

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to activities of daily living (ADL) decline in the facility, in order to identify areas that need improvement. These checklists focus on issues primarily related to the “late-loss” ADLs of transfers, toilet-use, bed mobility and eating. Since self-care management involves dressing, grooming, and bathing, as well as, transfers, toilet-use, bed mobility, and eating, self-care items are also included.

Directions:

- ▲ A staff person or team of persons knowledgeable about the facility policies, protocols, and current practices should complete these checklists.
- ▲ In order for this checklist to be most useful in identifying areas that need improvement, it should be completed thoughtfully and with critical judgment applied to each step. Answer according to what is currently happening in your facility, not what should be happening.
- ▲ When completing the checklists, if you are not sure or answer no to one of the questions, refer to the “Rapid Cycle Improvement Getting Started” booklet and accompanying worksheets. This information assists in the process to determine areas that may need improvement.
- ▲ Checklists on the following ADL Decline-related topics are included:
 - ✓ Screening for ADL function and ADL decline
 - ✓ Assessment
 - ✓ Care Plans
 - ✓ Monitoring and Reassessing ADL function
 - ✓ Staff Education and Training

ADL DECLINE

Checklist: Screening for ADL Function and ADL Decline

Does your facility have a process to screen residents' ADL function?

(An ADL screening process should be brief (~15 minutes or less). If a resident requires more in-depth assessment, then a comprehensive evaluation by the appropriate clinical discipline should be performed.)

- No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for screening ADL function among residents.
- This is an area we are working on.** Our target date for revising our process for screening for ADL function is ___/___/____. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- Yes.** Please continue to the questions below.

Does your facility's process for screening for ADL function include the following components?

	Yes	No
1. Does your facility have a policy and procedure for when, how, and who will screen residents for ADL function and ADL decline?		
2. Does your facility screen the residents' ADL function:		
a. Upon admission		
b. Upon readmission		
c. With any significant change in condition and/or change in ADL functional ability		
d. With each MDS assessment		
3. Does your facility use a validated, standardized measure of ADL function? (Examples: MDS scores, Katz ADL Scale, Barthel Index)		
4. If a significant change in ADL status is identified, does your facility have a process leading to a comprehensive assessment of the resident's ADL function if needed?		

If any of the above elements in your process are missing:

- ▲ Choose **one** element to focus your quality improvement effort first.
- ▲ Begin with the "Getting Started worksheet, page one, of the Rapid Cycle Improvement packet.
- ▲ Follow with appropriate worksheets, pages two through fifteen.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Completed by: _____ Date: _____

ADL DECLINE Checklist: ADL Assessment

If your facility has an ADL assessment process, does it include the use of specific assessment forms for ADL decline?

- No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a form for assessing ADL function that includes the key components.
- This is an area we are working on.** Our target date for revising our form for assessing for ADL function is ___/___/___. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- Yes.** Please continue to the questions below.

Does your facility's assessment form include the following components?

	Yes	No
1. Reason for this assessment (new admission, MDS assessment, change in condition, other)?		
2. Prior level of ADL function (prior to admission or at time of last screen/assessment)?		
3. Current level of ADL function:		
a. Eating/feeding (type of diet, liquid/solid consistency, adaptive/assistive equipment, positioning)		
b. Toilet use (toilet, bedside commode)		
c. Transfers (bed to chair, to wheelchair, to commode)		
d. Bed mobility (amount of assistance needed, adaptive equipment)		
e. General mobility (ambulation, wheelchair mobility, amount of assistance needed, other)		
f. Gait (on level surfaces, stairs, ramps. Uneven surfaces, use of assistive devices)		
g. Bathing (amount of assistance needed, adaptive equipment)		
h. Grooming (amount of assistance needed, adaptive equipment)		
i. Dressing (amount of assistance needed, adaptive equipment)		
4. Neuro-musculoskeletal:		
a. ROM		
b. Strength		
c. Coordination		
d. Loss of balance		
e. Dizziness		
f. History of falls		
g. Sensation (touch, temperature, proprioception)		
h. Edema		
i. Vision, hearing		
j. Communication		
k. Other (describe)		
5. Use of adaptive/assistive equipment:		
a. Orthoses		
b. Prostheses		
c. Other		
6. Pain?		
7. Communication ability?		
8. Cognition, alertness, orientation, safety awareness?		

(over)

	Yes	No
9. Other health conditions and components that may influence ADL function:		
a. Adverse drug reaction		
b. Total number of medications > 3		
c. Aspiration		
d. Depression		
e. Delirium		
f. Psychosis		
g. Fluid, electrolyte imbalance		
h. Nutritional deficits		
i. Skin breakdown		
j. Use of restraints		
10. Environmental factors:		
a. Furniture		
b. Building (configuration, size of room)		
c. Other		
11. Family support, caregiver involvement?		
12. Customs, religious beliefs that may affect health care?		
13. Ability to learn:		
a. Barriers to participation/learning (vision, hearing, language, comprehension, memory, depression, interest . . .)		
b. Preferred learning style		
14. Current treatment interventions:		
a. Frequency, duration, time of day		
b. Response to treatments		
15. Need to refer resident to other health professional for management of health components outside your professional scope of practice?		
16. Follow-up recommendations:		
a. Revise current ADL goals, plan of care		
b. Refer to therapy for comprehensive assessment		
c. Recommend equipment, environmental modifications, etc.		
d. Initiate ADL/restorative program		
e. Continue current restorative program		
f. Discharge from ADL/restorative program		
g. Other (describe)		

If any of the above elements in your process are missing:

- ▲ Choose **one** element to focus your quality improvement effort first.
- ▲ Begin with the “Getting Started worksheet, page one, of the Rapid Cycle Improvement packet.
- ▲ Follow with appropriate worksheets, pages two through fifteen.

If none of the above elements are missing from your facility’s processes, please continue to another checklist.

Completed by: _____ Date: _____

ADL DECLINE Checklist: ADL Care Plans

Does your facility have a care planning process to improve/maintain ADL function and prevent or minimize ADL decline?

- No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a care planning process that includes the key components.
- This is an area we are working on.** Our target date for revising our care planning process is ____/____/____. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- Yes.** Please continue to the questions below.

Do care plans for your facility's residents include the following components?

	Yes	No
1. Does the care plan include ADL goals (short-term and long-term) as defined by the resident?		
2. Does the care plan indicate:		
a. The specific cause of each deficit		
b. The type of interventions or treatments to be performed		
c. Frequency		
d. Duration		
e. Amount of assistance required		
f. Equipment required		
g. Special positioning required		
3. Does the care plan include education of the resident and family related to the interventions, ADL program, assistive techniques, and use of adaptive/assistive equipment to prevent decline?		
4. Does the plan indicate referrals made to other health professionals, and reasons?		
5. Does the plan indicate when a reassessment will be completed?		

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- ▲ Follow with appropriate worksheets, pages two through fifteen.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Completed by: _____ Date: _____

ADL DECLINE

Checklist: Monitoring and Reassessing ADL Function

Does your facility have a process to monitor and regularly reassess ADL function/abilities of residents currently in an ADL or restorative nursing program?

- No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process to monitor and reassess ADL function that includes the key components outlined below.
- This is an area we are working on.** Our target date for revising ADL monitoring and reassessment process is ____/____/____. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- Yes.** Please continue to the questions below.

Does your facility's monitoring and reassessment process include the following components?

	Yes	No
1. Does your documentation system allow you to record:		
a. Current health condition, comorbidities that may influence function		
b. Response to current interventions		
c. Type of interventions, treatments provided		
d. Type of ADL performed (eating, transfers)		
e. Level of self-performance		
f. Amount of assistance given by caregiver		
g. Devices/equipment required		
h. Frequency ADLs performed (daily, 3 times a week)		
i. Duration of activity (30 minutes, etc.)		
j. Progress toward established goals		
k. Cancellation, refusal of treatment and reason		
l. Resident's attitude toward ADL program		
m. Change in status		
n. Need for reassessment		
o. Need for referral to other health professional to manage condition(s) outside your professional scope of practice		
2. Does your facility have a policy and procedure for reassessing residents at regular intervals after they have started a restorative program?		
3. Does your facility have a process for the restorative nurse aide or certified nurse aide to notify an RN and rehab designee of a change in resident's response to ADLs and/or restorative program?		
4. Does your facility discuss residents' ADL status and related issues at the interdisciplinary care planning meeting?		
5. Does your facility reassess the resident when the resident or family expresses a concern regarding a change or decline in ADL abilities?		

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- ▲ Follow with appropriate worksheets, pages two through fifteen.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Completed by: _____ Date: _____

ADL DECLINE

Checklist: Staff Education and Training

Does your facility have initial and ongoing education on ADL function and decline to both nursing and non-nursing staff?

- No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to improve your staff education and training on ADL function and decline.
- This is an area we are working on.** Our target date for implementing an education program on ADL function and decline is ___/___/____. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- Yes.** Please continue to the questions below.

Does your facility's education program for ADL function and decline include the following components?

	Yes	No
1. Are nursing staff aware of current facility policy (if there is one) for when, how, and who:		
a. Screens residents for ADL function and ADL decline		
b. Assesses residents for ADL function and ADL decline		
c. Reassesses residents for ADL function and ADL decline		
d. Communicates results of screening and assessment to MDS coder		
2. Are staff's learning needs with regard to ADL function and disability regularly assessed?		
3. Does staff training address all health components influencing function and disability (e.g., physiological, psychological, anatomical, functional, environmental, and social)?		
4. Does staff training on ADL management occur at orientation and at least quarterly thereafter?		
5. Does education staff provide discipline-specific education for prevention of ADL decline (e.g., activities, dietary, rehab, social services, etc.)?		
6. Is there a designated clinical "expert" available at the facility to answer questions from all staff about ADL function and restorative programs?		
7. Is the education provided at the appropriate level for the learner (i.e., CAN vs. RN)?		
8. Does the education include staff training on documentation methods related to ADL decline?		
9. Are all staff aware of the process for identifying health conditions that may influence functional ability?		
10. Are all staff aware of the environmental factors that can influence ADL function?		
11. Are appropriate staff trained on how to make referrals to other health professionals when necessary?		

If any of the above elements in your process are missing:

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- ▲ Follow with appropriate worksheets, pages two through fifteen.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

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