

OASIS Alert

OASIS Q&As: Update Your Understanding of Medical Restrictions

Learn how this restriction impacts transfer scoring.

Unsure about whether you should consider medical restrictions when answering OASIS ADL/IADL items? The latest round of OASIS Q&As from the **Centers for Medicare & Medicaid Services** has some updates to help you refine your responses.

Question: Suppose your patient can bathe in the tub, but is medically restricted from getting the cast on his lower leg and foot wet. He is unable to put the water protection sleeve on his cast. If someone else puts the sleeve on for him, he can get into and out of the bathtub using a transfer bench. Once in the bathtub, he can wash all of his body with a handheld shower. Does this medical restriction impact his ability when scoring M1830 ☐ Bathing?

Answer: You should consider medical restrictions that impact the OASIS bathing tasks when determining the score for 1830, CMS says in the April 17, 2013 CMS Quarterly OASIS Q&As. As a result, "the tasks required to allow compliance with medically prescribed precautions for bathing could impact the patient's ability." In the example scenario, you would choose response 2 ☐ Able to bathe in shower or tub with the intermittent assistance of another person because "the patient needs intermittent human assistance."

"The most important part of the response is the use of the phrase 'medically prescribed restrictions,'" says **Thelma Bowen, MSN, RN**, with **HealthCare Compliance Services** in San Antonio, Texas. "Many clinicians do not understand that medical restrictions and limitations can only be prescribed by the physician. If restrictions or limitations are being used as a basis for the response to any of these items, the clinician should ensure that the physician-documented restriction is a part of the clinical record."

Previous guidance for this item explained that the patient is considered medically restricted if the restrictions cause the patient to be unable to access the tub or shower, says **J'non Griffin, RN, MHA, WCC, BCHH-C, HCS-D, COS-C**, AHIMA Approved ICD10 Trainer/Ambassador, Senior consultant with **Home Health Solutions** in Carbon Hill, Ala. This new clarification provides greater specificity when the patient is medically restricted by the use of a cast he cannot allow to get wet.

Question: Your patient is temporarily sleeping in his recliner because there is a physician's order not to climb stairs. The patient's bed is located on the second floor of his home. How would you score M1850 ☐ Transferring?

Answer: In this scenario, the medical restriction against climbing stairs does not impact the patient's ability, CMS says in the most recent OASIS Q&As. "The assessing clinician will report the patient's ability to move from the supine position on the current sleeping surface to a sitting position at the side of the sleeping surface, then some type of standing, stand-pivot, or sliding board transfer to a sitting surface at the side of the sleeping surface."

However, certain medical restrictions could impact the patient's ability, CMS says.

For example: If the patient has an order to maintain strict bed rest, you would score him as bedfast.

But other medical restrictions that may prevent access to the patient's usual sleeping surface do not impact ability for this item, CMS says. M1850 reports the patient's ability to move from the bed or current sleeping surface. So an order

not to climb stairs or an order to sleep in a hospital bed would not impact his ability.

New: "The OASIS-C Guidance Manual does not refer to any 'sleeping surface' other than a bed," notes Bowen. "This is a change and should be noted by everyone who performs OASIS assessments."

"This means that the nurse can assume that the ability of the patient to complete the transfer as described in M1850 on the day of admission does not have to meet the traditional definition of a bed," Bowen adds.

Assessment technique: Ask the patient where he is currently sleeping and conduct the assessment based on the patient's ability to perform the transfer from the sleeping surface he identifies, Bowen says. "Based on this response, I can see that some clinicians will add further descriptions to their narrative to describe the 'sleeping surface.'"

Note: Read the April 2013 Quarterly OASIS Q&As here:

https://www.qtso.com/download/hha/CMS_OAI_1st_Qtr_2013_QAs_04_17_13.pdf .