

Walking Improvement: Essential Systems for Quality Care

The following information suggests areas to focus on while evaluating facility processes for walking improvement

Systems to Review

Key Interventions for Walking Improvement

Assessments

- Develop systems to screen or evaluate walking based on illnesses, cognitive or sensory changes, gait or balance disorders, alterations in continence, medications, or environmental factors.
 - Include prior level of function and medical necessity for skilled intervention in the initial walking assessment.
 - Utilize standardized assessments to evaluate the resident's level of balance upon admission (e.g., Tinetti Assessment Tool, Berg Balance Test).
 - Evaluate the resident's gait and mobility using a standardized assessment for baseline purposes. For example: Tinetti Assessment Tool, Timed Up & Go, ELGAM, or GARS.
 - Identify the resident's precautions on surgical procedures upon admission that may prevent progress with functional walking.
 - Assess strength and the musculoskeletal system upon admission and periodically throughout the resident's stay at the facility.
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Rehabilitative Treatment & Process

- Implement a system for tracking and identifying residents appropriate for screening by the rehab department (e.g., New admissions, change of condition, quarterly screens).
 - Provide prior level of walking function in the initial evaluation if the referral to therapy is for walking improvement.
 - Formulate measurable, functional goals for ambulation on the initial evaluation and update as needed in subsequent documentation.
 - Develop a system to ensure that the progress and functional status of the resident are consistently documented between therapy, nursing, and other relevant disciplines.
 - Communicate the progress gained in therapy to ensure correct coding and accurate reflection of the resident's walking ability on the M.D.S.
 - Conduct weekly or daily documentation of IDT meetings to discuss the resident's progress/status with walking (e.g., Medicare meetings or restorative meetings).
 - Formulate restorative programs, maintenance programs, and/or home exercise programs to ensure maintenance or improvement of progress achieved during therapy.
 - Provide evidence of resident, family/caregiver, and/or facility caregiver education regarding level of independence, programs, safety issues, and precautions throughout therapy and at discharge if needed.
 - Consider a "Walking Club" to include incentives, awards, and goals determined by individual residents.
 - Collaborate with Social Services or Discharge Planner regarding discharge planning, disposition, family involvement, resident's goals, and appropriateness of community resource involvement to ensure success after discharge.
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Systems to Review

Key Interventions in Walking Improvement

Staff Training & Education

- Complete in-services at least quarterly to address all aspects of walking improvement.
 - Provide documentation that reflects staff training and understanding of roles and responsibilities of walking improvement programs.
 - Track accountability regarding ambulation programs.
 - Educate employees regarding referrals to the rehabilitation department when a resident is exhibiting difficulty with ambulation.
 - Train all caregivers on how to document each walking intervention including functional abilities, level of independence, assistive devices, progress/decline in ambulation or change in condition, resident's response to walking, and distance and time walked.
 - Include education regarding gait, transfer training, gait belt utilization, assistive devices, precautions, and body mechanics in employee orientation.
 - Inform all relevant caregivers on current specialized programs for ambulation (e.g., park and walk, restorative programs, maintenance programs).
 - Review documentation and implementation of programs to ensure staff has been educated and understands responsibilities.
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Restorative Treatment & Process

- Assess resident's fall risk upon admission and again with each fall or change in condition.
 - Execute restorative program according to recommended frequency and duration.
 - Problem solve with rehabilitation department if resident is unable to tolerate formulated program according to the recommendations provided, or if the resident has a change in condition.
 - Implement a policy that allows for dedicated staff to the restorative department; provide cross training for all C.N.A. staff on restorative treatments.
 - Interact with the rehabilitation department on a regular basis to review appropriateness of each resident's program on caseload.
 - Document each intervention including functional abilities, level of independence, assistive devices, progress/decline in ambulation or change in condition, resident's response to walking, and distance and time walked.
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Care Planning

- Reflect a problem with ambulation on the Care Plan if the resident has had a recent decline with walking (e.g., Gait deficits, Impaired mobility, Impaired balance).
 - Include appropriate short and/or long-term goals for walking improvement if a problem with ambulation was identified on the resident's Care Plan (e.g., Resident will improve ambulation from moderate assist to minimal assist by 30 days with verbal cues and a front wheeled walker).
 - Use valid approaches for walking improvement in the intervention to increase ambulation skills (e.g., Balance exercises and lower extremity strengthening).
 - Document the person(s) responsible for implementing and achieving the goal on the Care Plan.
 - Provide evidence that the Care Plan is updated as needed.
 - Ensure the relevant disciplines involved in facilitation of the Care Plan have documentation to support the interventions and goal.
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