requires goals to be set no later than day-3 – that is when our first IDT meeting should take place.

- Choose what function you will be working on and set goals for those items. This should be reflected in the therapy treatment plans and patient care plan

- With this data, you will be provided with risk adjusted scores to demonstrate improvement or declines and going forward, we will be able to provide you with a % of goals met.

Goal Setting

- Goals do not impact the outcome measurement methodology – it serves as a tool to have everyone on board as to what we are working on functionally for each individual patient
  - Should improve direction and communication between all parties including the patient/family and staff
  - Should improve nursing documentation by increasing observation, assessments and reporting on how the patients are doing towards those goals
  - Shift reports should allude to not only clinical update, but also functional update based on goals

- Understandably, there will be other goals than functional goals such as medical management of their condition etc (medication, nutrition, wound, teaching…)

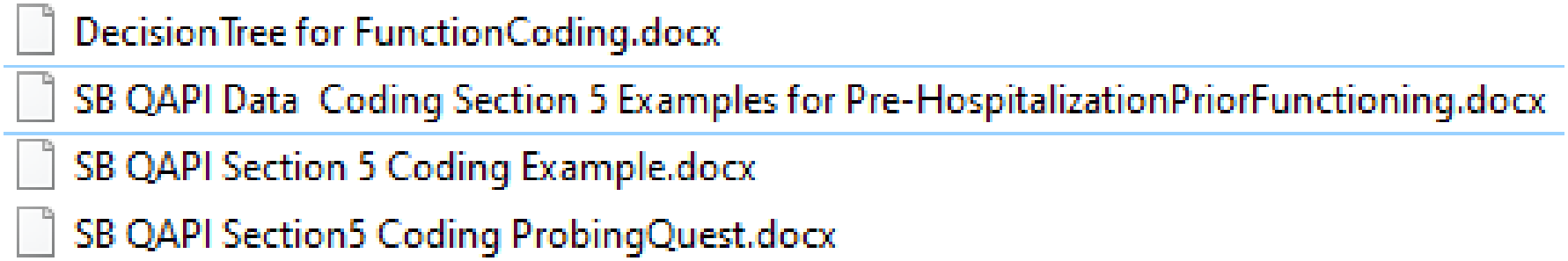
- Treatment plan and all goals should be shared with the patient/family, all members of the IDT and bedside nursing staff

- Goals should be reviewed at every weekly IDT meeting or more frequent is necessary to keep an eye on the ball compared to what score they are on that day.

- Could prevent surprises at discharge if we looked at their status based on scores.

Next Step – Staff Training

- Slides and tools will be sent out tonight to your SB Project contact
- Take the time to read all 4 tools provided to assist nursing and therapy in coding Self-Care & Mobility



- Discuss any questions you have with the team.
- Do not hesitate to email me questions or scenarios you would like assistance with

STAY SAFE & HEALTHY