

# OASIS Class 4

Home Health VNA  
Merrimack Valley Hospice  
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

# OASIS Class 4 Syllabus

- ▶ **\*\*\*Ambulation\*\*\* /VBP/PDGM**
- ▶ **\*\*\*Transferring/Toilet Transfer\*\*\* /VBP/PDGM**
- ▶ **\*\*\*Bathing \*\*\* /VBP/PDGM**
- ▶ **Grooming PDGM**
- ▶ **UE dressing PDGM**
- ▶ **LE dressing PDGM**
- ▶ **Toileting**
- ▶ **Feeding**



# ADL'S & IADL'S

- ▶ Direct observation is preferred
- ▶ Time period under consideration– is day of assessment
- ▶ No reference to prior assessments
- ▶ Usual status/most of the time
- ▶ Consider medical restrictions
- ▶ Ability not willingness
- ▶ Can patient perform task **Safely?**
- ▶ Consider the majority/frequency of the tasks
- ▶ Score from the bottom up

# Ability may be temporarily or permanently limited by:

1. **Physical impairments**
2. **Emotional/cognitive/behavior/sensory impairments**
3. **Environmental barriers**
4. **Medical restrictions**

# ASSISTANCE AND ASSISTIVE DEVICE

What is assistance ?

- Verbal cues, reminders, standby assist, hands on assist

What is assistance of another person?

- Patients actively participating in the task but needs assistance of one or more persons to be safe

# WHAT ARE CONSIDERED ASSISTIVE DEVICES ?

- ▶ Slide board, cane, walker etc, stair lift
- ▶ Service animal is an assistive device if needed for safe function
- ▶ Other than the above CMS does not have a formal list
- ▶ In the absence of CMS guidance use your clinical judgment



# MAJORITY/FREQUENCY OF TASKS

- ▶ Usual status/most of the time is the general convention
- ▶ When ability varies –report ability greater than 50 % of the time

**Does not apply to all items**

Exclusions examples:

- ambulation “at all times”
- oral meds “all meds all the time “



# Majority of the Tasks

Applies to grooming and dressing items

When ability varies between tasks—the response describes the patients ability in the **MAJORITY** of the more **FREQUENTLY** performed tasks

- ▶ This does not apply to all other ADL items
- ▶ Exclusion example toileting hygiene includes “clothing management and toileting hygiene”





# When Access is Excluded

Patient's ability to access needed items and or location where the task occurs is included unless specifically EXCLUDED in the guidance:

- ▶ M1 845 toileting hygiene– excludes getting to the location where the toileting occurs
- ▶ M1 870 Feeding/Eating – excludes getting to the location where meal is consumed and excludes transporting food to table



M1860


Ambulation/Locomotion

Star Rating \*\*\*\*\* / VBP

\*\*\*\*\*



- ▶ Identifies the patient's ability and the type of assistance required to **Safely** ambulate or propel self in a wheelchair **over a variety** of surfaces routinely encountered by the pt.
- ▶ It does not matter if the patient lives alone—Are they safe?????
- ▶ Score form the bottom up

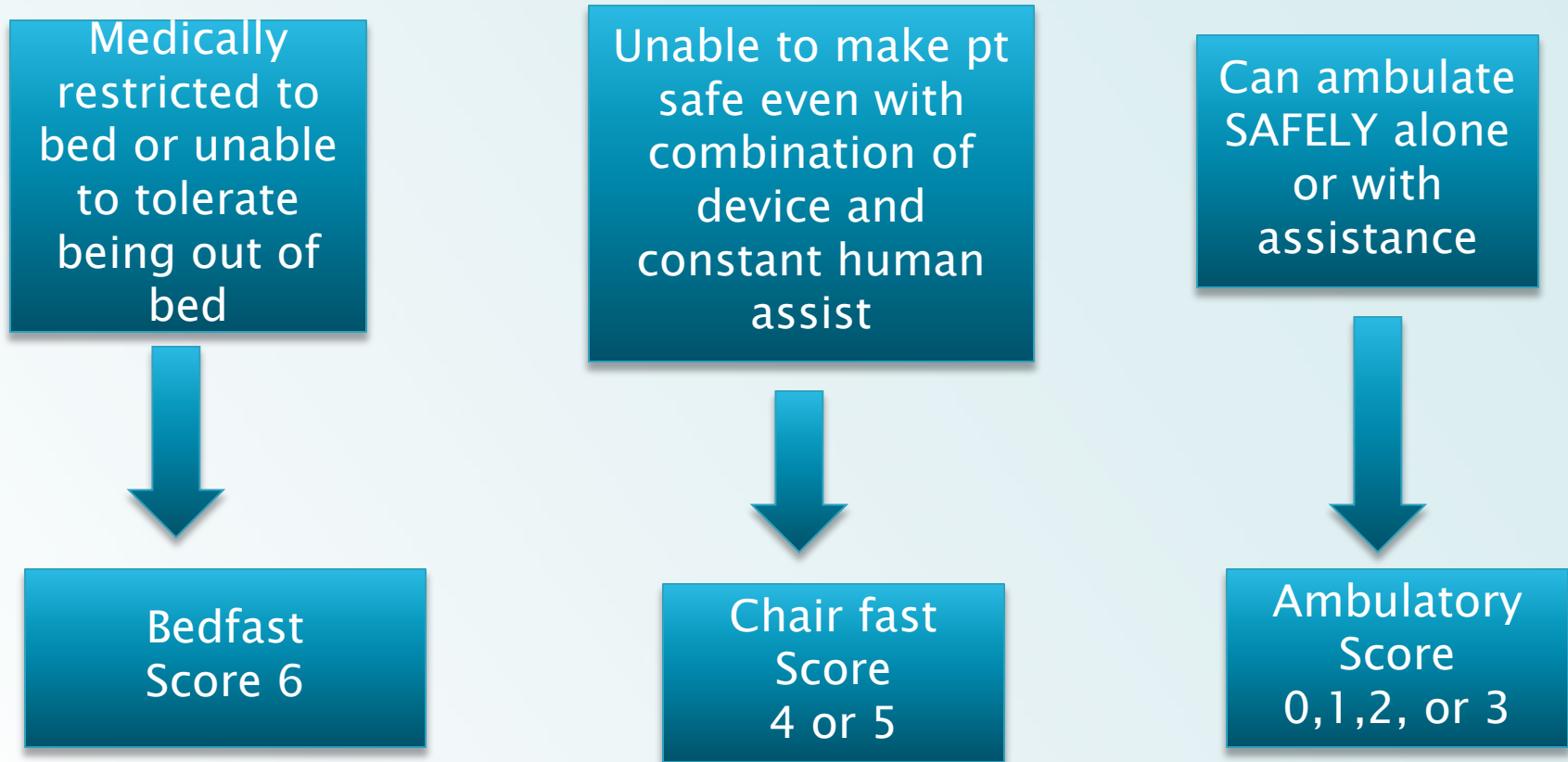
 (M1 860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

- 0 – Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
- 1 – With the use of a one-handed device (for example, 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 (for example, 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.

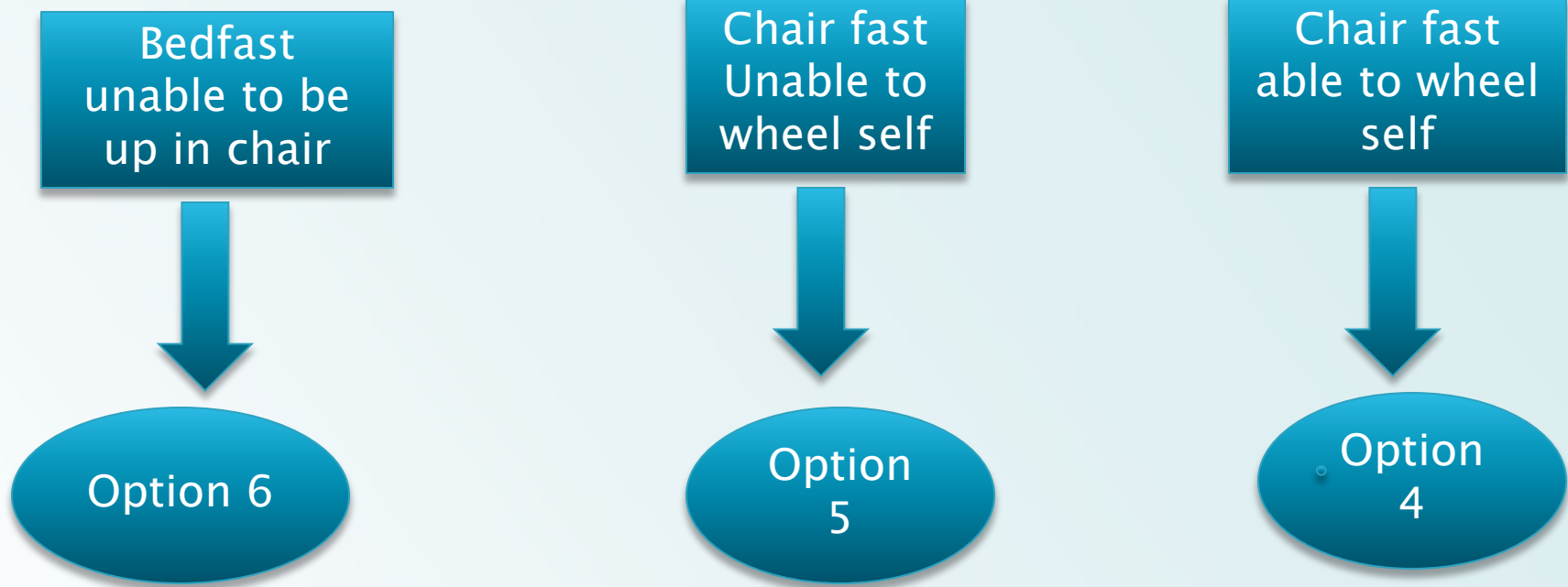
# Ability can be temporarily or permanently limited by:

- Physical impairments
- Emotional/cognitive/behavioral impairments
- Sensory impairments
- Environmental barriers

# ▶ Step 1: Decide if your patient is ambulatory or not

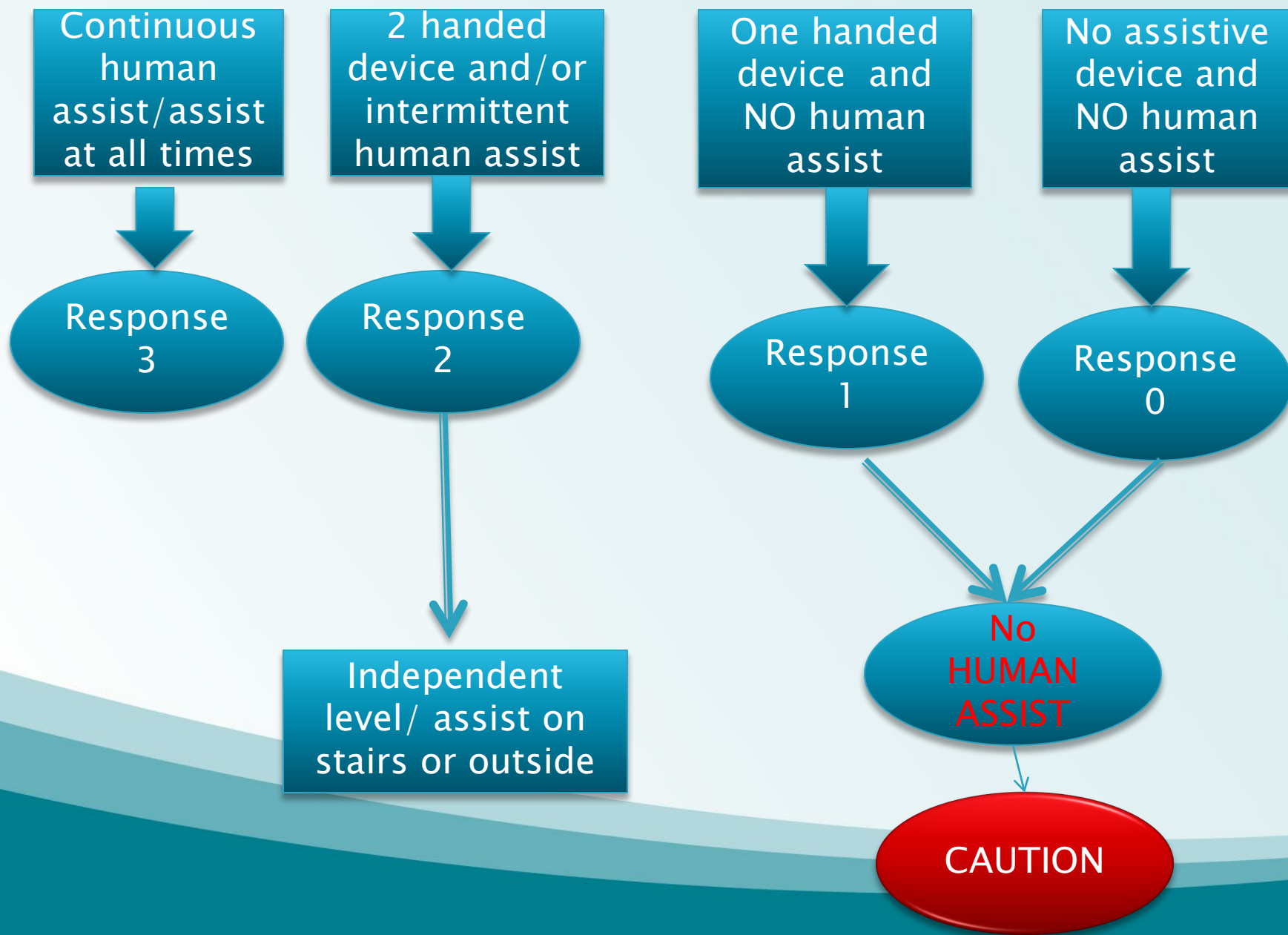


## ▶ Step 2: Decide if pt is bed fast or chair fast





# Drill down to most accurate response








# Apply what you learned

- ▶ Mr. Jones lives alone. The admitting clinician observed he was unsteady at times when ambulating from the kitchen to the bathroom. When questioned he reported he didn't have a walker or a cane and usually tried to steady himself using the walls and the furniture. He reported no falls and feeling very safe with this method.
- ▶ What would be the correct response to M1 860?



# Apply what you learned

- ▶ Mrs. Jones ambulates w/ a walker in the home. She has used it for years and has received extensive training in proper use of the walker which the admitting clinician reports there is great carry over of knowledge. Admitting clinician notes the pt is short of breath with amb and requires v/c for pacing. She suggests placement of a chair in the hallway so the pt can sit and rest ½ way between the bathroom and the bedroom.
- ▶ What score would you give the pt for M1 860?



**(M1 850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. Star Rating**

**\*\*\*\*\* / VBP**

- 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.**

## Transfer includes...

- ▶ **Supine position from current sleeping surface bed, recliner, couch etc to a sitting position on the side of the bed then to a standing position, stand pivot or sliding board transfer to sitting surface and back to supine position on the sleeping surface**
  
- ▶ **If there is no sitting surface by the bed, the patient then needs to ambulate to a chair, sit, and then get back to bed in the supine position**

## \*\*\* BEDFAST\*\*\*

Either per MD restriction OR due to pt's inability to tolerate being out of bed

- ▶ Bedfast –pt has multiple system atrophy becomes severely hypotensive within one minute of moving from supine
- ▶ Not bedfast– deconditioned from hospital stay can only tolerate sitting for a few minutes
- ▶ If pt gets OOB using a Hoyer lift to chair they are not bedfast

# ▶ Step 1: Decide if the patient is bedfast

Bed fast unable to  
turn/position



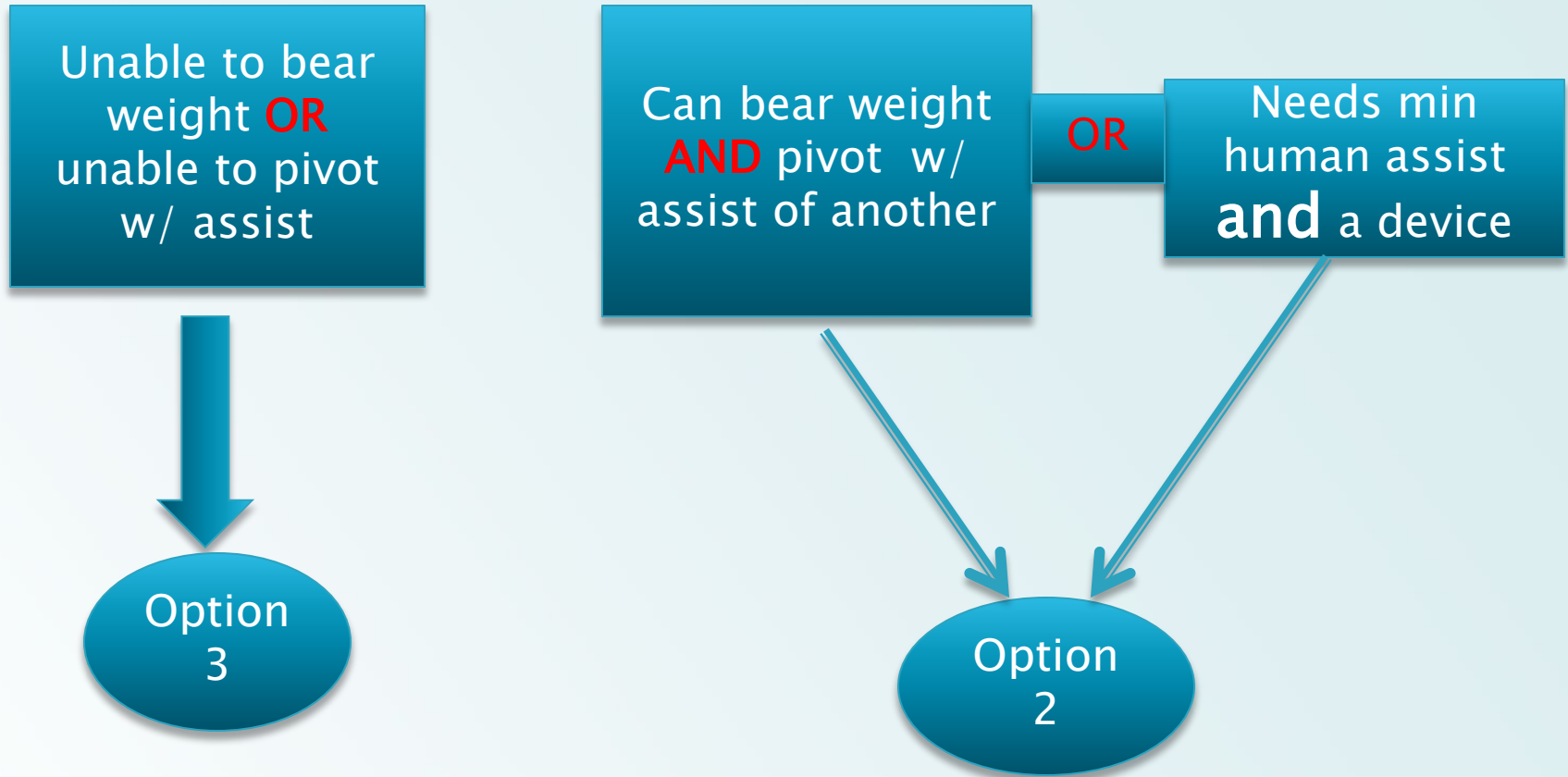
Option  
5

Bed fast able to  
turn/position



Option  
4

- ▶ Step 2: If pt is able to transfer drill down to the level of assist



Pt transfers w/  
min human  
assist **only** or  
with device **only**

Option  
1

Able to  
**independently**  
transfer

Option  
0

CAUTION

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graph TD; A["Pt transfers w/ min human assist only or with device only"] --> B("Option 1"); C["Able to independently transfer"] --> D("Option 0"); B --> E("CAUTION"); D --> E;
```



# Apply what you learned

Mr. Jones needed a little boost to get out of his hospital bed safely, even after the bed was raised to bring him closer to a standing position. The assessing clinician considers the hospital bed to be an assistive device. Once on his feet he was able to safely sit on the commode next to the bed, but required standby assist due to weakness.



- 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.

**(M1 830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair). Star Rating \*\*\*\*/VBP**

- 0 – Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 – With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 – Able to bathe in shower or tub with the intermittent assistance of another person:
  - (a) for intermittent supervision or encouragement or reminders, OR
  - (b) to get in and out of the shower or tub, OR
  - (c) for washing difficult to reach areas.
- 3 – Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- 4 – Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 – Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
- 6 – Unable to participate effectively in bathing and is bathed totally by another person.



- ▶ Identifies ability to bathe entire body and assist needed to do so safely on day of assessment
- ▶ Excludes washing face hands and shampooing
- ▶ Includes getting in/out of tub
- ▶ Ability not willingness
- ▶ If ability varies over time choose the response describing the pt's ability more than 50% of the time

# EXCLUDES...

Gathering supplies

Preparing the water

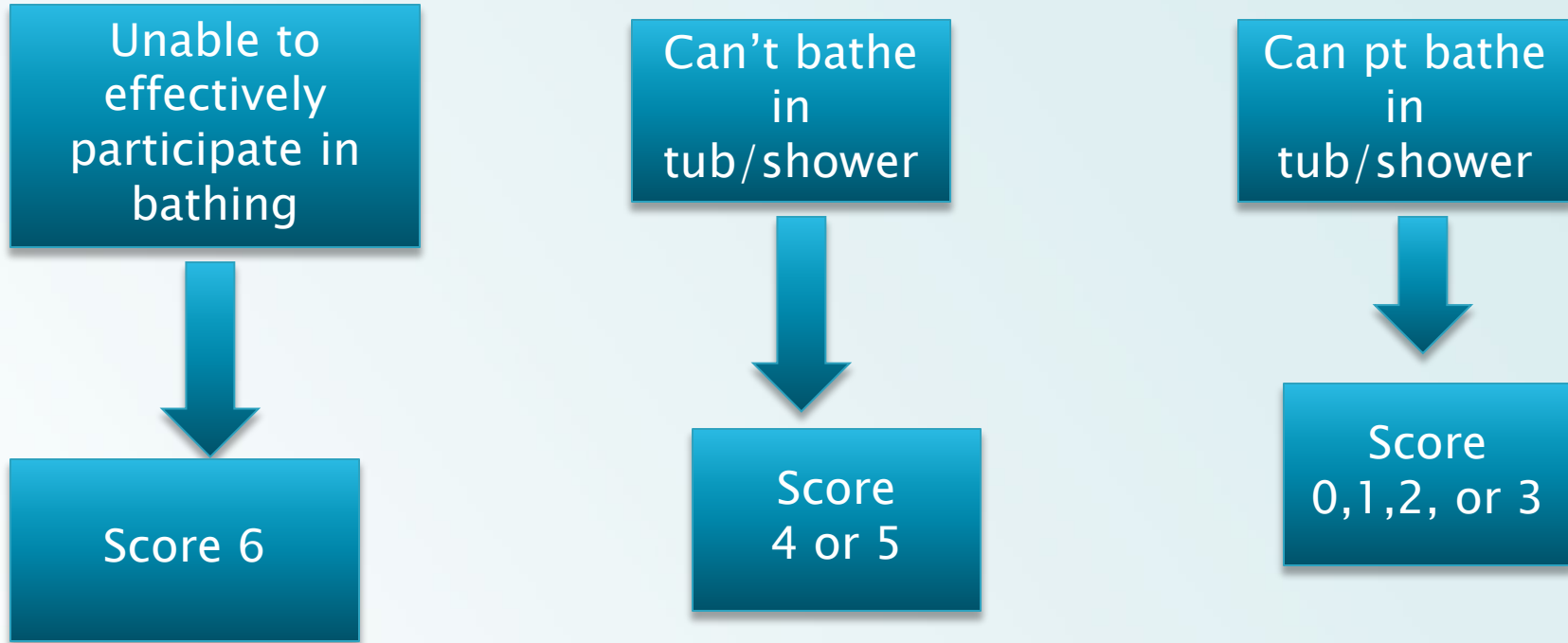
Drying off after the bath



## Unable to use tub if ...

- ▶ Nonfunctioning shower
- ▶ Unsafe
- ▶ Adaptive equipment needed
- ▶ Medical restriction
- ▶ Environmental barrier

- ▶ Step 1 – Decide if your patient can participate in bathing if so they can use the tub/shower

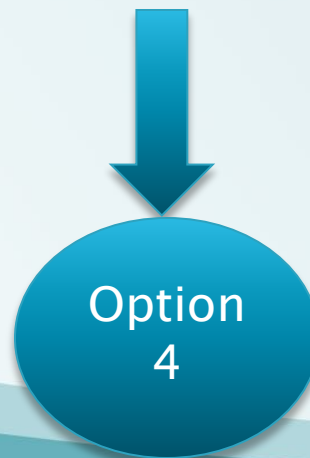


## Step 2 drill down to the level of assist

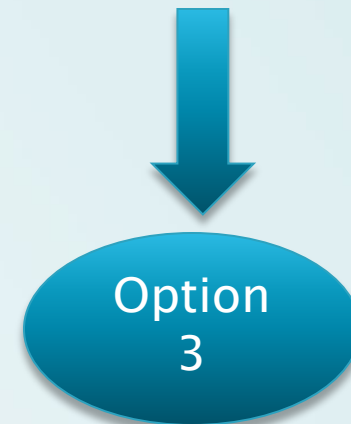
Unable to use tub  
Pt assist w/  
bathing requires  
Intermittent **OR**  
continuous assist



Unable to use tub  
NO human assist  
Needs to be able to  
access water at  
sink or set up  
basin at bedside

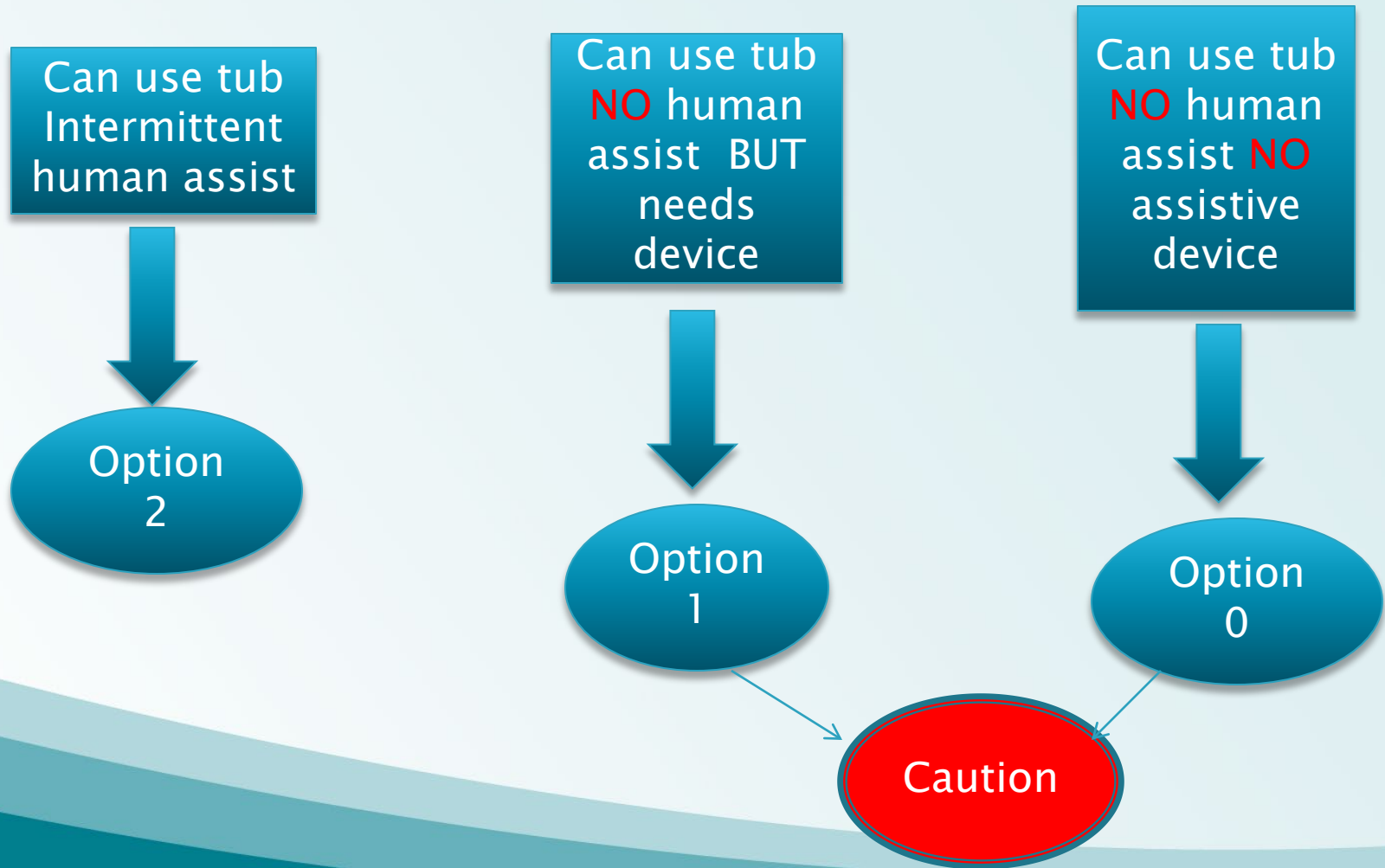


Can use tub  
continuous  
human  
assist





## Step 2: Continue to drill down to the level of assist / device needed



## In other words

- 0–Needs NO human assist, NO device and is **SAFE**
- 1– Needs NO human assist, YES with device is **Safe**
- 2– Needs intermittent human assistance is **Safe**
- 3– Needs continuous human assistance throughout the bath and is **Safe**



# Apply what you learned

Mr. Tate has no tub/shower and bathes at the sink. At SOC, due to weakness, he was able to bathe if someone assisted by soaping up and rinsing the cloth throughout the bath. What would be the correct response to M1830 on Soc.

**(M1 800) Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).**

- 0 Able to groom self unaided, with or without the use of assistive devices or adapted methods.**
- 1 Grooming utensils must be placed within reach before able to complete grooming activities.**
- 2 Someone must assist the patient to groom self.**
- 3 Patient depends entirely upon someone else for grooming needs.**

- ▶ Grooming includes several activities. The frequency with which selected activities are performed (such as washing face and hands vs. fingernail care) must be considered in responding. Patients able to do more frequently performed activities (for example, washing hands and face) but unable to do less frequently performed activities (trimming fingernails) should be considered to have more ability in grooming.
- ▶ In cases where a patient's ability is different for various grooming tasks, select the response that best describes the patient's level of ability to perform the majority of grooming tasks.
- ▶ Response 2 includes standby assistance or verbal cueing

# **1810 Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:**

- 0 – Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.**
- 1 – Able to dress upper body without assistance if clothing is laid out or handed to the patient.**
- 2 – Someone must help the patient put on upper body clothing.**
- 3 – Patient depends entirely upon another person to dress the upper body.**

- ▶ Identifies the patient's ability to **SAFELY** dress upper body, including the ability to obtain, put on, and remove upper body clothing routinely worn
- ▶ Consider current physical and mental/emotional /cognitive status, activities permitted, and the environment.

- ▶ Prosthetic, orthotic, or other support devices applied to the upper body (for example, upper extremity prosthesis, cervical collar, or arm sling) should be considered as upper body dressing items. 2`
- ▶ If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration.
- ▶ If a patient modifies the clothing, they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing



- ▶ In cases where a patient's ability is different for various upper body dressing tasks, pick the response that best describes the patient's level of ability to perform the majority of upper body dressing tasks
- ▶ If the patient requires standby assistance (a "spotter") to dress safely or requires verbal cueing/reminders, select Response 2

# Assessment Strategies

- ▶ Use a combined of observation/interview
- ▶ Ask patient to describe how they dress
- ▶ Observe the patient's general appearance
- ▶ Have the patient remove arm out of shirt for BP and lung assessment
- ▶ Ask the patient to demonstrate the body motions involved in dressing
- ▶ Assess ability to put on whatever clothing is **routinely** worn

**M1 820 Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:**

- 0 – Able to obtain, put on, and remove clothing and shoes without assistance.**
- 1 – Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.**
- 2 – Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.**
- 3 – Patient depends entirely upon another person to dress lower body.**

- ▶ Identifies the patient's ability to safely dress lower body, including the ability to obtain, put on, and remove lower body clothing routinely worn clothing for the majority of dressing lower body tasks.
- ▶ Prosthetic, orthotic, or other support devices applied to the lower body (for example, lower extremity prosthesis, ankle-foot orthosis [AFO], or TED hose) should be considered as lower body dressing items/tasks.
- ▶ Choose the response describing the patient's ability more than 50% of the time period under consideration.
- ▶ If the patient requires standby assistance (a "spotter") to dress safely or verbal cueing/reminders, select Response 2.
- ▶ If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing.

**(M1 840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.**

- 0 – Able to get to and from the toilet and transfer independently with or without a device.**
- 1 – When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.**
- 2 – Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).**
- 3 – Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.**
- 4 – Is totally dependent in toileting.**

- ▶ Identifies the patient's ability to safely get to and from and transfer on and off the toilet or bedside commode.
- ▶ Excludes personal hygiene and management of clothing when toileting.
- ▶ Consider what the patient is *able to do on the day of the assessment*.
- ▶ *If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration.*
- ▶ If the patient can get to and from the toilet during the day independently, but uses the commode at night for convenience, select Response 0.

- ▶ If the patient requires standby assistance to get to and from the toilet safely or requires verbal cueing/reminders, select Response 1.
- ▶ If the patient needs assistance getting to/from the toilet or with toileting transfer or both, then Response 1 is the best option.
- ▶ If the patient can independently get to the toilet, but requires assistance to get on and off the toilet, response 1

**M1845 Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.**


**0 – Able to manage toileting hygiene and clothing management without assistance.**

**1 – Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.**

**2 – Someone must help the patient to maintain toileting hygiene and/or adjust clothing.**

**3 – Patient depends entirely upon another person to maintain toileting hygiene.**



- ▶ Identifies the patient's ability to manage personal hygiene and clothing when toileting.
  - ▶ Includes pulling clothes up/down & adequately cleaning the perineal area.
  - ▶ Includes the pt's ability to maintain hygiene related to catheter care and the ability to cleanse around all stomas that are used for urinary or bowel elimination (for example, urostomies, colostomies, ileostomies).
- 

**(M1 870) Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.**

**0 – Able to independently feed self.**

**1 – Able to feed self independently but requires:**

**(a) meal set-up; OR**

**(b) intermittent assistance or supervision from another person; OR**

**(c) a liquid, pureed or ground meat diet.**

**2 – Unable to feed self and must be assisted or supervised throughout the meal/snack.**

**3 – Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.**

**4 – Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.**

**5 – Unable to take in nutrients orally or by tube feeding.**

- ▶ Identifies the pt's ability to feed him/herself, including the process of eating, chewing, and swallowing food.
- ▶ These items address the patient's ability to safely self-feed themselves.
- ▶ This item excludes evaluation of the preparation of food items, and transport to the table.
- ▶ Respond to this item based on the assistance needed by the patient to feed himself once the food is placed in front of him.
- ▶ Assistance means human assistance by verbal cueing/reminders, supervision, and/or stand-by or hands-on assistance.

- ▶ Meal "set-up" (Response 1) includes activities such as mashing a potato, cutting up meat, pouring milk on cereal, opening a milk carton, arranging the food on the plate for ease of access, etc. -- all of which are special adaptations of the meal for the patient.
- ▶ Select Response 2 if the patient is either unable to feed themselves and/or must be assisted or supervised while eating.