Codify
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MDS Alert

Back to Basics: Pony Up Your ADL Documentation

Try out these tips to help your staff help you.

Activities of daily living (ADLs) are a crux of the charting necessary to record accurately the care you and team members provide for residents. Therefore, it's no surprise that ADLs can constitute a big part of the money you receive in reimbursement.

Frontline staff like certified nursing assistants (CNAs) know exactly what kind of care each resident needs to get through a day, but your facility will suffer if they don't record the care they provide. Make sure you help staff help you by getting the whole care team on the same page.

Be as specific as possible: Itemize the care staff provides.

Top tip: Don't let lazy charting blur the intensity of the care you provide. For example, if staff write that they "assisted with ADLs," their words lump all of the many aspects of assistance into one item. You and staff (and residents) know that getting out of bed is different from getting dressed, which is different from toileting ... and on and on. Make sure your records reflect that difference.

Remember: Late-loss ADLs affect RUG categorization, which means even more money is at stake.

Try these handy tips

You and your staff know how to care for people, so if there's merely a breakdown in recordkeeping, you know where to aim your efforts.

- Remind your frontline staff of the four late-loss ADLs - bed mobility, transfers, eating, and toileting - with a visible reminder. Some facilities make stickers for the back of RN and CNA identification badges, so the focus areas are always accessible. If staff aren't likely to keep inspecting their badges, make small posters or other alerts for each nurse's station.
- Try running friendly "corrections" at trainings or staff meetings. If you're having trouble getting the kind of documentation you need, there's a good chance your team members don't understand exactly what you're looking for.
- Look through residents' records to find specific incidences of inadequate charting, and then kindly (and without naming names or pointing fingers), bring up some examples at your next meeting with frontline staff.
- Present a few different examples in quiz format and provide a prize to the team member(s) who can spot the style of charting you need. Don't forget to explain why some charting doesn't truly describe the level of care your team members provide - that way, everyone will learn.
- **Top tip:** Ask team members what format or protocols work best for them for documenting the care they provide, and take their input seriously.
- Build time into frontline staff's schedules - and your facility's culture - for recording the care they provide. SNFs are busy places, and details are bound to fall through the cracks if staff aren't given the time and space to document the care they provide. "Documentation is usually only once per shift, rather than at the point of care," says **Marilyn Mines, Rn, BC, RaC-Ct,** senior manager at **Marcum LLP**, in Deerfield, Illinois. "I think this is a bigger issue than the format."
- Make sure you're all on the same page. Use the actual terminology from the RAI Manual and MDS to avoid "translating" as much as possible. Consider making a glossary or "crosswalk" so you can make sure that all of your team members, across disciplines, are describing the events in the same manner.

- **Top tip:** Take it all the way to basics. Make sure all of your team members understand the exact definitions of the terms, language, and coding the MDS requires, Mines says.
- Mix up your staffing, but only a bit. You definitely want frontline staff to know residents well, and to know each individual's preferences and comforts and provide care that best suits each individual resident. At the same time, when a staff member sees someone every day, little changes in mobility, for example, are easier to miss, even if they signal a big decline.

Gut check: Staff should be focused on providing the best and most individualized care possible. However, reimbursement is organized so that it's tied to late-loss » ADLs, focusing on bed transfers, toileting, and eating. This presents a bit of an ethical conundrum; don't let reimbursement alone determine the care you provide.

"It's our job to do everything in our power to help folks attain and maintain function, but we wait until they're helpless," says **Renee Kinder, Ms CCC-sLP RaC-Ct**, director of clinical education at **Encore Rehabilitation Services**, in Louisville, Kentucky. "We should be providing care for higher-level ADLs because we don't want to wait until people function at a lower level."