

# MDS Tip Sheets: ADLs

This tip sheet provides information about the Resident Assessment Instrument (RAI) Minimum Data Set (MDS) 2.0, Care Planning, and the WRHA computer system in use by Winnipeg's Long Term Care (LTC) facilities.

**ADLs include the fundamental skills a person needs to manage their basic physical needs such as personal hygiene, dressing, toileting, transferring, walking and eating.**

## Assessment of ADLs

The Resident Assessment Instrument (RAI) Minimum Data Set (MDS) provides three (3) outcome scales. The scales provide an indication of the amount of decline that has occurred in a resident's ability to perform basic self-care activities. Each scale is based on a set of questions on the MDS about a resident's activities of daily living. Specifically, staff code each question by describing the amount of assistance the resident requires.

Code 0 = Independent                      Code 3 = Extensive assistance  
Code 1 = Supervision                      Code 4 = Total Dependence

### 1. ADL Self-Performance Hierarchy Scale

This scale is based on four (4) questions on the MDS assessment, and results in a score from 0 to 6 that provides a high level indication about how much of a resident's ADL loss has occurred. The four ADL questions considered in the calculation are:

1. Personal Hygiene (G1jA)
2. Toilet Use (G1iA)
3. Locomotion (G1eA)
4. Eating (G1hA)

#### Interpreting the ADL Self-Performance Score

Score	Meaning (higher score = greater decline)
0	Independent in all 4 activities
1	Supervision needed for 1 of the 4 activities
2	Limited assistance needed for 1 of the 4 activities
3	Extensive assistance needed for toileting or personal hygiene
4	Extensive assistance needed for eating or locomotion
5	Total dependence with eating or locomotion, or eating did not occur.
6	Total dependence with all 4 activities or activity did not occur.

Questions, Comments, Topic ideas?

### 2. ADL Short Form

This outcome scale is based on the same questions as the ADL Self-Performance Hierarchy Scale. The key difference with this scale is that it results in a score from 0 to 16. A higher score indicates more impairment of a resident's ability to perform their ADL activities.

### 3. ADL Long Form

This outcome scale is based on the same questions as the ADL Self-Performance Hierarchy Scale plus three additional questions:

1. **Personal Hygiene (G1jA)**
2. **Toilet Use (G1iA)**
3. **Locomotion (G1eA)**
4. **Eating (G1hA)**
5. **Bed Mobility (G1aA)**
6. **Transfers (G1bA)**
7. **Dressing (G1gA)**

This scale results in a score from 0 to 28. Similar to the other two scales, a higher score indicates more impairment for a resident to perform ADL activities.

The key difference between the scales available from the MDS is that the ADL Self-Performance Hierarchy Scale provides an indication of the amount of self-care loss a resident is experiencing.

**Score of 1 or 2:** The resident requires supervision or limited assistance to complete their ADL activities.

**Score of 3:** The resident is experiencing an 'Early Loss' of their ADL abilities and requires assistance with dressing, personal hygiene or toilet use.

**Score of 4:** The resident is experiencing a 'Middle Loss' of their ADL abilities and requires assistance with eating and locomotion.

**Score of 5 or 6:** The resident is experiencing a 'Late Loss' of their ADL abilities and requires extensive or total assistance with eating and locomotion.

In contrast, the ADL Short and Long Form scales are additive in nature providing a simple overall indication (ie, score) of a person's ability to perform their own self-care. Essentially the higher the score, the greater assistance the person requires with their ADL.

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