MDS SECTION GG CODES

Section GG Functional Abilities and Goals includes admission and discharge self-care and mobility performance (GG0130 and GG0170) data elements. Activities may be completed with or without assistive devices. GG charting is completed during the first 3 days and last 3 days of a skilled patient's stay. This information helps to assess whether or not the patient improved during their stay and this information is reviewed by Medicare and other insurance companies.

Functional Codes	Assistance Level	Descriptions
06	Independent	Patient/resident safely completes the activity by themselves with no assistance from a helper.
05	Set-up or Clean-up Assistance	Helper sets up or cleans up; patient/resident completes activity. Helper assists only prior to or following activity.
04	Supervision or touching Assistance	Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as activity is completed. Assistance may be provided throughout the activity or intermittently.
03	Partial/Moderate	Helper does LESS THAN HALF the effort. Helper lifts or holds trucks or limbs but provides less than half the effort.
02	Substantial/Maximal Assistance	Helper does MORE THAN HALF the effort. Helper lifts or holds trucks or limbs and provides more than half the effort.
070°ds'\	Dependent	Helper does ALL of the effort. Patient/resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required.
070	Patient/Resident Refused	
July 09	Not Applicable	Not attempted and the patient/resident did not perform this activity prior to the current illness, exacerbation, or injury.
10	Not attempted due to environmental limitations	Example: lack of equipment, weather constraints
88	Not attempted due to medical condition or safety concerns	Example: patient lethargic or aggressive or threatening behaviors

Mds Documentation Guidelines

Patrick Vollmar

Mds Documentation Guidelines:

Complete Guide to Documentation Lippincott Williams & Wilkins, 2008 Thoroughly updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy JCAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses

The OTA's Guide to Documentation Marie Morreale, 2024-06-01 The bestselling newly updated occupational therapy assistant OTA textbook The OTA's Guide to Documentation Writing SOAP Notes Fifth Edition explains the critical skill of documentation while offering multiple opportunities for OTA students to practice documentation through learning activities worksheets and bonus videos The Fifth Edition contains step by step instruction on occupational therapy documentation and the legal ethical and professional documentation standards required for clinical practice and reimbursement of services Students and professors alike can expect the same easy to read format from previous editions to aid OTAs in learning the purpose and standards of documentation throughout all stages of the occupational therapy process and different areas of clinical practice Essentials of documentation reimbursement and best practice are reflected in the many examples presented throughout the text Worksheets and learning activities provide the reader with multiple opportunities to practice observation skills and clinical reasoning learn documentation methods create occupation based goals and develop a repertoire of professional language Templates are provided to assist beginning OTA students in formatting occupation based SOAP notes and the task of documentation is broken down into smaller units to make learning easier Other formats and methods of recording client care are also explained such as the use of electronic health records and narrative notes This text also presents an overview of the initial evaluation process delineating the roles of the OT and OTA and guidelines for implementing appropriate interventions New in the Fifth Edition Incorporation of the Occupational Therapy Practice Framework Domain and Process Fourth Edition and other updated American Occupational Therapy Association documents Updated information to meet Medicare Part B and other third party payer requirements Revised clinical terminology on par with current trends Added examples from emerging practice areas Expanded tables along with new worksheets and learning activities Included with the text are online supplemental materials for faculty use in the classroom this includes access to supplemental website worksheets learning activities and scenario based videos to practice the documentation process

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documentation that supports the delivery of resident care The clinical record may be either handwritten or electronic but its purpose is to provide the activity professional with information to assess each resident's needs develop a plan of care establish goals to be achieved and outcomes expected document interventions evaluate the success or need for revision of the care plan Throughout this book there are references specific to activity programs in nursing facilities and other situations that fall under OBRA guidelines Federal regulations with interpretive guidelines and sections of the Resident Assessment Instrument RAI Version 3 0 Manual that describe documentation requirements are included **Restorative Care Nursing for Older Adults** Barbara Resnick, 2004-07-28 The purpose of restorative care nursing is to take an active role in helping older adults maintain their highest level of function thus preventing excess disability This book was written to help formal and informal caregivers and administrators at all levels to understand the basic philosophy of restorative care and be able to develop and implement successful restorative care programs The book provides a complete 6 week education program in restorative care for caregivers many suggestions for suitable activities and practical strategies for motivating both older adults and caregivers to engage in restorative care In addition the book provides an overview of the requirements for restorative care across all settings the necessary documentation and ways in which to complete that documentation

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