

## OASIS Alert

### Tool: Try This Approach to Assessing Ability

#### Adjust your phrasing for more accurate answers.

When it comes to completing OASIS items, there is a difference between "ability" and "willingness," says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Knowing the difference is vital because it's ability that the OASIS is designed to measure.

Ability is the capability to accomplish or complete a task, while willingness is the inclination or desire to complete a task, Jump says.

**The difference:** "A client may be very willing to complete a task but not physically capable of doing so," Jump explains. "On the other hand, a client may be physically capable of completing a task but choose not to."

**For example:** Your client may be quite capable of stepping into his shower to complete his bath, but he prefers to bathe at his sink. "The only way to know his true ability to get into the shower is to have him demonstrate it or to otherwise observe his movements (including limb movement, transfers, ambulation, stepping over a threshold) such that the clinician knows with certainty that he could safely get into and out of the shower," Jump says.

To obtain the most accurate OASIS answers that reflect a patient's actual ability, consider the following assessment strategies, Jump suggests:

- Ascertain OASIS answers through a combined observation and interview approach.
- Check the movement of all of your patient's limbs. A client with limited arm movement may not be able to pull something over her head, reach to the back to fasten, or have the ability to manipulate buttons.
- Watch the client dress and undress with clothes routinely worn. Ask him to remove upper body garments as the clinician performs the heart and lung assessment.
- Note whether or not the client is dressed appropriately for the weather and for planned activities and if dressed "normally." Is she completely dressed and not missing pants or one shoe?
- Observe the patient during transfer and ambulation to determine if the patient has difficulty with balance, strength, dexterity, or experiences pain. Note whether the patient uses furniture or walls for support, and assess if patient should use a walker or cane for safe ambulation.
- Phrase questions to get accurate answers. For example, ask "Who helped you get dressed today?" This elicits a more comprehensive answer than simply asking "if" he had help.
- If your patient was helped by another person, ask what type of help the person gave and why she helped. For example, was the client unable to dress herself or was she just moving too slowly to suit the person helping?
- A patient who demonstrates or reports ability to take one or two steps to complete a transfer, but is otherwise unable to ambulate should be considered chairfast.
- Consider use of physical therapy or occupational therapy where use of services would improve the client's ability to complete ADLs.