

SECTION GG: FUNCTIONAL STATUS: USUAL PERFORMANCE

Intent: For the October 1, 2012 release of the LTCH CARE Data Set, Version 1.01, only three items (GG0160A, GG0160B, and GG0160C: Functional Mobility) are included in this section. This section assesses the need for assistance with mobility activities. If warranted by additional quality measures finalized by CMS for the LTCHQR Program through future rule-making cycles, CMS may add additional items to this section that document other aspects of functional status.

GG0160: Functional Mobility

GG0160. Functional Mobility (Complete during the 3-day assessment period.)										
Code the patient's usual performance using the 6-point scale below.										
CODING: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Patient completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the task. 07. Patient refused 09. Not applicable If activity was not attempted, code: 88. Not attempted due to medical condition or safety concerns	<div style="text-align: center;">↓ Enter Codes in Boxes</div> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>C. Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.</td> </tr> </table>	<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back.	<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	<input type="text"/>	<input type="text"/>	C. Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.
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Item Rationale

- Many patients in LTCHs may have mobility limitations. Also, most are at risk of further functional decline during their stay in the LTCH. The amount of assistance needed and the risk of decline vary from person to person.
- As inactivity increases, complications such as pressure ulcers, falls, contractures, depression, and muscle wasting may occur.

Steps for Assessment

1. Assessment of the patient's mobility status is to be based on observation of the patient's performance during the 3-day assessment period. This assessment may also include information gathered from sources such as patient self-report, family report and the medical record.
 - a. Refer to facility or state policy to determine who may complete an assessment.
2. Review documentation in the medical record for the 3-day assessment period.
3. Talk with direct care staff from each shift that has cared for the patient to learn what the patient does for himself or herself during each episode of each mobility activity, as well as the type and level of staff assistance provided. Remind staff that the focus is on the 3-day assessment period.
 - a. The assessor should consider the entire 24 hour, 3-day period to determine the patient's usual performance for each of these functional mobility items. If the patient's functional status varies during the assessment period, report the patient's usual status.
4. When reviewing records, interviewing staff, and observing the patient, be specific in assessing each component. For example, when assessing *Roll Left and Right*, determine the level of assistance required to roll from lying on one's back to the left side, then to the right side, and ending with a return to lying on the back.
5. To clarify your own understanding and observations about a patient's performance of an activity, ask probing questions, beginning with the general and proceeding to the more specific. See the example of using probes when talking to staff, at the end of this section.

Coding Instructions

Complete only if A0250 = 01 Admission; A0250 = 10 Planned Discharge; or A0250 = 11 Unplanned Discharge.

- Code 06, Independent - Patient completes activity by himself or herself with no assistance from a helper.
- Code 05, Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity. For example, the patient requires placement of a bed rail, or requires set-up of a leg lifter or other assistive device; help is provided prior to or following the activity, but not during the activity.
- Code 04, Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. For example, the patient requires verbal cueing, coaxing, or general supervision for safety to complete activity; or patient may require only incidental help such as contact guard or steadying assist during the activity.

- Code 03, Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. For example, the patient requires assistance such as partial weight-bearing assistance, but HELPER does LESS THAN HALF of the effort.
- Code 02, Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Code 01, Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the task.
- Code 07, Patient refused if patient refused to complete the activity.
- Code 09, Not Applicable if the patient did not perform this activity prior to the current illness, exacerbation, or injury.
- Code 88, Not attempted due to medical condition or safety concerns if activity was not attempted due to medical condition or safety concerns.

Coding Tips

- Record the patient's usual ability to perform each activity. Do *not* record the patient's best performance and do *not* record the patient's worst performance, but rather record the patient's usual performance during the assessment period.
- Do *not* record the staff's assessment of the patient's *potential capability* to perform the activity. If the patient does not complete the activity, indicate the reason (patient refused, not applicable or not attempted due to medical condition or safety concerns)
- If more than one helper is required to assist the patient to complete the activity, code as 01, Dependent.

Examples

1. **Roll Left and Right:** The physical therapy assistant assists Mr. R. with turning onto his right side by instructing him to bend his left leg and roll to his right side. He is then instructed how to return to his back and then to do the same on his left side. Mr. R. completes the task without physical assistance from a helper.

Coding: GG0160A Roll Left and Right would be coded **04, Supervision or Touching Assistance**.

Rationale: The helper provides instructions to Mr. R as he rolls from his back to his right side.

2. **Sit to Lying:** Mrs. H. requires assistance from a certified nursing assistant to transfer from sitting at the edge of the bed to lying in bed because of paralysis on her right side. The helper lifts and positions Mrs. H.'s right leg. Mrs. H. uses her arms to position her upper body. Overall, Mrs. H. performs more than half of the effort.

Coding: GG0160B Sit to Lying would be coded **03, Partial/Moderate Assistance**.

Rationale: A helper lifts Mrs. H.'s right leg and helps her position it as she moves from a seated to a lying position; Mrs. H. does more than half of the effort.

3. **Lying to Sitting on Side of Bed:** Mr. B. pushes up on the bed to get himself from a lying to a seated position. The helper provides steadying (touching) assistance as Mr. B. scoots himself to the edge of the bed and lowers his feet to the floor.

Coding: GG0160C Lying to Sitting on Side of Bed: would be coded **04, Supervision or Touching Assistance**.

Rationale: The helper provides touching assistance as the patient moves from a lying to sitting position.

Example of a Probing Conversation with Staff

Lying to Sitting on Side of Bed: Example of a probing conversation between the nurse (A) determining the patient's score and a certified nursing assistant (CNA) regarding a patient's bed mobility assessment:

A: "Describe to me how Mrs. L. moves herself in bed. By that, I mean once she is in bed, how does she move from lying on her back to sitting up on the side of the bed?"

CNA: "She can sit up by herself."

A: "She sits up without any instructions or physical help?"

CNA: "No, I have to remind her to check on the position of her arm that has limited movement and sensation as she moves in the bed. But once I remind her to check her arm, she can do it herself."

In this example, the nurse inquired specifically how Mrs. L. moves from a lying position to a sitting position. The nurse specifically asked about instructions and physical assistance. If this nurse did not ask probing questions, he/she would not have received enough information to make an accurate assessment of the actual assistance Mrs. L. received. Because accurate coding is important for reporting on the type and amount of care provided, be sure to consider each activity definition fully.

Coding: GG0160C would be coded **04, Supervision/Touching Assistance**.

Rationale: The CNA provides verbal instructions as the patient moves from a lying to sitting position.