

OASIS Alert

Assessments: Don't Miss Access and Safety when Scoring ADL Items

Know the 5 ADL items where instructions differ.

Are you underscoring your patient's need for assistance in OASIS activities of daily living (ADL) items? Make sure you're keeping the latest guidance in mind or risk misrepresenting your patients.

Consider Ability to Access Locations

Most OASIS ADL/IADL items ask you to consider the patient's ability to access the required items or the appropriate location needed to perform the task.

For example: Your responses to OASIS items M1810 □ Ability to dress upper body and M1820 □ Ability to dress lower body should include the patient's ability to access items of clothing, says **J'non Griffin, RN, MHA, WCC, BCHH-C, HCS-D, COS-C**, AHIMA Approved ICD10 Trainer/Ambassador, Senior consultant with **Home Health Solutions** in Carbon Hill, Ala.

Clinicians should be careful to understand this guidance, and to include the patient's ability to access items unless guidance specifically states to exclude accessibility problems, Griffin says.

Take Note of these Exceptions

Five OASIS ADL/IADL items instruct you to arrive at your patient's score without taking into account a patient's ability to get to the location where supplies are stored or activities are conducted.

When answering OASIS ADL items M1830 □ Bathing, M1845 □ Toileting Hygiene, M1870 □ Feeding or Eating, M1880 □ Ability to Plan and Prepare Light Meals, and M1890 □ Ability to Use Telephone, the **Centers for Medicaid & Medicare Services** specifically excludes from consideration the patient's ability to access the items or location needed to perform the task.

For example: Don't include your patient's ability to get to the tub for her M1830 □ Bathing score, CMS says in the April 17, 2013 CMS Quarterly OASIS Q&As.

Focus on these Considerations

CMS breaks down the reasoning behind its instruction to disregard a patient's ability to gather supplies or get to the location where the task is performed in the Q&A update:

M1830 □ Bathing: This item focuses on the "patient's ability to access the tub/shower, transfer in and out, and bathe the entire body once the needed items are within reach," CMS says. Exclude from consideration the patient's ability to access bathing supplies and to prepare the water in the tub or shower when assessing your patient's bathing ability.

M1845 □ Toileting Hygiene. The focus for this item is the patient's "ability to access needed supplies and implements, and manage hygiene and clothing once at the location where toileting occurs," CMS says. Since the item assumes you're in the necessary location, you shouldn't consider the patient's ability to access the toilet or bedside commode, transfer on and off the bedpan, and use the urinal, when assessing a patient's toileting hygiene ability.

M1870 □ Feeding or Eating. This item looks at the patient's ability to eat, chew and swallow after his meal and all necessary utensils are within reach. Don't assess your patient based on his ability to access the location where he prepares and consumes the meal or to transport the food to the table when selecting your response to this item, CMS says.

M1880 □ Ability to Plan and Prepare Light Meals. The focus for this item is the patient's ability to plan and prepare meals once she is in the meal preparation location, CMS says. Don't consider the patient's ability to access the meal preparation location when assessing her ability for this item.

M1890 □ Ability to Use Telephone. This item looks at the patient's ability to use a phone once it is within his reach. Do not consider the patient's ability to access the location where the telephone is stored when assessing for this item, CMS says.

"I appreciate this clarification," says **Thelma Bowen, MSN, RN**, with **HealthCare Compliance Services** in San Antonio, Texas. "I think many of us get confused regarding when to take into consideration the patient's ability to access a location or items needed to complete a task," she says.

Remember: It's important to read each OASIS item carefully and apply it literally rather than attempting to read into the instructions, Bowen cautions.

Don't forget: Clinicians have historically under-scored all M1800 questions, Griffin says. The problem? Not taking into account that the patient needs to be able to perform ADLs safely.

Note: Read the April 2013 Quarterly OASIS Q&As here:
https://www.qtso.com/download/hha/CMS_OAI_1st_Qtr_2013_QAs_04_17_13.pdf.