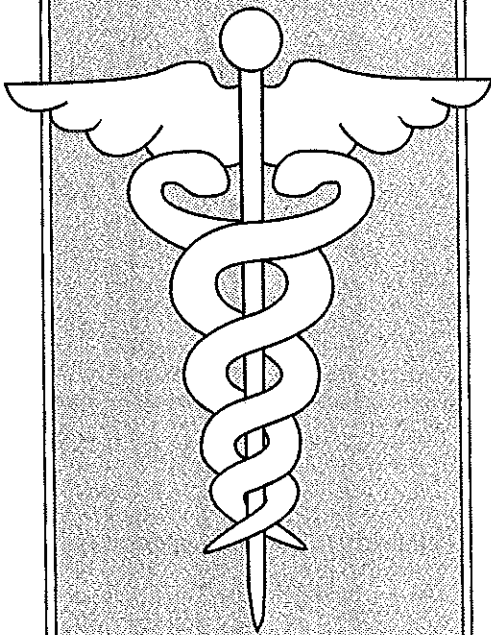


**Long Term Care
Network,
A Division of
PRIMEDIA Healthcare**



LTCNTM
LONG TERM CARE NETWORK

Quality of Care: Activities of Daily Living

EDA 311-0205

presenter

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INTRODUCTION

According to federal requirements, a facility must ensure that a resident's ability to perform activities of daily living (ADLs) does not diminish unless circumstances show that the deterioration is unavoidable. It is important to continually maximize the resident's abilities. This program's presenter highlights those conditions that may cause deterioration in ADLs and discusses the survey process for evaluating a resident's ability to perform ADLs.

TARGET AUDIENCE

The target audience for this activity is certified nursing assistants.

LEARNING OBJECTIVES

After completing this activity, the participant should be able to:

1. describe the natural progression of two common, chronic conditions in long term care residents.
2. list two examples of how pain affects a resident's ability to perform ADLs and what a nursing assistant can do to help the resident maintain function.
3. discuss how memory, emotions, and resident's self-esteem affect the performance of ADLs.
4. explain what the nursing assistant's responsibility is when a resident refuses care.
5. explain why a change in a resident's speech or language skill may contribute to a decline in ADL performance.
6. discuss how a surveyor evaluates a resident's ADLs and determines whether his or her abilities have declined, improved, or stayed the same.

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This syllabus is designed to be used in conjunction with video program EDA 311-0205 by the Long Term Care Network, a division of PRIMEDIA Healthcare. PRIMEDIA Healthcare is a division of PRIMEDIA Workplace Learning.

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QUALITY OF CARE:

ACTIVITIES OF DAILY LIVING

ACTIVITIES OF DAILY LIVING

Activities of daily living (ADL) are the functions people normally perform to meet their basic needs and be independent. According to the Federal Nursing Home Regulations, these activities include bathing, dressing, grooming, bed mobility, transferring, ambulation, toileting, eating, and the use of speech and language or other functional communication systems.

A resident must have good physical and mental functioning to meet the demands of each activity of daily living. For example, for an individual to eat well he or she must:

- ❖ be physically able to obtain food and take the food into his or her body.
- ❖ be mentally able to recognize food and know what to do when it is put before him or her.
- ❖ feel a desire to eat appropriately.
- ❖ know how to select and ingest the correct quantity and quality of food.
- ❖ be skilled in eating, that is, be able to get the food to his or her mouth and be able to chew and swallow the food safely.
- ❖ be willing to decide to eat well.

Being independent means being able to take care of all ADLs without assistance. Chronic conditions can alter physical and mental function, mood, and motivation, changing a resident's abilities to manage ADLs. Nurses assess how a chronic illness affects the resident's ability to engage in ADLs and plan actions to compensate for the deficits. The nursing assistant must carry out the plan while resisting the temptation to begin doing the care for the residents because it may be quicker and easier.

Five examples of chronic conditions that can affect a resident's ability to perform ADLs are:

- ❖ arthritis.
- ❖ Alzheimer's disease.
- ❖ multiple sclerosis.
- ❖ Parkinson's disease.
- ❖ chronic pain.

ARTHRITIS

Arthritis affects one in every seven people. It is not surprising that arthritis is one of the most common chronic illnesses among long term care facility residents. A variety of signs and symptoms are associated with arthritis, including:

- ❖ joint stiffness.
- ❖ swelling, pain, or limitation in a joint's movement.
- ❖ redness and warmth at the joint.

Residents who have arthritis frequently require various levels of assistance in managing their illness, preventing complications, and achieving a good quality of life that promotes the highest practicable physical, mental, and psychosocial well-being possible within the natural progression of their disease. The physician prescribes treatment measures specific to the resident's type of arthritis; however, most residents with arthritis can benefit from:

- ❖ a balance of rest and exercise.
- ❖ protection of the joint.

Residents with arthritis may require special assistance in maintaining and promoting maximum independence. Many of the treatment measures assist residents in keeping and improving their function. Assistive devices such as long-handled combs, canes, grab bars (especially in the bathroom), or built-up eating utensils enable residents

to engage in activities of daily living independently despite their disabilities. Encourage residents to perform as much as they can independently, and provide the extra time and patience that may be needed.

ALZHEIMER'S DISEASE

Alzheimer's disease (AD) is a progressive, degenerative disease characterized by:

- ❖ memory loss.
- ❖ language deterioration.
- ❖ impaired vision skills.
- ❖ poor judgment.
- ❖ indifferent attitude.
- ❖ preserved motor function.

Alzheimer's disease usually begins after age 65; however, its onset may occur as early as age 40, appearing first as memory decline and, over several years, destroying the individual's personality, ability to remember, reason, learn, and imagine, and finally, the individual's ability to function.

No cure for AD exists, and there is no highly effective way to slow the progression of the disease. Typically, loved ones notice a gradual change in a person with Alzheimer's. As the disease progresses, the symptoms become serious. Many people with Alzheimer's are aware initially that something is happening to their memory. Individuals with mild Alzheimer's can usually live alone and function fairly well.

Someone with moderate Alzheimer's usually is physically able to do things, but confusion and disorientation prevent him or her from being safe when left alone; thus, the individual needs continued supervision. People with advanced Alzheimer's cannot care for themselves.

MULTIPLE SCLEROSIS

Multiple sclerosis (MS) is a chronic disease of the central nervous system in which the ability to manage the simplest everyday tasks can no longer be taken for granted.

Symptoms of multiple sclerosis can vary greatly and may include:

- ❖ tingling sensations.
- ❖ muscle cramps.
- ❖ numbness.
- ❖ unusual fatigue.
- ❖ slurred speech.
- ❖ bowel and bladder problems.
- ❖ blurred or double vision.
- ❖ paralysis.
- ❖ muscle weakness.
- ❖ forgetfulness.
- ❖ poor coordination.
- ❖ confusion.
- ❖ spasms.

There are five main classifications for the progression of multiple sclerosis. These include the following:

- ❖ Benign: Symptoms are mild to moderate, do not worsen, and do not lead to permanent disability.
- ❖ Relapsing-remitting: One or two flare-ups occur every one to three years, followed by periods of remission. The flare-ups typically appear suddenly, last weeks to months, and then gradually disappear. Symptoms may worsen with each recurrence.
- ❖ Primary-progressive: After symptoms first appear, deterioration occurs without periods of remission.
- ❖ Secondary-progressive: Usually after years of relapsing-remitting MS, the disease progresses to a stage of continuous deterioration. Sudden relapses may occur.
- ❖ Progressive-relapsing: This is primary progressive MS with the addition of sudden episodes of new symptoms or worsened existing ones.

PARKINSON'S DISEASE

The earliest symptoms of Parkinson's disease may be nonspecific and include weakness and fatigue; however, more specific symptoms may include:

- ❖ tremor of the resting hand.
- ❖ a change in speech.
- ❖ difficulty turning while in bed.

- ❖ difficulty walking.
- ❖ a decreased arm swing while walking.
- ❖ difficulty in starting to walk.
- ❖ depression.
- ❖ change in handwriting.
- ❖ drooling, especially at night.
- ❖ difficulty getting in and out of a chair or car.

The progression of Parkinson's disease is manifested in many ways, including:

- ❖ Musculoskeletal: Loss in range of motion, a forward-leaning head, and flexed body posture including flexed hips, knees, and elbows.
- ❖ Cardiopulmonary: Decreased endurance causes the individual to tire early and makes completing ADLs difficult.
- ❖ Nervous system: Increased changes in mental status, tremors, and postural rigidity become pronounced as muscle tone increases and movement becomes slower.
- ❖ Autonomic system changes: Excessive perspiration, dry skin, heat insensitivity, orthostatic hypotension (marked drop in blood pressure when moving from lying to sitting or sitting to standing), increased potential for a fall and injury, bowel and bladder problems
- ❖ Other changes: Loss of associated movements such as the natural arm swing when walking, difficulty twisting at the waist, handwriting becomes smaller and less legible, mask-like facial expression, less tendency to blink

These changes become more pronounced as the disease progresses through five stages:

- Stage 1—Usually mild, generally only one side of the body is involved
- Stage 2 —Both sides of the body are involved, but balance is not impaired.
- Stage 3— Moderate impairment occurs including effects on balance and walking.
- Stage 4—Symptoms become severe with marked impairment balance, walking, and the ability to twist at the waist.
- Stage 5—Advanced disease that results in complete immobility

CHRONIC PAIN

Chronic pain often decreases a resident's ability to participate in activities of daily living. The nursing assistant plays an important role in pain management for residents with chronic conditions.

The progression of chronic illness can cause degenerative changes in muscles and tendons. These changes result in painful shoulders, elbows, hands, hips, knees, and spine. Cramps in the calves, feet, hands, hips, and thighs are common, especially at night. Joint strain and damp or cool weather frequently cause musculoskeletal pain in the elderly. Pain relief is essential in promoting optimal physical, mental, and social functioning. Pain that goes unrelieved can affect the resident's ability to participate in self-care and may lead to self-isolation and a decrease in social contact. Although the nursing assistant should always let the nurse know when a resident is experiencing pain, medication is not the only way to relieve pain.

Often heat relieves muscle spasms, and a warm bath accompanied by warm clothing and blankets to keep the extremities warm can reduce spasms and cramps throughout the night. Because of the high risk of burns, it is recommended that the elderly not use heating pads and electric blankets. Passive stretching of the extremity by performing range-of-motion exercises can be helpful in controlling muscle cramps and preventing contractures.

Excessive exercise and musculoskeletal stress should be avoided, as well as situations known to cause pain for the resident. Resting a resident's joints, supporting painful joints during transfers, and the use of a walker or cane (as ordered) can alleviate pain in the weight-bearing joints. Correct positioning to ensure all body parts are in proper alignment can help prevent and manage pain.

Avoid accidentally bumping into the resident's chair or bed. Use extra caution when turning and repositioning a resident; be sure not to pull on the resident's extremities or body.

Recreational activities can divert the resident's attention and are useful in decreasing the resident's awareness of pain. Encourage residents to participate in the organized recreational schedule at the facility, and help them get to the activity location. The goal is to aid the resident in achieving the maximum level of activity with the least degree of pain.

LOW SELF-ESTEEM

People seldom think about their health until it changes. When individuals become ill, the limitation to their independence and fulfillment of their life's roles make them keenly aware of how their illness changed their life. Often, a change in function carries along with it a change in how the person views himself or herself. Low self-esteem can cause anger, denial, depression, and regression. By knowing and watching out for signs of negative self-esteem, the nursing assistant can help improve a resident's quality of life.

Signs of negative self-esteem include:

- ❖ not participating in care or activities.
- ❖ making negative statements about himself or herself.
- ❖ being unable to accept compliments.
- ❖ indecisiveness.
- ❖ passive, nonassertive behaviors.
- ❖ avoiding eye contact (this may be cultural).
- ❖ hypersensitivity to criticism.
- ❖ describing self as useless or helpless.
- ❖ avoiding discussions about his or her illness or limitations.

THE SURVEY PROCESS

The intent of the Federal Nursing Home Regulations regarding the resident's ability to perform ADLs is to stress the facility's responsibility for providing maintenance and restorative programs and assistance that not only maintain, but also improve residents' functioning to achieve the highest practicable outcome for each ADL.

If a resident experiences a lack of improvement or a decline in ADLs, the surveyor must determine

if the occurrence was unavoidable or avoidable. Surveyors frequently ask the nursing assistant questions about a resident in order to determine the facility's compliance with the resident's MDS assessment and Care Plan. The State Survey Agency Team uses the following definitions when evaluating a resident's ADL status:

- ❖ *Bathing*: how the resident takes a full-body bath, sponge bath, and transfers in/out of a tub/shower. Excludes the washing of the back and hair.
- ❖ *Dressing*: how the resident puts on, fastens, and takes off all items of clothing, including donning and removing a prosthesis.
- ❖ *Grooming*: how the resident maintains personal hygiene, including preparatory activities, combing hair, brushing teeth, shaving, applying makeup, and washing/drying the face, hands, and perineum. Excludes baths and showers.
- ❖ *Bed mobility*: how the resident moves to and from the lying position, turns from side to side, and positions his or her body while in bed.
- ❖ *Transfer*: how the resident moves between locations—to/from: bed, chair, wheelchair, or standing position. Excludes to/from the bath or toilet.
- ❖ *Ambulation*: how the resident moves between locations in his or her room and adjacent corridors on the same floor. If the resident is in a wheelchair, what is the resident's self-sufficiency once in the wheelchair?
- ❖ *Toilet use*: how the resident uses the toilet (or commode, bedpan, urinal); transfers on/off the toilet, cleanses self, changes incontinent pads or briefs, manages an ostomy or catheter, and adjusts clothing.
- ❖ *Eating*: how the resident ingests and drinks (regardless of self-feeding skill).
- ❖ *Speech, language, or other functional communication systems*: the ability to effectively communicate requests, needs, opinions, and urgent problems; to express emotions, to listen to others, and to participate in social conversation whether in speech, writing, gesture, or a combination of these.

TEN HELPFUL NURSING ASSISTANT ACTIONS

- ❖ Encourage the resident to be as independent as possible.
- ❖ Give positive feedback when independence and accomplishments are demonstrated, even if the accomplishments seem small.
- ❖ Allow adequate time for a resident to perform tasks; never appear rushed.
- ❖ Provide assistive devices as ordered to foster independence.
- ❖ Identify and build on the unique characteristic and interests of the individual.
- ❖ Give the resident frequent opportunities to make decisions.
- ❖ Assist the resident in presenting an attractive appearance.
- ❖ Respect and preserve the resident's dignity and provide for privacy at all times.
- ❖ Inform the nurse whenever you notice a change, even if subtle.
- ❖ Never encourage learned dependence by doing the resident's ADL care because it is quicker or easier.

It is important for the nursing assistant to be familiar with these definitions and use them when charting or working with a resident.

Definitions of Level of Assistance:

- ❖ *Independent*: No help or staff oversight needed
- ❖ *Supervision*: Oversight encouragement or cueing provided
- ❖ *Limited assistance*: Resident is highly involved in activity (Resident performs 50% or more of the activity)
- ❖ *Extensive assistance*: Although resident performs part of the activity, facility staff perform 50% or more of the activity
- ❖ *Total dependence*: Facility staff perform 100% of the activity

"LATE-LOSS" ADLs

Late-loss ADLs are those that are considered the "last" to decline or deteriorate. Late-loss ADLs include:

- ❖ bed mobility.
- ❖ transferring.
- ❖ eating.
- ❖ toileting.

If a resident experiences a decline in one or more late-loss ADLs, the surveyor looks closely to deter-

mine if the decline is due to natural progression of the disease and if the facility staff do everything possible to ensure a slow decline.

Precipitating factors that are considered avoidable that may cause a decline in ADLs include:

- ❖ fractures.
- ❖ falls.
- ❖ weight loss.
- ❖ dehydration.
- ❖ pressure sores.
- ❖ symptoms of depression.
- ❖ cognitive impairment.
- ❖ daily physical restraints.
- ❖ urinary tract infections.
- ❖ little or no activity.
- ❖ psychotropic drug use.
- ❖ bowel/bladder incontinence.
- ❖ use of nine or more medications.

SUMMARY

Nursing assistants are key in helping residents maintain their independence and their ability to perform activities of daily living. It may seem more difficult to encourage residents to be independent rather than just to manage their care, but it enables them to enjoy a better quality of life.

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POST TEST

QUALITY OF CARE: ACTIVITIES OF DAILY LIVING

1. Activities of daily living do NOT include speech and language skills.
 - a. True
 - b. False
2. Residents with arthritis should stay in bed because walking and range-of-motion exercises might cause them pain.
 - a. True
 - b. False
3. An individual with mild Alzheimer's:
 - a. is physically able to do things, but confusion and disorientation prevent him or her from being safe when left alone.
 - b. never realizes that he or she is having a problem.
 - c. can usually live alone and function fairly well.
 - d. can be cured if treated before the disease progresses.
4. A nursing assistant can help reduce a resident's symptoms of multiple sclerosis by being sure to keep the resident's environment cool and avoiding the use of hot water during baths and showers.
 - a. True
 - b. False
5. Once a resident with Parkinson's disease begins to experience "getting stuck like glue to the floor" before or during ambulation, it is time to consider using a wheelchair because this is irreversible.
 - a. True
 - b. False
6. An important principle in pain management for the person with a chronic condition is to:
 - a. identify non-drug ways to prevent or reduce the resident's pain.
 - b. administer pain medications only after the resident has tried to manage the pain for at least one hour without medication.
 - c. give pain medication around the clock, even if the resident does not want the medication.
 - d. be sure that the resident has orders for more than one type of pain medication, just in case one drug does not take all the pain away.
7. Which behavior(s) would you expect to see in a resident who has negative self-esteem?
 - a. Eagerness to participate in activities
 - b. Talking about being a well and capable individual
 - c. Independence in activities of daily living
 - d. Withdrawal, self-isolation, frequent expressions of anger
8. The nursing assistant should always do things for the resident who refuses care or is unable to clearly verbalize his or her needs.
 - a. True
 - b. False

9. A resident who wipes his or her face if given a wash cloth but does not participate in any other part of taking a bath or shower requires what level of assistance?

- a. Total dependence
- b. Extensive assistance
- c. Limited assistance
- d. Supervision

10. Which is considered a "late-loss" ADL?

- a. Grooming
- b. Speech and language
- c. Eating
- d. Bathing