

Section GG Overview

GENERAL		
06	Independent	Independent with or without a device. No assistance (physical, verbal/non-verbal, cueing). **If assistance is needed in RETRIEVING the device, code assist level
05	Set Up or clean up assistance	Only needs assistance prior to or at the end of the activity
04	Supervision or touching assistance	One helper only, needs verbal/non-verbal cueing or steadying/touching, CGA
03	Partial/moderate assistance	One helper who provides LESS than half of the effort
02	Substantial/maximal assistance	One helper who provides MORE than half of the effort
01	Dependent	One helper provides all the effort OR 2 or more helpers are required, even if SBA
07	Patient/Resident refused	Patient/resident refused to complete the activity
09	Not applicable	Not attempted and patient/resident did not perform this activity prior to the current illness, exacerbation or injury
10	Not attempted due to environmental limitations	For example, lack of equipment, weather constraints
88	Not attempted due to medical condition or safety concerns	Activity was not attempted due to medical condition or safety concerns

ADLs	GG0130A, B, C, E, F, G, H, J	
*Eating (A)	*Oral Hygiene (B)	*Toilet Hygiene (C)
<p>Assist with tube feeding or TPN is not considered.</p> <p>*NPO for all fluids/solids (new onset) = 88 *NPO for all fluids/solids (prior to admit) = 09 *Code assist level if using TF/TPN in addition to oral food/drink *If eats finger foods, based on amount of assistance needed using their hands</p>	<p>Dentures included Insert and remove dentures into and from the mouth and manage denture soaking and rinsing with use of equipment.</p> <p>If no teeth nor dentures, code based on ability to clean gums</p>	<p>Maintain perineal hygiene, adjust clothes before and after void/BM. Includes toilet, commode, bedpan or urinal.</p> <p><u>Ostomy</u>? – include ability to wipe the opening but not managing equipment <u>Foley</u>? – code based on assist with BM <u>Bed Pan</u>? – code based on need for assist for clothing management and perineal cleansing.</p>
Shower/Bathe Self (E)	UB Dressing (F)	LB Dressing (G)
<p>Includes washing, rinsing and drying in a shower, bath or sink (full sponge bath) **Excludes washing back and hair** **Does NOT include transferring in/out of tub/shower.</p> <p>05 = Helper sets up materials for shower/bath and patient does the rest xx = If the patient cannot complete whole body, code based on the amount of assist to complete task</p>	<p>Dress and undress above the waist including fasteners, if applicable.</p> <p>Includes all clothing items EXCEPT hospital gown. Includes TLSO, abdominal binder, back brace, stump sock, neck support, UE prosthetic/orthotic</p>	<p>Dress and undress below the waist including fasteners, if applicable. **Does NOT include footwear</p> <p>Includes undergarments, incontinence items, pants, shorts, skirts, capris, pajama bottoms. Includes knee brace, elastic bandage, stump sock, prosthesis</p>
Putting on/taking off footwear (H)	Personal Hygiene (J)	HELPFUL HINTS FOR ADL RATINGS
<p>Put on and take off socks and shoes or other footwear appropriate for safe mobility, including fasteners, if applicable.</p> <p>Includes socks, shoes, boots, running shoes Includes AFO, compression stockings, elastic bandages, orthopedic walking boots, foot orthotic</p> <p>For bilateral LE amputations with or without prostheses, this activity may not occur, i.e. socks and shoes may be attached to the prosthetic leg – in this case use 88 or 09.</p> <p>For one LE amputation with/without prostheses, code amount of assist to donn/doff both feet.</p>	<p>Personal hygiene involves the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying face and hands.</p> <p>Does not include baths, showers, or oral hygiene.</p>	
	Tub/Shower Transfer (Mobility FF)	
	<p>The ability to get in and out of the tub/shower</p> <p>Does not include washing / drying tasks.</p> <p>**This is part of the mobility GG section, not the Self-Care.</p>	<ul style="list-style-type: none"> <i>Coding should be USUAL performance – not worst or best</i> <i>Activity must be observed during your session, can't assume how the patient "would" do if you had time, they weren't in pain, etc.</i> <i>Admission levels should be representative of status BEFORE benefits of therapy teaching/training of a therapy session.</i>

Mobility	GG0170A-S		REACH FURTHER
Roll left and right (A)	*Sit to lying (B)	*Lying to sitting on side of bed (C)	
Roll from lying on back to left and right and return to lying on their back on the bed *If they cannot roll left AND right AND onto back = 88 *Use clinical judgement for what is considered “lying” for the resident. *If head of bed must be kept raised due to medical condition = 88	Sitting on side of the bed to lying flat on the bed If head of bed must be kept raised due to medical condition = 88 *Use clinical judgement for what is considered “lying” for the resident.	Move from lying on their back to sitting on the side of the bed with feet flat on the floor and with no back support *Adjust bed for feet to reach floor **“back support” refers to an object or a person supporting the back *Use clinical judgement for what is considered “lying” for the resident. *If head of bed must be kept raised due to medical condition = 88	
*Sit to stand (D)	*Chair/bed-to-chair transfer (E)	*Toilet Transfer (F)	
Come to a standing position from sitting in a chair, wheelchair or on the side of the bed *Mechanical Lift = 88 *2 helpers with sit to stand lift = 01	Transfer to AND FROM a bed (sitting up at edge) to a chair (or wheelchair). Does NOT include sit<>lying If 2 helpers are needed with mechanical lift, code 01, even if the patient assists with any part of the transfer	Transfer on AND OFF a toilet or commode (with or without a raised toilet seat) Does not include hygiene or clothing management Use of bedpan = 88	
Tub/Shower Transfer (FF)	Car Transfer (G)	Walk 10 feet (I)	
The ability to get in and out of the tub/shower Does not include washing / drying tasks.	Ability to transfer IN and OUT of an auto on the passenger side. Does not include the ability to open/close door or fasten seat belt Inclement weather or car simulator is not available = 10	Once standing, the ability to walk at least 10 feet, using device if needed. *Parallel bar use should not be considered **All walking items, if a second person needs to follow with a w/c, code dependent. <i>All walking activities, I, J, K, L can occur at different times of the day or different days of the assessment period.</i>	
*Walk 50 feet with 2 turns (J)	*Walk 150 feet (K)	Walking 10’ on uneven surfaces (L)	
Once standing, the ability to walk at least 50 feet and make 2 turns *Turns should be 90 degrees and could be in the same direction or different directions.	Once standing, the ability to walk at least 150’ in a corridor or similar space *May take a standing rest but if sits, code=88	Once standing, the ability to walk 10 feet on uneven surfaces (indoor or outdoor) such as slopes, turf or gravel	
1 step (curb) (M)	4 steps (N)	Picking up object (P)	
Go up AND DOWN one curb/step, with or without rail *All step items include up/down by any means including a stair lift.	Go up AND DOWN 4 steps with/without a rail 12 steps (O) Go up AND DOWN 12 steps with/without a rail. <i>Can be scored by going up down 4 steps 3 times</i>	Bend/stoop from a standing position to pick up a small object from the floor. *Using a reacher can be used to pick up the object – code assistance needed. If reacher is provided to patient, consider this set up = 05	
WHEELCHAIR/SCOOTER: The intent is to assess ability of those who are learning how to <i>self-mobilize</i> using a w/c or who used a w/c for <i>self-mobilization</i> prior to admission. If the patient used a w/c prior to admission, score “does the patient use a wheelchair” as yes. If the patient uses a WC for transport purposes only, i.e. between locations in the facility or for community mobility outside of the home, code the GATEWAY QUESTION “does the patient use a wheelchair” as No and skip remaining questions.			
Wheel 50’ with 2 turns (R)	Wheel 150’ (S)	HELPFUL HINTS FOR MOBILITY RATINGS	
Once seated in WC/scooter, the ability to wheel at least 50’ and make 2 turns. Turns are 90 degrees and can be in the same direction or in different directions. If patient can propel less than 50’ and less than 2 turns, code based on how much help was given, i.e. propelled 10’ and one turn, helper pushed 40’ = 02	Once seated in WC/scooter, the ability to wheel 150’ in a corridor or similar space	<ul style="list-style-type: none">Coding should be <i>USUAL</i> performance – not worst or bestActivity must be observed during your session, can’t assume how the patient “would” do if you had time, they weren’t in pain, etc.Admission levels should be representative of status <i>BEFORE</i> benefits of therapy teaching/training of a therapy session.	

*=items used to calculate PT/OT Function score for HIPPS