

Section GG: Three-Day Admission and Discharge Performance Data-Collection Tool

Resident Name: _____ Medical Record Number: _____

Code the resident's usual performances at both the beginning and the end of the SNF PPS stay for each activity using the scoring system below. Write each code in the corresponding white boxes (example below), and initial in the blue boxes for each day/time of day.

EXAMPLE

	AM	PM	NOC
	01 JM	05 TD	03 KO

SCORING

Safety & quality of performance:

If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

01 Dependent: Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

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.

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.

04 Supervision or touching assistance: Helper provides verbal cues

or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

05 Setup or clean-up assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

06 Independent: Resident completes the activity by him/herself with no assistance from a helper.

07 Resident refused

09 Not applicable: Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

10 Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88 Not attempted due to medical condition or safety concerns

DEFINITIONS: Self Care

Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

Oral hygiene: The ability to use suitable items to clean teeth.

Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Shower/bathe self: The ability to bathe self, including washing, rinsing,

and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.

Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

DEFINITIONS: Mobility

Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

AANAC		Start of Medicare Stay (A2400B):												Usual Performance Score	Discharge Goal	
		Day 1 (of Medicare Stay):			Day 2 (of Medicare Stay):			Day 3 (of Medicare Stay):								
		AM	PM	NOC	AM	PM	NOC	AM	PM	NOC						
Self Care	GG0130	Eating														
	Oral hygiene															
	Toilet hygiene															
	Shower/bathe self															
	Upper body dressing															
	Lower body dressing															
	Putting on/taking off footwear															
Mobility	GG0170	Roll left and right														
	Sit to lying															
	Lying to sitting on side of bed															
	Sit to stand															
	Chair/bed-to-chair transfer															
	Toilet transfer															
	Walk 10 ft.															
	Walk 50 ft. with 2 turns															
	Walk 150 ft.															
	Wheel 50 ft. with 2 turns															
Wheel 150 ft.																

Notes (additional notes on page 2): _____

Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).

Toilet transfer: The ability to get on and off a toilet or commode.

Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07,

09, 10, or 88: Skip to GG0170M, 1 step (curb).

Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.

Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Wheel 50 feet with two turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

Signatures:

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Beginning of Stay

Additional Notes: _____

End of Stay

Notes: _____

AANAC		Planned Discharge Date (MDS Item A2400C)*:									Discharge Performance Score	
		3rd to the Last Day			2nd to the Last Day			Last Day of Medicare A Stay				
		AM	PM	NOC	AM	PM	NOC	AM	PM	NOC		
Self Care GG0130	Eating											
	Oral hygiene											
	Toilet hygiene											
	Shower/bathe self											
	Upper body dressing											
	Lower body dressing											
	Putting on/taking off footwear											
	Mobility GG0170	Roll left and right										
Sit to lying												
Lying to sitting on side of bed												
Sit to stand												
Chair/bed-to-chair transfer												
Toilet transfer												
Walk 10 ft.												
Walk 50 ft. with 2 turns												
Walk 150 ft.												
Wheel 50 ft. with 2 turns												
Wheel 150 ft.												

*Planned Discharge Date (MDS Item: A2400C): A2400C date is based on the earliest of the following criteria: **1.** Date on NOMNC **2.** Date of benefits exhaust **3.** Date the payer source changed **4.** Discharge Date (For completing Section GG, exclude unplanned discharges)

Signatures:

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Resident Name: _____ Medical Record Number: _____

Code the resident's usual performances at both the beginning and the end of the SNF PPS stay for each activity using the scoring system below. Write each code in the corresponding white boxes (example below), and initial in the blue boxes for each day/time of day.

Residents should be allowed to perform activities as independently as possible, as long as they are safe. Facility leaders need to determine which staff members are qualified to assess resident safety and ability to attempt the activity. Refer to facility, federal, and state policies and procedures to determine which staff members may complete an assessment. Resident assessments are to be done in compliance with facility, federal, and state requirements.

EXAMPLE

AM		PM		NOC	
01	JM	05	TD	03	KO

SCORING

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88 Not attempted due to medical condition or safety concerns

DEFINITIONS: Mobility

Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

1 step (curb): The ability to go up and down a curb and/or up and

down one step. If admission performance is coded 07, 09, 10, or 88: Skip to GG0170P, Picking up object.

4 steps: The ability to go up and down four steps with or without a rail.

12 steps: The ability to go up and down 12 steps with or without a rail.

Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

AANAC		Start of Medicare Stay (A2400B):												Usual Performance Score	Discharge Goal
		Day 1 (of Medicare Stay):				Day 2 (of Medicare Stay):				Day 3 (of Medicare Stay):					
		AM	PM	NOC		AM	PM	NOC		AM	PM	NOC			
Mobility GG0170	Car transfer														
	Walk 10 ft. on uneven surfaces														
	1 step (curb)														
	4 steps														
	12 steps														
	Pick up object														

AANAC		Planned Discharge Date (MDS Item: A2400C)*:												Discharge Performance Score	
		3rd to the Last Day				2nd to the Last Day				Last Day of Medicare A Stay					
		AM	PM	NOC		AM	PM	NOC		AM	PM	NOC			
Mobility GG0170	Car transfer														
	Walking 10 ft. on uneven surfaces														
	1 step (curb)														
	4 steps														
	12 steps														
	Pick up object														

Notes: _____

Signatures: _____

