

OASIS Alert

Education: Use This Expert Advice To Boost Your Patients' Independence

Your agency's outcomes will benefit, as well.

Just because a patient can't get her clothes from the closet without assistance doesn't mean she can't dress independently.

The answers you put in M0650/M0660 are based on what your patients are able to do more than 50 percent of the time. For instance, if your patient can dress herself without any problems, you should score her with a 0 (Independent -- no assistance or supervision required). However, if she is usually completely dependent on others to obtain clothes and put them on, you should score her as 3 (Totally dependent on another person to dress/don clothing) -- even if she sometimes feels well enough to dress herself. But a patient's ability to dress and undress herself without help more than half of the time may not be as cut and dried as you think. You can improve your outcomes -- and patients' quality of life -- by evaluating whether a few simple changes will allow your patients more independence, says **Debbie Dawson, RN, HCS-D, COS-C**, a consultant with **HealthCare Strategies**.

Typical situations: Usually, a patient has kept her clothes in the same location for a long time, such as always hanging her shirts in the closet. Then the patient has surgery that limits her ability to reach up for the shirts. Now the patient is a 1 (Requires clothes to be laid out -- removed from closet/drawers and set-up or requires a device for dressing). Or, the patient also cannot dress herself and is a 2 (Needs some assistance to don clothing/shoes).

Most situations are temporary setbacks that will improve as the patient's wounds heal, Dawson notes. Therefore, you may start the episode at a 2, or 3, but the patient will be back at 0 or 1 by the end of the episode.

Try These Techniques

Short-term: You can improve even these temporary situations so that patients can dress independently. For instance, you might suggest that your patient's caregiver move all of her shirts to a chair next to the bed where she can reach them by herself. When the patient is able to reach up again, the caregiver can put the clothes back in their permanent location. Because the patient doesn't intend to make this a permanent solution, the patient's status can move from a 2 or 3 to a 1 -- but not a 0, according to the **Center for Medicare & Medi-caid Services'** October 2008 clarification on the **OASIS Certificate and Competency Board's** (OCCB) website.

Long-term: Patients who have an illness that will prohibit them from ever again being able to reach clothes in their usual location can become more independent by finding a new place to store their clothes, Dawson says. For example, your staff could help a permanently wheelchair-bound patient's caregiver install a lower clothes rack that allows the patient to easily reach his clothing.

"If the environment is modified, and the patient can now access clothes from a location without anyone's help, then this new arrangement could now represent the patient's current status," according to OCCB's clarification. That means you can change his status from a 3 to a 2, 1 or 0, depending on his level of independence. Your plan "should depend on the prognosis for the patient," Dawson notes. If the physician expects that your patient will return to her previous level of functioning, then your goal is to help that patient return to her normal level and resume her usual routine. If the patient will never return to her previous level of functioning, then you should help her be as independent as possible.

Bonus: Increasing your patients' independence by the end of the episode will greatly improve your outcomes -- and earn you a stellar reputation for boosting patients' quality of life. **Note:** You can read the OCCB's clarification at <http://www.oasiscertificate.org>.

