Self Care Management
ACE Program

Purpose:
The purpose of this program is to create an interdisciplinary approach to managing the geriatric client in a skilled nursing facility to address deficits in ADL (Activities of Daily Living) performance through interventions within the scope of practice for occupational therapy services.

Performance of ADLs is an integral part of a resident's daily life. It is important for rehabilitation services to provide treatment and environmental adaptations to allow the resident to be as independent as possible.

Patient Identification
There are several ways to identify residents who may benefit from therapy services to address deficits in ADL performance.

> ***Observation:*** Observe residents in the facility. Do you see residents who could be doing more for themselves than they are? Is there a difference in their appearance or ability to take care of themselves?
>
> ***Interview of Staff:*** Talk with facility staff to determine if they can identify anyone having increased problems performing ADL tasks. Do they need more cues or physical assist? Ensure nurses, nursing assistants, activity staff, and dietary staff are interviewed.
>
> ***Educational Opportunities:*** Don't miss an opportunity to educate! If there is a small group of nursing assistants, talk with them for a few minutes and briefly explain some of the criteria to determine if there is a decline in ADL performance. If they know what therapy can do to help a resident, they may be more likely to help generate referrals.

Criteria for Patient Information
The following are potential criterion that may indicate therapy services are indicated:

- Difficulty transferring on and off the toilet or commode
- Difficulty managing clothes during toileting and hygiene
- Decreased ability to maintain appropriate hygiene of the peri-area
- Decreased ability to bathe self (upper and lower extremities and trunk)
- Decreased ability to dress self (upper and lower extremities)
- Unkempt appearance (clothing and hair)
- New incidence of incontinence

- Excessive time getting self ready in the morning or preparing for bed at night
- Decline in participation of activities
- Decline in ability to feed self
- Decreased ability to propel wheelchair
- Poor posture/positioning
- More shortness of breath during toileting activities and performing ADLs
- Difficulty with coordination with buttoning, managing clothing, feeding self
- Difficulty seeing to dress self or complete daily tasks
- Problems with reaching at various levels to gather objects
- Decreased sequencing or problem solving during cares
- Falls or loss of balance during ADLs
- Decreased balance at edge of bed during ADL tasks, needing to site in wheelchair or edge of bed vs. standing
- Need for adaptive equipment with ADLs
- Needs items set out or up, unable to retrieve items needed for ADL

Documented Sources of Support for Therapy Intervention

MDS

When providing therapy services to long term residents of a skilled nursing facility, there are key areas on the MDS (Minimum Data Set) to check to determine if there has been a change. The presence of a change in score or a difference in current status to previous status will signify a change in the condition of the resident and help support the intervention of therapy services.

- Section B 2, 3, 4, 5, 6 (Cognitive Patterns)
- Section G 1 g, h, i, j (ADL Self Performance)
- Section G 2 (Bathing)
- Section G 3 (Test for Balance)
- Section G 4 a, b, c, d, e, f (Range of Motion)
- Section G 7 (Task Segmentation)
- Section G 8 (ADL Functional Rehabilitation)
- Section G9 (Change in ADL Function)
- Section H 1 a, b (Continence Bowel & Bladder)
- Section H 2 (Bowel Elimination Pattern)
- Section H 3 (Appliances & Programs)
- Section P 3 g, h, I (Nursing Restorative Programs)

Quality Indicators

Review the following qualify indicators:

- Prevalence of bedfast residents
- Incidence of decline in late loss ADLs
- Incidence of decline in ROM
- Prevalence of daily physical restraints
- Prevalence of little or no activity
- Incidence of cognitive impairment

- Prevalence of bladder or bowel incontinence
- Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan

Nursing Notes
Review the nursing notes to identify documentation related to the resident needing additional assistance with ADLs, new issues with incontinence, or falls that occur while in the bathroom. Look for documented falls at edge of bed or during ADLs, noted decreased balance while gathering items for ADL. If nursing has not included any supportive documentation, it is OK to request they document.
Documentation from nursing that identifies the problem will support therapy intervention.

Incident Reports
Look for reports of falls in the bathroom, on the way to the bathroom, or new incidents of incontinence.

Review the MDS for declines in ratings.

Potential Interventions and Plan of Care
The plan of care for each resident is individualized to their deficits and impairments. The following are possible interventions that could be utilized when addressing ADL deficits. Occupational therapists and assistants specialize in the treatment of deficits in ADL performance.

- Assess range of motion limitations and compare to normal values for passive and active ROM for the appropriate age group. Use a goniometer and be sure to position the patient in the appropriate neutral position prior to recording a reading. Watch for substitutions, compensations and pain.
- Assess how the limitations in range in motion impact upon ADL performance
- Determine any environmental adaptations or adaptive equipment that could be used to accommodate the resident to perform ADL tasks
- Analyze underlying cause for decline in ADLs.
- Assess tone for abnormalities that need to be taken into account when determining the appropriate interventions.
- Develop a restorative nursing program to carryover ADL program developed by therapy and train staff as appropriate.
- Assess grasp, grip strength, and coordination for holding various items such as wash cloths, hairbrush, handling clothing, etc.
- Utilize compensatory techniques to assist patients with task completion within their level of impairment
- Identify the underlying impairment that is causing difficulty with ADL performance
- Ability to assess and build activity tolerance for safe task completion
- Assess all areas of ADL performance including, but not limited to:
    - Feeding
    - Dressing
    - Bathing
    - Toileting

    - Hygiene/Grooming
- Consider therapeutic exercise and resistive strength building to increase strength of muscle groups used to complete ADL tasks
- Address sitting or standing balance issues that may impact ADL performance
- Refer to Physical Therapy to address mobility and balance deficits that may be impacting ADL performance
- Create recommendations and educate caregivers on the importance of having the resident do as much for themselves as possible
- Assess sensory including gross motor control and fine motor control
- Assess sequencing, planning and safety of the ADL
- Educate and train the resident to complete the ADL tasks with adaptive equipment
- If ROM is limiting movement, address the shortened muscle length through appropriate stretching and modality use
- If neurological impairments exists, use techniques to re-train for coordinated movement
- Assessment of visual affects on self care skills

Documentation & Coding

Common Codes to Bill

97003	OT Evaluation
97110	Therapeutic Exercise
97112	Neuromuscular Reeducation
97530	Therapeutic Activities
97535	ADL Retraining
97537	Community Work Reintegration
97532	Cognitive Retraining

Documentation Pointers

- Document all adaptive equipment trials, even if they were not successful to show progress and rationale for the final equipment.
- Document if the resident can increase independence with adaptive equipment but refuses to use it.
- Tie ADL intervention to medical need based on the therapeutic skills provided.
- Document the time to complete the ADL task and amount or percentage of assist or cues required.

- Break the activity into its component parts. Make short term goals based upon components of the task, not the entire task.
- Identify strategies used: hand over hand, cues provided by the therapist, intervention level, etc.
- Document status of environment during ADLs – it is noisy and distracting, quiet and calm, etc.?
- Document barriers to success, such as patients limited attention, pain, activity tolerance, problem solving skills, Use scales to help measure such as Borg Scale, Level of Exertion, Pain Scale
- Document limitations such as hip precautions, O2 level, etc that interfere with patient completion of tasks as well as their level of understanding and education needed.
- Document safety, problem solving, learning/carryover, cognitive impact on performance
- Document progress and establish goals based on consistent performance of the task as measured by multiple trials.
- When assessing range of motion, record accurate measurements upon evaluation and assess on a regular basis to demonstrate progress. If you are making a goal to increase range of motion – do not use vague terms such as WFL or WNL as these terms do not clearly establish a baseline.
- Tie the range of motion deficits to a function. Will the improved range of motion make ADL cares easier for the nursing assistants?
- Tie your skilled interventions to the goal. For example, if you are doing resistive strength training in upper extremities for bathing, weekly documentation should note how the strength is progressing and the patient is making progress towards goals.
- If recommending a program for nursing to carryover, clearly indicate the content of the program, who was trained, their response to carryover, any skilled teaching or cueing you provided to ensure appropriate performance or application.
- Goal Suggestions:
  GOOD GOALS:
    - ★ Pt. to don LE garment with MinA over both feet in two weeks.
    - ★ Pt. to flex forward at waist in preparation for doffing shirt with SBA in two weeks.
    - ★ Pt. to utilize one-handed techniques to fasten button on shirt with ModA in two weeks.

  BAD GOALS:
    - ★ Pt. to wash face.
    - ★ Pt. to complete 20 reps of shoulder flexion with 3 lbs.

**Daily documentation: It is not enough to list the level of assistance needed to perform that task. You must document the skilled intervention needed, to justify why completed by therapy services rather than nursing. For example, it is not skilled to just right, "Pt required min assist to don shirt, max assist for balance to don slacks, mod assist to sit to stand. Pt completed 3 attempts to maintain balance during ADLs . Scanning tasks

completed with min assist.". You must write additional information on what you provided as a skilled service that a nurse would not complete if they completed the task. Nursing can provide min assist, general cues, etc.. A more skilled note would be: "Pt seen for ADL retraining with focus on education for compensation for left neglect. Pt donned shirt with tactile cues to don shirt over elbow and min assist to place shirt over head. Pt cued to attend to the left for adjusting clothing. Max assist with lower dressing with step by step cues to problem solve for donning and adjusting clothing. Mod assist in facilitation of standing and WB on left leg for balance to complete tasks while looking in mirror."

Inservice Outline
ADL Management Program

What are ADLs (Activities of Daily Living)?

- Bathing
- Bowel and bladder management
- Dressing
- Functional Mobility
- Personal Hygiene
- Toilet Hygiene
- Grooming
- Gathering of objects for daily management
- Choosing garments
- Self feeding

What are IADLs (Instrumental Activities of Daily Living)?

- Care of others
- Care of pets
- Financial management
- Shopping
- Housekeeping
- Meal Preparation

What are signs that a patient may be having problems with performing ADLs?

- Difficulty transferring on and off of toilet
- Difficulty managing clothing during toileting and hygiene during toileting
- Decreased ability to maintain appropriate hygiene of the peri-area
- Decreased ability to bathe and cleanse self
- Difficulty dressing self (upper and lower body)
- Unkept appearance
- New incidence of incontinence
- Excessive time getting ready in the morning or preparing for bed at night
- More shortness of breath during ADLs
- Decreased vision: inability to locate items, objects are unused, frequent requests for assistance
- Decreased ability to feed themselves

What can you do if you think a resident may be having trouble with performing their self cares?

- Tell the nurse the problems you observed and ask them to document it in medical record
- Tell a member of the therapy tem or leave a note in their mailbox

- Write what you saw on the 24 hour report
- Bring it up for discussion at morning report or other patient related meeting

What can therapy do to help these residents?

- Evaluate the resident to see what they are able to do
- Provide treatment to increase their safety and help them be as independent as they are able to
- Develop recommendations that can be integrated into a restorative program
- Rehab can identify adaptive equipment including reachers, sock aides, etc. to help the resident do as much for themselves as able
- Make recommendations for specific setup and assist strategies to help the resident do as much for themselves as they can
- Assess cognitive and visual deficits affecting ADL performance
- Design a strengthening and coordination program to increase the resident's independence in ADL's

What can be done every day to help with ADL problems?

- Ensure the resident is sitting safely in the chair, wheelchair, or at the edge of the bed prior to starting ADLs.
- If resident requires set-up of items, ensure the objects are easily within their reach
- If adaptive equipment is recommended, ensure it is within reach
- Be observant when residents are performing ADLs to see if someone would benefit from therapy services
- Allow the resident adequate time to complete their ADLs, including doing what they can for themselves to assure maintenance of dignity
- Monitor their breathing and encourage them to take a rest when they appear tired
- Perform daily cares in the least restrictive environment, such as allowing them to complete at the sink rather than with a basin at the bedside. If able, use the toilet instead of a commode. This allows them more opportunity for independence, and allows for privacy, dignity and may allow for the resident to do more for themselves. If cognition is a concern, it may be a more natural and automatic task if completed in the bathroom

Any questions?

Self Care Management
Trivia Contest

1. Which of the following activities are not considered part of ADLs?
    a. Toileting
    b. Dressing
    c. Bathing
    d. Hearing
    e. Hygiene

2. True or False – When someone is taking a long time to get ready in the morning, the best thing is just do it quickly for them.

3. Which of the following could help a resident get ready in the morning?
    a. Reacher
    b. Having the needed items set up for them
    c. Long handled sponge
    d. All of the above

4. What does ADL stand for?
    a. Action of Day Living
    b. Ability to Do Less
    c. Activities of Daily Living
    d. Always Do Lots

Name:_____ Shift:_____