## Evidence-Based Clinical Assessment Toolkit

# Quick Guide for Activities of Daily Living

PSRAC LEADERSHIP
PUBLIC SECTOR RESIDENTIAL AGED CARE

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State Government Victoria

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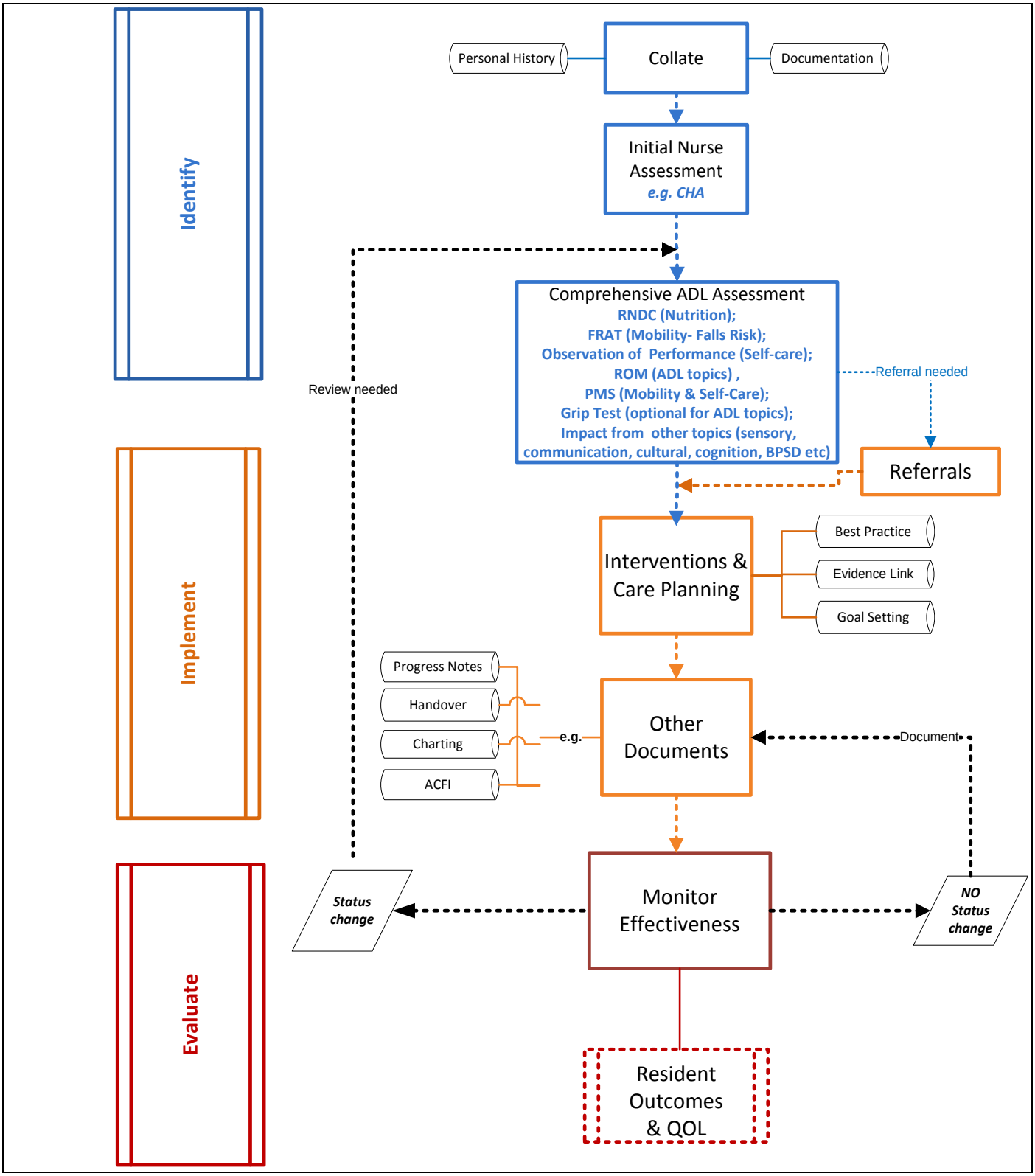
# Activities of Daily Living Summary: Steps and Information Flow

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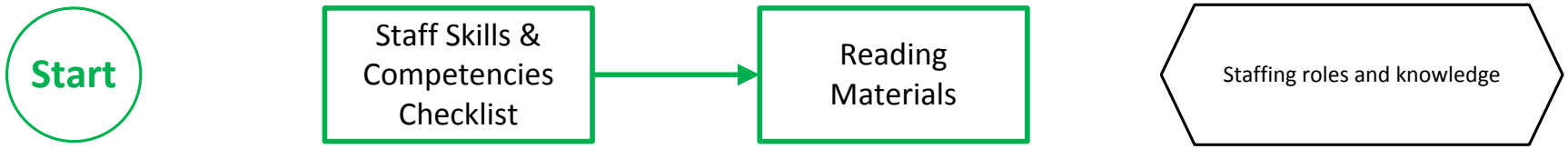
## QUICK GUIDE: Activities of Daily Living

1. PREPARE




| Step | Action | Outcomes |
|---|---|---|
| **Staff Skills & Competencies Checklist** | ☐ Determine the skills or competencies required to complete each activity | Due diligence is applied to the process |
| | ☐ Identify staff or staff type competent to complete each activity | Management have identified the staff that fit the required skill set to complete activities within the process. It assists to select staff and determine the roles of staff to ensure the process can be completed, and assists to identify training and education needs |

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| **Reading Material** | ☐ Reading materials or summaries from the recommended resources are provided for each topic | Introduces some basic information staff should understand about the topic. Discusses the interaction with other domains. |

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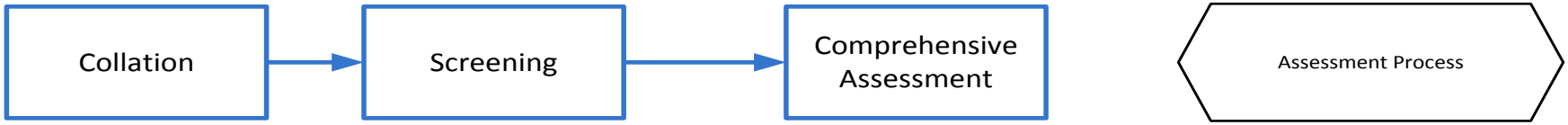
2. IDENTIFY




| Step | Action | Outcomes |
|---|---|---|
| **Collation** | ☐ Gathering the history from the resident and family | Preferences (related to the care, social and environmental aspects), pleasant events, what has been tried, what works for the family. Involving the resident and family in their care underpins the principles of Person Centred Care (PCC). |
| | ☐ Gathering diagnoses, clinical information, personal history from file note (ACCR, CMA, AHP) | Diagnoses associated to care needs, swallowing, diet, mobility status, self-care status, aids, assistance required with care activity, information about other domains that may interact e.g. cognitive status |
| **Initial Nurse Assessment** | ☐ For example CHA (Comprehensive Health Assessment) | Can inform on parts of the comprehensive assessment. Mixture of recording and assessing: broad assessment e.g. social and cultural needs). CHA covers: Eating and dietary needs; ROM; Swallowing assessment; Physical Function; Musculoskeletal assessment (posture, gait, limbs, and falls). |
| **Comprehensive Assessment** | ☐ Range of Movement (ROM) | Assesses for ROM across all joints to inform on body structure and function |
| | ☐ Grip Test | Assesses for strength of grip, good marker of physical performance |
| | ☐ Resident Nutrition Diet Card (RNDC) | Records: Medical History, medications, type of diet, diet texture, allergies, food likes/dislikes, appetite, chewing, swallowing ability, dexterity |
| | ☐ Physical Mobility Scale (PMS) | Assesses the functional mobility status- position changes, transfers, mobilising |
| | ☐ FRAT | Screens for falls risk, and assesses falls risk to determine strategies |
| | ☐ Observational Performance Assessment | Assesses for ability to undertake/complete a task |
| | ☐ Clinical Risk Management | System level monitoring; Unplanned weight loss, Dehydration, Physical Restraint, Oral & Dental Hygiene |
| | ☐ Clinical Reasoning | Includes the awareness of the impact of other impairments e.g. cognition, sensory |

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**QUICK GUIDE: Activities of Daily Living**

3. IMPLEMENT

| Step | Action | Outcomes |
|---|---|---|
| **Referrals** | ☐ Management to complete Referral Tables | Completed Referral Tables based on a due diligence approach (see below) |
| | ☐ Referral Process | Provide a protocol and process that provides a documentation trail for the referral process, is there:<br>-a referral request template;<br>- an information pack prepared for the Health Professional you refer out to;<br>- an outcomes template for the Health Professional to report the outcomes to you;<br>- a current log of Health Professionals (and their expertise) to refer out to. |
| | ☐ Occupational Therapist | Assessment/ aids for physical functioning, transfers |
| | ☐ Physiotherapist | Assessment/Interventions for physical functioning, mobility, transfers, pain |
| | ☐ Dietitian | Assessment/Interventions for dietary need |
| | ☐ Speech Pathologist | Assessment/Interventions of communication and swallowing needs |
| | ☐ Dentist | Assessment/Interventions of dental and oral hygiene |
| | ☐ Clinical Nurse specialist | Assessment/Interventions for nursing care |

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| **Interventions** | ☐ Nutrition care | Knowledge of best practice, practical nutrition interventions e.g. BCOPE p85-86 |
| | ☐ Falls care | Knowledge of best practice, practical falls risk interventions FRAT PACK; VQC |
| | ☐ Mobility care | Knowledge of best practice aids and interventions e.g. incidental activities |
| | ☐ Self-Care | Knowledge of best practice interventions to improving self-care activities |
| | ☐ Staff / family education | Include education to staff and families on intervention, risks, or resident choices |
| | ☐ Social | Include personalised activities both internal and external to home |
| | ☐ Physical Environment | Consider feasible modifications to the built environment |

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| Step | Action | Outcomes |
|---|---|---|
| **Goal Setting** | ☐ Specific | State exactly what it to be accomplished (Who, What, Where, Why) |
| | ☐ Measurable | How will you demonstrate if the goals were met? |
| | ☐ Action-oriented | What is the action to be completed? |
| | ☐ Realistic / Relevant | Ensure the changes are feasible and affordable |
| | ☐ Time-based | Date or elapsed time to complete the goal |
| | ☐ Consumer focus | Consumer has participated in the process.<br>Resident view on their Quality of Life (enjoyment of life) |
| **Care Planning** | ☐ Documentation | Recording care needs, strategies, goals and the evaluation of the goals and the care.<br>Consumer participation in the process and feedback sought. |
| | ☐ Communication | Provides information about care needs in an accessible format.<br>Congruent with other documentation. |
| | ☐ Consumer focus | Consumer has participated in the process.<br>Involving the resident and family in their care underpins the principles of Person Centred Care (PCC). |
| **Linking the Evidence** | ☐ Diagnosis and symptoms | Relevant to ADL care needs e.g. arthritis<br>Impacts on ADL care needs e.g. moderate-severe cognitive impairment |
| | ☐ Impact on body structure/function | Link a diagnosis to a body structure/function e.g. arthritis affects knee and foot causing balance issue and pain |
| | ☐ Activity Limitation | Link the body structure/function impact to the activity that is impacted e.g. arthritis impacts mobility ( reduced ability to move around) with increased falls risk |
| | ☐ Strategies (actions) to improve enjoyment of life and participation | Document how the interventions address the activity limitation e.g. pain management put in place to reduce pain in afternoon and reduce falls risk |
| **Other documents** | ☐ Progress Notes | Document new observations, assessments, strategies, and changes made to the care plan. Care plan, progress notes and assessments to be congruent with each other.<br>Provide clear and consistent communication to staff and other Health Professionals. |
| | ☐ Handover | Use Handover notes to update Progress Notes and Care Plan |
| | ☐ Charting | Updating Charting information |
| | ☐ Complete the ACFI | Use the assessment outcomes and evidence links to determine and support claims. |

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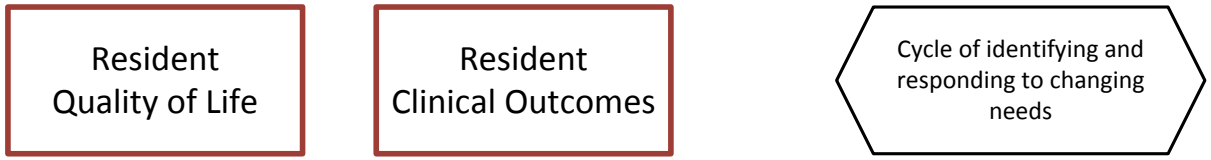
4. EVALUATE




| Step | Action | Outcomes |
|---|---|---|
| **Quality of Life Outcomes** | ☐ Repeat Quality of Life questionnaire (if suitable) | Objectively evaluate Quality of Life goals as relevant to the topic.<br>Learning about the resident and their views on their life.<br>Involving the resident in their care underpins the principles of Person Centred Care (PCC). |
| | ☐ Seek feedback from the resident and/or family | Involving the resident and family in their care underpins the principles of Person Centred Care (PCC). |
| | ☐ Seek staff feedback | Identify any incongruence between staff and consumer views; this may identify education opportunities for staff and/or family. |

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| **Resident Care Outcomes** | ☐ Evaluate Care goals | Objectively evaluate care goals as relevant to the topic. |
| | ☐ Monitor Incident Forms | Update risk assessments and strategies |
| | ☐ Monitor Standardised Care Processes | Monitor system level clinical issues |
| | ☐ Monitor Resident File documents | Ensuring the Resident File documentation is current and congruent.<br>Ensuring the communication to care staff and other Health Professionals is congruent. This would include Progress Notes (by nursing/ AHP/Medical Practitioners etc), new assessments and Care Plans. |

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