

OASIS Alert

Assessment: FOCUS ON PATIENT'S ABILITY WHEN RESPONDING TO 1810/1820

Hint: Modified clothing choices could level the playing field.

After struggling for months to dress herself, your patient decides to modify her clothing choices so that she is no longer dependent on an aide for help.

Do you know how her choice will affect your OASIS C selections? Follow this guidance to ensure you make the correct assessment:

Amount of Assistance is Key

Your responses to items 1810 (Current ability to dress upper body safely...) and 1820 (...lower body...) hinge on two details: what's happening right now (including the previous 24 hours) and how much help your patient needs, explains **Jane Gorwin**, a post-acute care consultant in Oakland, Calif.

This means you shouldn't pay attention to what your patient did last week or what they plan to do next week, but instead must home in on the day of the assessment for deciding whether your patient is able to dress herself. You'll assess your patient for items 1810/1820 at the start of care, resumption of care, follow up, and discharge -- so you'll have plenty of opportunities to show your patient's progress in dressing herself, notes **Fazzi Associates** in Northampton, Mass.

Crucial: You must take into account any "human intervention" your patient requires when dressing in her permanent style of clothing, Fazzi points out. Human intervention includes having to talk her through the process, laying out or handing her any item considered clothing, or just being on stand by in case she needs help. For a patient needing this type of light assistance, you'd choose "1."

Example: You are providing care for a patient who has a wound on her left shoulder. She has difficulty reaching up for her shirt, so you hand it to her. She is then able to dress her upper body. She puts on a pair of pants, but is unable to zip them on her own.

For this patient, you'd choose "1" for both 1810 and 1820 because she required at least some assistance from you in dressing both her upper and lower body.

However, a patient who relies on non-human intervention for dressing, such as a "grabber," is considered completely able to dress herself, Gorwin says. For a patient who requires zero human intervention but relies on a non-human device, you'd select "0" for both items.

Score For Ability, Not Patients' Will

Despite your best intentions and skill, there are many patients who simply don't want to dress themselves and resist all your efforts to get them dressing independently.

Remember: The intent of items 1810/1820 is to "identify the patient's ability, not necessarily actual performance," Fazzi stresses.

Whether the patient is capable is much different from whether she is willing.

Ask resistant patients these concise questions to shed light on how able they are to dress themselves, Fazzi recommends:

- Do you have difficulty dressing?
- Have you changed what you wear to make it easier to get dressed?
- What type of tops do you normally wear?
- Do you have difficulty putting on your shirt or sweater?
- What do you wear on your feet?
- Do you have difficulty putting on pants, stockings, or shoes?

Use patients' answers to these questions to determine their capabilities. If their responses indicate that they still require some assistance (fumbling with buttons, pain when putting on pants), then they are not able. However, phrases like, "but I don't like to" or "I could but" are dead giveaways of the patient's ability level.

Watch out: Not all resistant patients are those who don't want to dress -- many don't want to admit they need help, points out **Carol Siebert**, a principal with **The Home Remedy** in Chapel Hill, N.C.

To spot these patients, ask for demonstrations dressing in the normal style of clothing. For instance, you could ask the patient to take off his sweater or remove his socks. Then ask him to put the item back on.

Signs that the patient needs assistance include cringing or wincing as though he's experiencing pain or discomfort, or any attempts he makes to avoid doing these actions in front of you, Siebert says.

Modifications Trump All Else

Part of your education and care plan should be to evaluate whether a patient can realistically expect to return to her previous level of ability. If the likelihood is slim that she'll ever be completely able to dress in the clothing style that she's used to wearing, you can help her modify her clothing style so that she gains back her independence, Fazzi says.

Important: Once your patient modifies her clothing style -- say, choosing items without buttons or zippers, using a grabber, or finding new places to store clothing -- you can evaluate her based on those changes. The key here is the changes are permanent and will be routine for the patient, the **Centers for Medicare & Medicaid Services** clarifies on the **OASIS Certificate and Competency Board** website.

CMS doesn't set up a timeframe for deciding when a change is permanent. To determine whether a clothing style is temporary or permanent, inquire into your patient's intentions, suggests Gorwin.

You might ask, "How long do you intend to wear this type of clothing?" or "Do you plan to return to your previous style of dressing?" she says. If the patient does plan to return to her previous clothing style, then the change is temporary and should not affect your item choices.

Example: Your wound care patient now uses a grabber to reach her shirts so that no one has to hand them to her. She still experiences pain when zipping and asks for help. Therefore, you would choose "0" for item 1810, but she remains a "1" for 1820.

Example 2: A patient with severe arthritis decides to weed out all clothing with zippers, buttons, and laces. With her modifications, she is completely able to dress herself and slip on her shoes. You would choose "0" for both 1810 and 1820.

Let Responses Guide Care Plan

None of your patient's previous evaluations should have any bearing on your current assessment for 1810/1820, but that doesn't mean you can't glean some valuable information from those time points, Gorwin notes.

Do this: Refer back to previous assessments to determine "whether your patient's current ability has improved or

worsened," she suggests. Then consider what new interventions could help the patient become more independent when dressing.