

ADL Decline: Program Checklists

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 answering questions on the checklists, if you are not sure or answer “no” to one of the questions, see the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Included

Checklists on the following ADL-related topics are included:

- Screening for ADL function and ADL decline
- Assessment
- Care Plans
- Monitoring and Reassessing ADL function
- Staff Education and Training

Provided By:



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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 (~15minutes 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	Person Responsible:	Comments:
1. Does your facility have a policy and procedure for when, how, and who will screen residents for ADL function and ADL decline?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does your facility screen the residents' ADL function:				
a. Upon admission?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Upon readmission?	<input type="checkbox"/>	<input type="checkbox"/>		
c. With any significant change in condition and/or change in ADL functional ability?	<input type="checkbox"/>	<input type="checkbox"/>		
d. With each MDS assessment?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does your facility use a validated, standardized measure of ADL function? (Examples: MDS scores, Katz ADL Scale, Barthel Index)	<input type="checkbox"/>	<input type="checkbox"/>		
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?	<input type="checkbox"/>	<input type="checkbox"/>		

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

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

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

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	Person Responsible:	Comments:
1. Reason for this assessment (<i>new admission, MDS assessment, change in condition, other</i>)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Prior level of ADL function (<i>prior to admission or at time of last screen/assessment</i>)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Current level of ADL function				
a. Eating/Feeding (type of diet, liquid/solid consistency, adaptive/assistive equip, positioning)	<input type="checkbox"/>	<input type="checkbox"/>		
b. Toilet use (toilet, bedside commode)	<input type="checkbox"/>	<input type="checkbox"/>		
c. Transfers (bed to chair, to wheelchair, to commode)	<input type="checkbox"/>	<input type="checkbox"/>		
d. Bed Mobility? (amount of assistance needed, adaptive equip)	<input type="checkbox"/>	<input type="checkbox"/>		
e. General mobility (ambulation, wheelchair mobility, amount of assistance needed, other)	<input type="checkbox"/>	<input type="checkbox"/>		
f. Gait (on level surfaces, stairs, ramps, uneven surfaces, use of assistive devices)	<input type="checkbox"/>	<input type="checkbox"/>		
g. Bathing (amount of assistance needed, adaptive equip)	<input type="checkbox"/>	<input type="checkbox"/>		
h. Grooming (amount of assistance needed, adaptive equip)	<input type="checkbox"/>	<input type="checkbox"/>		
i. Dressing (amount of assistance needed, adaptive equip)	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: ADL Assessment (Cont.)

	Yes	No	Person Responsible:	Comments:
4. Neuro-musculoskeletal:				
a. ROM	<input type="checkbox"/>	<input type="checkbox"/>		
b. Strength	<input type="checkbox"/>	<input type="checkbox"/>		
c. Coordination	<input type="checkbox"/>	<input type="checkbox"/>		
d. Loss of Balance	<input type="checkbox"/>	<input type="checkbox"/>		
e. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>		
f. History of falls	<input type="checkbox"/>	<input type="checkbox"/>		
g. Sensation (touch, temperature, proprioception)	<input type="checkbox"/>	<input type="checkbox"/>		
h. Edema	<input type="checkbox"/>	<input type="checkbox"/>		
i. Vision, hearing	<input type="checkbox"/>	<input type="checkbox"/>		
j. Communication	<input type="checkbox"/>	<input type="checkbox"/>		
k. Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Use of adaptive/assistive equipment:				
a. Orthoses?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Prostheses?	<input type="checkbox"/>	<input type="checkbox"/>		
c. Other?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Pain	<input type="checkbox"/>	<input type="checkbox"/>		
7. Communication ability	<input type="checkbox"/>	<input type="checkbox"/>		
8. Cognition, alertness, orientation, safety awareness	<input type="checkbox"/>	<input type="checkbox"/>		
9. Other health conditions & components that may influence ADL function				
a. Adverse drug reaction	<input type="checkbox"/>	<input type="checkbox"/>		
b. Total number of medications >3	<input type="checkbox"/>	<input type="checkbox"/>		
c. Aspiration	<input type="checkbox"/>	<input type="checkbox"/>		
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>		
e. Delirium	<input type="checkbox"/>	<input type="checkbox"/>		
f. Psychosis	<input type="checkbox"/>	<input type="checkbox"/>		
g. Fluid, electrolyte imbalance	<input type="checkbox"/>	<input type="checkbox"/>		
h. Nutritional deficits	<input type="checkbox"/>	<input type="checkbox"/>		
i. Skin breakdown	<input type="checkbox"/>	<input type="checkbox"/>		
j. Use of restraints	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: ADL Assessment (Cont.)

	Yes	No	Person Responsible:	Comments:
10. Environmental factors: a. Furniture b. Building (configuration, size of room) c. Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
11. Family Support, caregiver involvement	<input type="checkbox"/>	<input type="checkbox"/>		
12. Customs, religious beliefs that may affect health care	<input type="checkbox"/>	<input type="checkbox"/>		
13. Ability to learn: a. Barriers to participation/learning (<i>vision, hearing, language, comprehension, memory, depression, interest...</i>) b. Preferred learning style	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
14. Current treatment interventions a. Frequency, duration, time of day b. Response to treatments	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
15. Need to refer resident to other health professional for management of health components outside your professional scope of practice?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Follow-up recommendations: a. Revise current ADL goals, plan of care b. Refer to therapy for comprehensive assessment c. Recommend equip, environmental modifications, etc. d. Initiate ADL/restorative program e. Continue current restorative program f. Discharge from ADL/restorative program g. Other (describe)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

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

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	Person Responsible:	Comments:
1. Does the care plan include ADL goals (short-term and long-term) as defined by the resident?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the care plan indicate:		<input type="checkbox"/>		
a. The specific cause of each deficit		<input type="checkbox"/>		
b. The type of interventions or treatments to be performed	<input type="checkbox"/>	<input type="checkbox"/>		
c. Frequency	<input type="checkbox"/>	<input type="checkbox"/>		
d. Duration	<input type="checkbox"/>	<input type="checkbox"/>		
e. Amount of assistance required	<input type="checkbox"/>	<input type="checkbox"/>		
f. Equipment required	<input type="checkbox"/>	<input type="checkbox"/>		
g. Special positioning required	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
5. 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?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the plan indicate referrals made to other health professionals, and reasons?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the plan indicate when a reassessment will be completed?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: ADL Care Plans (Cont.)

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

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

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

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	Person Responsible:	Comments:
1. Does your documentation system allow you to record:				
a. Current health condition, comorbidities that may influence function	<input type="checkbox"/>	<input type="checkbox"/>		
b. Response to current interventions	<input type="checkbox"/>	<input type="checkbox"/>		
c. Type of interventions, treatments provided	<input type="checkbox"/>	<input type="checkbox"/>		
d. Type of ADL performed (eating, transfers)	<input type="checkbox"/>	<input type="checkbox"/>		
e. Level of self-performance	<input type="checkbox"/>	<input type="checkbox"/>		
f. Amount of assistance given by caregiver	<input type="checkbox"/>	<input type="checkbox"/>		
g. Devices/equip required	<input type="checkbox"/>	<input type="checkbox"/>		
h. Frequency ADLs performed? (daily, 3x/wk)	<input type="checkbox"/>	<input type="checkbox"/>		
i. Duration of activity? (30 mins, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
j. Progress toward established goals	<input type="checkbox"/>	<input type="checkbox"/>		
k. Cancellation, refusal of treatment and reason	<input type="checkbox"/>	<input type="checkbox"/>		
l. Resident's attitude toward ADL program	<input type="checkbox"/>	<input type="checkbox"/>		
m. Change in status	<input type="checkbox"/>	<input type="checkbox"/>		
n. Need for reassessment	<input type="checkbox"/>	<input type="checkbox"/>		
o. Need for referral to other health professional to manage condition(s) outside your professional scope of practice	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does your facility have a policy and procedure for reassessing residents at regular intervals after they have started a restorative program?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Monitoring and Reassessing ADL Function (Cont.)

	Yes	No	Person Responsible:	Comments:
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 &/ or restorative program?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does your facility discuss residents' ADL status and related issues at the interdisciplinary care planning meeting?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does your facility reassess the resident when the resident or family expresses a concern regarding a change or decline in ADL abilities?	<input type="checkbox"/>	<input type="checkbox"/>		

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

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

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

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 this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your facility's education program.

_____ **Yes.** Please continue to the questions below.

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

	Yes	No	Person Responsible:	Comments:
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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Are staff's learning needs with regard to ADL function and disability regularly assessed?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does staff training address all health components influencing function and disability (e.g., physiological, psychological, anatomical, functional, environmental, and social)?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does staff training on ADL management occur at orientation and at least quarterly thereafter?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does education staff provide discipline-specific education for prevention of ADL decline (ex. Activities, Dietary, Rehab, Social Services, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No	Person Responsible:	Comments:
6. Is there a designated clinical “expert” available at the facility to answer questions from all staff about ADL function and restorative programs?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is the education provided at the appropriate level for the learner (i.e. CNA vs. RN)?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Does the education include staff training on documentation methods related to ADL decline?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Are all staff aware of the process for identifying health conditions that may influence functional ability?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Are all staff aware of the environmental factors that can influence ADL function?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Are appropriate staff trained on how to make referrals to other health professionals when necessary?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your facility’s education and training program are missing:

- Choose **one** element to focus your quality improvement effort on first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

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

