OASIS Alert

Item Focus: M1850: Get the Latest Word on Transferring Assessment

Do you have all of the answers you need to answer M1850?

Accurately assessing your patient's ability to move from bed to chair isn't always a simple task. Make certain you're up-to-date on the latest guidance and secure the clinical points -- and reimbursement -- 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** item's intent.

Know What's Included

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?

If your patient doesn't have a chair in his bedroom or he doesn't routinely transfer from the bed directly into a chair in the bedroom, work with what he has, says **Marianne Rone, RN, BSN, HCS-D, COS-C,** director of clinical services with **Healthcare Provider Solutions** in Nashville, Tenn. Report the patient's ability to move from a lying position in bed to a sitting position at the side of his bed. Then assess his ability to stand and then sit on whatever surface he would normally use.

This could be a chair in another room, a bedside commode, his toilet, a bench, or some other sitting surface. The concept of how to go from the bed to the sitting surface remains the same, Rone says.

Remember to include your patient's ability to return to bed from the sitting surface, reminds CMS in its December 2010 update to the OASIS-C Guidance Manual.

What if there's no bed?

If your patient no longer sleeps in her bed, assess her ability to move from the supine position on her 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, Rone says.

What constitutes minimal human assistance?

If 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 for the assistance to be considered minimal, the person providing the assistance must contribute less than 25 percent of the total effort required to perform the transfer, according to CMS' December 2010 update.

For example: Your patient requires hands-on assistance during the change in position from supine to sitting at the edge of his bed. The person assisting him contributes less than 25 percent of total effort required to change position. You can list response "1" for this patient.

What defines 'bedfast'?

A patient is considered bedfast when she is confined to the bed, either due to a physician's restriction or due to her inability to tolerate being out of the bed, CMS said in the April 2011 Quarterly CMS **OASIS Certificate and Competency Board** Q&As.

If your patient can tolerate being out of bed, she is not bedfast unless she is medically restricted to the bed.However, if the patient's referral says "strict bed rest until Wednesday" and the patient greets you at the door on Monday, she is still considered bedfast, said **Debbie Chisholm, RN, BSN, CPHQ, COS-C,** with **OASIS Answers** during the OCCB Quarterly OASIS update call on April 20. The physician's documentation says it is unsafe for the patient to be out of bed, so she can be considered bedfast, she said.

When assessing whether your patient is bedfast, there is no set length of time for which she must remain out of bed, CMS said in the Q&A update. Use your judgment when determining whether a patient can tolerate being out of bed.

For example: A severely deconditioned patient may be able to sit in the chair for only a few minutes and would not be considered bedfast because he is able to tolerate being out of bed, CMS said. However, a patient with multiple system atrophy who becomes severely hypotensive within a minute of moving from the supine to sitting position would be considered bedfast because his neurological condition prevents him from tolerating the sitting position, CMS said.

Editor's note: Read all of the April 2011 Quarterly CMS OCCB Q&A's here: http://dl.dropbox.com/u/3992509/OCCB%20Website/Resources/CMS%20OASIS%20Q%26As/CMS%20OCCB%201st%20Qtr%20QAs%202011_04_20_11.pdf. Find the updated CMS OASIS-C Guidance Manual here: www.oasisanswers.com/downloads/HHQIOASISCManualJanuary2011.zip.