

## OASIS Alert

### Item Focus: M1860: Glide Through Ambulation Assessment with New Guidance

#### Does absence of a wheelchair limit your response options?

Accurately scoring your patient's ambulation abilities can lead you on a twisted path. Get the latest guidance on scoring M1860 and make sure you're not tripping over clinical points your agency deserves.

#### Establish The Basics

OASIS item M1860 asks you to indicate your patient's current ambulation/locomotion ability.

Your response options for M1860 -- Current ability to walk safely, once in standing position, or use a wheelchair, once in a seated position on a variety of surfaces are:

0 -- Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance of assistive device).

1 -- With the use of a one-handed device (e.g. cane, single crutch, hemi-walker) able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.

2 -- Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.

3 -- Able to walk only with the supervision or assistance of another person at all times.

4 -- Chairfast, unable to ambulate but is able to wheel self independently.

5 -- Chairfast, unable to ambulate and is unable to wheel self.

6 -- Bedfast, unable to ambulate or be up in a chair.

Tip: M1860 doesn't include transfers, so score your patient for this item on her ability to walk once she is standing, or her ability to use her wheelchair once she is seated in it.

#### Think Safety First

When responding to M1860, the **Centers for Medicare& Medicaid Services** stresses that you determine the patient's ability to ambulate or propel himself in a wheelchair safely.

Example: Your patient uses a cane at home the majority of the time, but he uses a walker outside the home. He uses a cane the majority of the time so it's appropriate to select response 1 -- With the use of a one-handed device (e.g. cane, single crutch, hemi-walker) able to independently walk on even and uneven surfaces and negotiate stairs with or without railings for this patient, says **Marianne Rone, RN, BSN, HCS-D, COS-C** director of clinical services with **Healthcare Provider Solutions** in Nashville, Tenn. A therapy goal for him could be to improve from walker to cane all the time, but he still uses the cane a majority of the time.

But is the patient safe with just the cane? Is he just using it for an ego boost? The walker might be a better choice for patient safety if that's the case, says Rone. With functional assessment items, it's important to consider both the patient's ability to perform the function and his ability to perform the function safely, she says. Remember, your

accuracy with these OASIS items directly impacts your agency's quality measures and reimbursement.

Tip: When an ambulatory patient's need for an assistive device varies depending on the surface type, score M1860 with the device that makes him safe on all surfaces.

### **Know When Your Patient is Chairfast**

Suppose your patient does not have a wheelchair in the home. You assess him as not being safe ambulating with an assistive device, even with the supervision of another person at all times. How would you answer M1860?

The April 2011 CMS OCCB OASIS Q&As indicates that 5 -- Chairfast, unable to ambulate and is unable to wheel self would be the right response in M1860 for this patient. "A patient is considered chairfast if they cannot be made safe ambulating even with the combination of a device and the assistance of another person at all times."

And without a wheelchair in the home, you can't make assumptions about the patient's ability to propel it safely, CMS said in the Q&A. So, you can't score this patient a 4 -- Chairfast, unable to ambulate but is able to wheel self independently, because you don't know if they can wheel themselves safely, said **Debbie Chisholm, RN, BSN, CPHQ, COS-C** with **OASIS Answers** during the OCCB Quarterly OASIS update call on April 20.

Don't jump to conclusions: For the purposes of answering M1860, a patient is not considered bedfast unless he is medically restricted to bed or cannot tolerate being out of bed, CMS said in the Q&As. So reserve response 6 -- Bedfast, unable to ambulate or be up in a chair for only those patients who meet this definition of bedfast.