OASIS Alert

Item Focus: M1850: Avoid These Transferring Assessment Roadblocks

Don't shortchange your assessments with one-way trips.

Are you including all the appropriate steps in assessing your patient's transfer ability? Make certain the trip from bed to chair and back again makes all the right stops to secure the clinical points and improved outcomes your agency deserves.

Establish The Basics

OASIS-C item M1850 asks you to indicate your patient's current transferring ability.

Your response options for M1850 Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast are:

- 0 Able to independently transfer.
- 1 Able to transfer with minimal human assistance or with use of an assistive device.
- 2 Able to bear weight and pivot during the transfer process but unable to transfer self.
- 3 Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
- 4 Bedfast, unable to transfer but is able to turn and position self in bed.
- 5 Bedfast, unable to transfer and is unable to turn and position self.

Before you can select the correct response for M1850, you'll need to make certain your understanding of this item squares with the Centers for Medicare & Medicaid Services' intent.

Know What's Included

To answer this item correctly you'll need to know what makes up the full extent of the transfer, says **Arlynn Hansell, PT, HCS-D, HCS-O, COS-C** with Therapy and More in Cincinnati, Ohio.

For most patients, transfer between bed and chair will include the following movements according the CMS OASIS-C Guidance Manual:

1. Transferring from lying in bed to a sitting position on the bed,
2. Some type of standing, stand-pivot, or sliding board transfer to a chair, and
3. Transfer back into bed from the chair or sitting surface.

What If There's No Chair?

When your patient doesn't have a chair in his bedroom, this extends the transfer process to include getting to the chair where the patient normally sits, says Julianne Haydel of Haydel Consulting Services in Baton Rouge, La. "This is a critically important part of the process because it provides agencies with a way to easily improve outcomes while helping the patient."

Scenario: Suppose your patient's habit is to get out of bed and make his way to the front porch to drink a cup of coffee, Haydel says. "He's unsteady, so his daughter comes to help him, makes sure his walker is in reach and stands by to ensure he doesn't get dizzy and fall. That brings the transferring question to another level."

This patient isn't able to transfer independently at start of care, but you can look for ways to help improve on that during the episode. For example, you might put a chair next to the bed, Haydel suggests.

"The patient can still have morning coffee on the porch but perhaps just sitting for a minute or two will let him catch his breath and stabilize his blood pressure to prevent a fall."

Remember to include your patient's ability to return to bed from the sitting surface, reminds CMS in the OASIS-C Guidance Manual.

This item looks at "a round trip," says Haydel. "No frequent flyer miles are given for one way trips."

Problem: "I have many clients tell me that falls are often not exactly 'falls'. Rather, the patient misjudges the bed on his return trip and slides to the floor. It isn't as brutal as a true fall but it is most inconvenient and can result in bad things happening to a patient if they hit the ground even slowly," Haydel says.

Solution: "This presents nurses and therapists with the opportunity to teach the patient to ensure that the back of their knees are touching the bed before plopping down," Haydel suggests.

No bed? If your patient no longer sleeps in his bed, assess his ability to move from the supine position on his usual sleeping surface to a sitting position, and then transfer to another sitting surface, like a bedside commode, bench, or chair. The movements involved in the transfer are basically the same. And don't forget the return trip.

What Constitutes Minimal Human Assistance?

When your patient requires only a minimal degree of any combination of verbal cueing, environmental set-up and/or actual hands-on assistance, you can list response "1" for M1850. But remember that with minimal assistance, the person providing the assistance must contribute less than 25 percent of the total effort required to perform the transfer, according to CMS' response-specific guidance.

You can also select response "1" for patients who can complete the transfer with an assistive device.

However, it's important to watch the criteria for response "1," Hansel says. This response indicates minimal assistance, so when you provide more than minimal assistance, the patient cannot be a "1."

Don't miss: If your patient needs both minimal assistance and an assistive device to transfer safely, you cannot report response "1," Hansel reminds.