

OASIS Alert

Training: 4 Steps To Improved M0700 Accuracy

Direct your clinicians' attention to these crucial assessment questions.

Combining observation and interview techniques will increase accuracy on M0700, experts say. Pay special attention to the introductory directions to the ADL/IADL section in Chapter 8 of the OASIS Manual, suggests clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. This section (found just before M0640 in Chapter 8) provides clues to factors that can limit the patient's ability to safely perform the activities.

As you evaluate ambulation, ask yourself these questions:

1. Is the timing right? For the "prior" column, focus on what the patient could do 14 days prior to the assessment visit. For the "current" column, focus on what the patient is able to do the day of the assessment, the **Centers for Medicare & Medicaid Services** instructs in the item definition. And the question focuses on ability, so if the patient can ambulate but chooses to use a wheelchair most of the time, the clinician must determine what level of assistance the patient needs to ambulate safely and choose "0," "1" or "2," CMS says in a M0700 question and answer.

Caution: Take medical restrictions into account. If the patient's activity is restricted for medical reasons - such as after surgery or a fracture - then the patient isn't able to safely perform a restricted activity, CMS says in another OASIS Q&A. So if the patient is supposed to be on bedrest, she is not considered able to safely ambulate, even if she is not complying with the doctor's orders.

2. What did you actually see? Ask the patient to describe how she gets around the house (including up and down steps) and then ask her to walk with you or show you how she gets around, suggests the **3M OASIS Integrity Project**. Go far enough to get an accurate picture of the patient's ability and include steps if the home includes them. Evaluate the patient on a variety of surfaces.

If you decide a patient needs assistance at all times to ambulate ("2" on M0700), don't mark "1" just because the patient lives alone, Adams urges. The patient's need for assistance with ambulation may be the reason therapy is ordered, she says, and should be acknowledged on the assessment.

Remember that endurance is not part of this question, CMS says. And M0700 does not distinguish between power wheelchairs and manual ones, CMS reminds clinicians.

3. Is this really ambulation? If a patient can only take one or two steps to complete a transfer, but is otherwise unable to ambulate, score "3" (Chairfast, **unable** to ambulate but is able to wheel self independently) or "4" (Chairfast, **unable** to ambulate and is unable to wheel self), CMS instructs.

4. Are the answers consistent? Con-sistency between clinicians will improve the accuracy of future outcomes, says Adams. If the nurse admits the patient and the therapist discharges him, the patient's condition could appear to have deteriorated, when the difference really was in the clinician's interpretation, she explains.

Encourage therapists and nurses to compare answers to this question to be sure they are defining ambulation and safety the same way, experts advise.