

OASIS Alert

Assessment: Try These M1200 Assessment Techniques

Visual impairments don't always qualify as visual deficits.

OASIS item M1200 identifies "the patient's ability to see and visually manage (function) safely within his/her environment, wearing corrective lenses if these are usually worn." Answer this item correctly and your agency can earn either 1 or 2 case mix points depending on the episode of care.

Unfortunately, this item is frequently answered incorrectly, says **Jean Bird, RN, HCS-D, BCHH-C, COS-C**, AHIMA Approved ICD-10 Trainer with **Gentiva Home Health** in Fall River, Mass.

For an accurate assessment, remember these points, Bird suggests:

- The directions instruct you to: assess vision with any corrective lens if worn. If your patient has glasses but does not routinely wear them, or cannot locate the glasses, assess his vision without the glasses.
- A magnifying glass doesn't count as a corrective lens for this item; but reading glasses are corrective lenses.
- Ask the patient to read a medication label and discuss what the medication is for. See if she can differentiate between her medications, or is able to safely draw up her insulin dosage.
- Observe how easy it is for your patient to locate the signature line on the consent form. How does the signature look □ is it enlarged, or normal size? Is it flowing or halting?
- Remember, the individual may be unable to read but his vision may be perfect. Consider how he navigates around the house and performs activities of daily living (ADLs) to assess his vision.

You should also consider diagnoses the individual may have that could impact his or her vision, Bird says.

- If your patient has a diagnosis of cataract, glaucoma, macular degeneration, diplopia, orbital swelling post injury, etc, there may be some visual impairment. Does he or she fumble or grope for items, or is he or she able to locate an object without difficulty?
- If your patient is legally blind, there will be a definite impairment. As a clinician, you must assess whether the impairment is partial or severe.
- If your patient is admitted to a low vision program make sure his visual impairment is documented.
- If your patient is blind in one eye, assess vision in the other eye. There may be no impairment, or there may be some.
- If the patient is wearing a neck brace, does the brace allow for head movement to allow visualization of objects on the floor? If not, her vision may be temporarily impaired because the neck brace inhibits a full range of motion.
- Has the patient suffered a stroke with a visual field cut or other visual sequelae?

Remember: Your patient may have a visual impairment, but that doesn't mean she has a diagnosis of visual deficit, Bird says. Contact the physician to determine whether there is a diagnosis when your patient demonstrates visual impairment. "Your patient may not be able to read a newspaper, but with a trip to the eye doctor and new prescription lenses she may have 20/20 vision □ or 'normal vision' at least," Bird says. Be sure to document your discussion with the physician.

When your patient has dementia, he may not be able to answer questions appropriately, Bird reminds. In this case the clinician must perform a visual assessment of functioning. Consider the following:

- Does he navigate the home using furniture?
- Does he walk into, or brush against, furniture?
- Is he able to see buttons on his shirt and button them without difficulty?

- Can he eat independently?

"It is important to remember that as we age, sometimes we become vain and do not wish people to know how infirm we may be," Bird says. "We develop compensatory techniques to cover up our inadequacies. Often our patients are too proud to admit they have any issues and will state their 'vision is fine.'"

"As clinicians we must dig deeper to ascertain if this is true in order to address the needs our patients have. In addition to asking questions, perform a total assessment and answer M1200 from a combination of questions, assessment and practical measures," Bird says.