

OASIS Alert

Item Focus: M1810 and M1820: Don't Miss These Details in Dressing Assessments

Tip: Take advantage of physical assessment of the heart and lungs to evaluate abilities needed for dressing.

If you overestimate your patient's dressing ability at start of care (SOC), you'll not only risk your agency's reimbursement, you could also negatively impact both outcomes and risk adjustment. Make certain you're considering all aspects of dressing or you'll miss out on the case mix points this item can earn.

Establish the Basics

OASIS item M1810 asks you to report your patient's current ability to dress her upper body, with or without dressing aides and including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps.

Your response options for M1810 are:

- 0 -- Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance;
- 1 -- Able to dress upper body without assistance if clothing is laid out and handed to the patient;
- 2 -- Someone must help the patient put on upper body clothing; or
- 3 -- Patient depends entirely upon another person to dress the upper body.

OASIS item M1820 asks you to report your patient's current ability to dress her lower body safely, with or without dressing aides and including undergarments, slacks, socks or nylons, and shoes.

Your response options for M1820 are:

- 0 -- Able to obtain, put on and remove clothing and shoes without assistance;
- 1 -- Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient;
- 2 -- Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes; or
- 3 -- Patient depends entirely upon another person to dress lower body.

You should complete M1810 and M1820 at start of care, resumption of care, follow-up, and discharge from agency (not to an inpatient facility).

Assess Your Patient's Ability

OASIS items M1810 and M1820, along with the other functional domain items (M1830, M1840, M1850, and M1860), measure how a patient functions within his or her own home to determine the resources needed to keep the patient at home, says **Karen Vance**, supervising consultant with **BKD** in Colorado Springs, Colo. When assessing these areas, it's important to keep in mind that you are reporting the patient's ability, not his willingness or compliance, she says.

In the item-specific guidance for M1810 and M1820, the **Centers for Medicare & Medicaid Services** point out that

ability can be limited by:

- Physical impairments such as a limited range of movement or impaired balance.
- Emotional, cognitive, or behavioral impairments such as memory deficits, impaired judgment, or fear.
- Sensory impairments such as impaired vision or pain.
- Environmental barriers such as stairs, narrow doorways, or the location of the bathroom or laundry.

Consider All the Details of Dressing

When answering M1810 and M1820, make sure you take into account all aspects of dressing, says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. This includes the ability to get the clothing from the usual storage place, put on the clothing and remove the clothing. For example, if the clothing is stored in an upstairs bedroom and your patient is restricted from using the stairs, he does not have the ability to get dressed, she says.

Getting dressed includes the ability to manage zippers, buttons and snaps when the clothing your patient wears regularly includes these types of closures. "This is often a difficult task if the client has severe arthritis or has disabilities following a stroke," Jump says.

Standard clothing isn't the only thing a patient needs to put on to be considered dressed for these OASIS items. Prosthetic, orthotic and other support (cervical collar, upper body brace) devices are considered clothing, Jump says. Many times patients can "don clothing with no problem but have difficulty putting on the support devices," she says.

When assessing dressing skills, it's particularly difficult to determine whether you are assessing the patient's ability to dress in what they routinely wear, says Vance. The Guidance Manual states, "it will be considered routine because the clothing is what the patient usually wears and will continue to wear ..."

The difficulty comes in determining why the patient has changed what he is wearing, Vance says. Was it due to a recent change in ability such as a recent hip fracture limiting hip flexion? Or did the change occur long ago and has since become the new routine, such as rheumatoid arthritis motivating the change from button closures to Velcro.

Know How to Handle Modified Clothing

When clothing has been modified, the answer to the upper and lower body dressing ability depends on whether the modification to the clothing is temporary. For example, if a patient modifies the clothing he wears due to a physical impairment, the modified clothing selection would be considered routine if there is no reasonable expectation that he could return to his previous style of dressing, Jump says.

There is no specified timeframe at which the modified clothing style becomes the "routine" clothing, Jump points out. The clinician needs to determine which clothes should be considered routine, she says. Clothing is considered routine because it is what the patient usually wears and will continue to wear, or because the patient has made a change in clothing options to styles that are expected to become the patient's new routine clothing.

Watch Your Patient's Dressing Habits

You can't get an accurate idea of your patient's dressing ability without watching her perform the dressing tasks. Do not rely on what the patient is telling you regarding her ability to dress the upper and lower body, Jump says. Some patients will "enhance" their ability to avoid real or perceived repercussions when lack of ability is apparent.

"A client once told me, 'I tell them what I think they want to hear. That keeps me at home instead of going to a nursing home,'" Jump says. Instead of relying on a patient's report, watch her remove and put on at least some of the upper body clothing and some of the lower body clothing and ambulate to the location of the clothing, she says.

Tip: Observing the patient as he opens and removes upper body garments during the physical assessment of the heart and lungs provides an excellent opportunity to evaluate the upper extremity range of motion, coordination, and manual dexterity needed for dressing, Jump says. And sometimes a patient is unable to put on his or her shoes and socks simply

because they become too short of breath to complete the task. That client is unable to dress the lower body, she says.