

Long-Term Care Survey Alert

RESIDENT ASSESSMENT: Head Off Declines In Mobility, ADLs Before They Trigger The QI/QM

2 tips to keep your QIs/QMs in line.

Prevention is always the best medicine for residents. It can also keep your facility off surveyors' hit list--and on long-term care consumers' shopping list.

Consider these two facilities' approaches for detecting and acting on functional decline as soon as you can.

1. Get the CNAs involved in developing ADL flow sheets that they can use to communicate changes in a resident's ADL status. At one facility, for example, "CNAs [who] designed the ADL flow sheets ... actually made them more specific and detailed than anything the nursing administration could have imposed," says **Diane Brown, CEO of Brown LTC Consultants** in Boston. "The CNAs use the tool as their shift-to-shift communication about a resident's ADL needs." Using the flow sheets, the CNAs and nurses can easily detect a pattern where a resident requires more ADL assistance than previously. CNAs and nurses use the ADL sheets continuously for all residents rather than just during the MDS lookback period.

2. Call in therapists to screen a resident at the first sign of a persistent mobility or ADL decline. That's the tack **Little Flower Manor** in Wilkes-Barre, PA takes, according to **Lisa Marcincavage, CRNAC**, the MDS coordinator for the facility. The interdisciplinary staff then develops a plan based on the screening. "For example, therapists might next do an evaluation or restorative nursing might step in," she says.