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Using OASIS Resources for Accurate Scoring

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The Centers for Medicare & Medicaid Services (CMS) implemented the use of star ratings in 2015 to assist consumers with identifying quality care in terms of both outcomes and patient satisfaction. These star ratings are intended to influence consumer choice, decisions by providers about the agencies they refer patients to, and third party insurance reimbursement rates.^{1, 2} With this in mind, physical therapists must understand their role in collecting accurate data. The focus of this document is to improve OASIS accuracy with five of the current star rating outcome measures (2017). These outcome measures are found in the following table:

| Outcome Measures |
|--|
| (M1242) Improvement in Pain Interfering with Activity |
| (M1400) Improvement in Shortness of Breath |
| (M1830) Improvement in Bathing |
| (M1850) Improvement in Bed Transferring |
| (M1860) Improvement in Ambulation |

For accurate data collection using the OASIS instrument, it is essential for physical therapists to be aware of and use some key OASIS guidance resources that are freely available via CMS. These resources include the OASIS Item Guidance Manual (including Conventions) and OASIS Q&As, which may be accessed using the links located below.^{3,4,5,6}

Accuracy is best maintained by regularly referencing and applying instructions from available resources at the time of the assessment. The case scenarios on the following pages exemplify proper use of OASIS resources.

The Centers for Medicare and Medicaid Services has initiated integration of data set measures across practice settings due to legislation enacted from the IMPACT Act.^{6,7} One specific measure briefly discussed here is the GG0170C Mobility Question which originates from the Minimum Data Set (MDS) used in nursing homes and skilled nursing facilities.⁸ The GG0170C item most closely relates to the M1850 OASIS item and contains a discharge goal response. This question may be confusing to many clinicians as the response asks for current status and a discharge goal. Additionally, the scoring scales on OASIS and MDS are in reverse order. For example, on the OASIS a score of – 0 – is the “best” score (independent), whereby a – 3 – is considered the “worst” score (lowest functional ability). For MDS the scale works in reverse, where a lower numbered response (1) represents the least independent choice and a higher number – 6 – is considered most functional. Although the GG item is not part of the STAR rating system in Home Health, the item is used for risk adjustment purposes regarding the risk of developing pressure ulcerations. Additionally, this item is not captured at discharge, but at start of care and resumption of care visits.

Case Scenario

Mrs. Smith is an 88-year-old female living in a multilevel home, referred for home physical therapy due to new onset of back pain limiting her ability to climb stairs. She uses a cane outside of the home for safety and to control her back pain. She ambulates safely indoors without an assistive device, but

outdoors, demonstrates an antalgic gait pattern with ambulation and stair climbing activities. Mrs. Smith states that she limits her walking activity due to pain. Mrs. Smith reports that her pain occurs less often when using cane for ambulation activities. Additionally, Mrs. Smith reports that she is unable to sleep through the night, waking up once or twice a night due to her pain.

OASIS Item:

| (M1242) Frequency of Pain Interfering with patient's activity or movement: | |
|--|--|
| Enter Code | 0 Patient has no pain |
| <input type="checkbox"/> | 1 Patient has pain that does not interfere with activity or movement |
| | 2 Less often than daily |
| | 3 Daily, but not constantly |
| | 4 All of the time |

Item Intent:

Identifies frequency with which pain *interferes* with patient activities with treatments if prescribed.

TIP: Consider how frequently pain interferes with sleeping, recreational activities, and watching television (not just ADLs) when responding. The intensity of the pain is not the primary focus.

Application of OASIS Guidance:

OASIS Q&A--Q71. M1242³ explains that you should determine whether the use of an assistive device, such as a cane, has provided adequate pain control and fully alleviated the pain with activity. If in this case the use of a cane did not alleviate the pain, and pain continues to limit walking distance or causes the patient to modify her gait, then the activity would be considered “interfered with by pain.” Response 4 (“All of the time”) is appropriate if the pain wakes the patient frequently at night, according to Q73.3 M1242.

The most appropriate response for this case scenario is **Response 3** as patient has pain interfering with ambulation and sleeping activities on a daily basis. Response 4 – all the time – is incorrect as Mrs. Smith is able to find some relief with use of the cane for ambulation activities and the pain does not wake up Mrs. Smith frequently.

Case Scenario

Mrs. Jones was recently discharged from the hospital after an exacerbation of COPD and pneumonia. Mrs. Jones uses her supplemental oxygen intermittently in the evening after dinner following her physician’s orders. The physical therapist asks Mrs. Jones to demonstrate donning and doffing her sweater and notices that she becomes significantly short of breath after just inserting her arm in one sleeve of her sweater. Oxygen was not in use during this activity.

OASIS Item:

| (M1400) When is the patient dyspneic or noticeably Short of Breath ? | |
|---|--|
| Enter Code | 0 Patient is not short of breath |
| <input type="checkbox"/> | 1 When walking more than 20 feet, climbing stairs |
| | 2 With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) |
| | 3 With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation |
| | 4 At rest (during day or night) |

Item Intent:

Identifies the level of exertion/activity that results in a patient's dyspnea or shortness of breath.

TIP: If the patient uses oxygen intermittently, enter the response based upon the patient's shortness of breath without the use of oxygen. Responses are based upon the patient's actual use of oxygen in the home, and not on the physician's oxygen order.

Application of OASIS Guidance:

Q113.4. M1400:⁴ Consider the degree of effort required with the amount of activity performed rather than the actual activity itself. A dressing activity is listed as an example of moderate activity in response 2. The Q&A instructions state that "if the patient becomes short of breath performing this activity just by lifting the arm to insert it in the sleeve of a shirt, then response 3, dyspnea with minimal exertion, would be more appropriate than response 2." Activities other than what are listed in the item may be considered.

The most appropriate response for this case scenario is **Response 3** as Mrs. Jones became significantly short of breath by lifting her arm to place it in the sweater. This activity was assessed appropriately without oxygen as the patient reports not using oxygen during the day.

Case Scenario

The therapist assesses Mrs. Smith's ability to bathe using an interview and observation approach. Mrs. Smith reports showering by herself, standing in the tub. The therapist determines that she is unsafe through observing Mrs. Smith getting in and out of the tub. Mrs. Smith holds onto movable shower door handle and pins head against tile wall to stabilize herself when stepping in and out of tub. Additionally, Mrs. Smith was unable to reach below her waist to touch her thighs simulating the bathing activity. She lives alone and is not receiving assistance. The therapist determines that Mrs. Smith will require human assistance and a shower chair/grab bar in order to be safe. Mrs. Smith does not currently have recommended durable medical equipment. The therapist determines that Mrs. Smith is able to bathe self safely with the support from her walker in front of the sink.

OASIS Item

| (M1830) Bathing: Current ability to wash entire body safely. <u>Excludes grooming (washing face, washing hands, and shampooing hair).</u> | |
|---|---|
| Enter Code <input type="checkbox"/> | 0 Able to bathe self in <u>shower or tub</u> 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, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> (c) for washing difficult to reach areas. |
| | 3 Able to participate in bathing self in shower or tub, <u>but</u> 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. |

Item Intent:

Identifies the patient's ability to bathe entire body and the assistance that may be required to safely bathe, including transferring in/out of the tub/shower. Identifies ability, not actual performance or willingness.

TIP: The patient's status should not be based upon an assumption of the patient's ability to perform a task with equipment she does not currently have. Environmental barriers, for example, stairs, narrow doorways, and location of tub/shower, are included in the response.

Application of OASIS Guidance:

The therapist should assess the patient's *ability* to wash the entire body. Consider device availability and the need for human assistance to safely complete the task.⁴ Although Mrs. Smith admitted to bathing alone, she should not be considered independent, as she was performing the task *unsafely*. Ability is based on the judgment of the therapist taking into consideration cognitive function, physical function, ROM, strength, balance, coordination and other factors regarding safely carrying out the bathing activity. Mark the patient's ability based on the performance at the time of the assessment.

The most appropriate response for this case scenario is **Response 4** as Mrs. Smith needs a shower chair in order to safely shower. At the time of the assessment, Mrs. Smith is considered safe (independent) sponge bathing herself at the sink rather than getting in/out of the tub. Had the therapist determined that Mrs. Smith did not need a shower chair/grab bar to be safe in the shower, then choice 2 or 3 would apply. The most appropriate response would depend on the amount of human assistance required. If intermittent assistance was required a 2 response would have been appropriate and a 3 response would be appropriate if continuous assistance was required.

Case Scenario

Mrs. Smith sleeps in a bed low-to-the-floor in her bedroom and predominantly sits in her favorite low-to-the-floor recliner chair with half armrests in her living room. With her recent exacerbation of back pain, she reports increasing difficulty getting up out of bed and from this chair. The therapist noted through observation, that Mrs. Smith uses the cane unsafely by applying too much pressure through the cane rather than push up from the surface she is leaving. The therapist stops Mrs. Smith from attempting to get up after several failed attempts and provides verbal cueing for proper hand placement, (this is considered minimal human assistance by OASIS guidance) to stand after several failed attempts.

OASIS Item:

| (M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. | |
|--|---|
| Enter Code <input type="checkbox"/> | 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. |

Item intent:

Identifies the patient's ability to safely transfer from bed to chair (and chair to bed), or position self in bed if bedfast. The intent of the item is to identify the patient's ABILITY, not necessarily the actual performance.

TIP: For this item, a "transfer" is defined as the ability to move between the bed and the nearest sitting surface. In the home setting, the nearest sitting surface is frequently several feet away from the bed, possibly in another room. When ambulation is required, the assistance required for safe ambulation, and the need for an assistive device, must be considered for an accurate response.

TIP: The term "minimal human assistance" is defined to include as little as verbal cues or supervision, and on the OASIS is not intended to suggest that physical assistance is required.

Application of OASIS Guidance:

Deciding between response 1 and response 2 is often troubling for therapists. Mrs. Smith's *ability* to transfer *safely with response 1* would indicate that she would be safe with *either* the use of an assistive device or minimal human assistance. However, Mrs. Smith required *both* conditions to be safe, so the most accurate response would be response 2- "able to bear weight and pivot during the transfer process but unable to transfer self". OASIS questions and answers report that "Safety is integral to ability" and since Mrs. Smith cannot transfer safely with just minimal human assistance or with just an assistive device, she cannot be considered functioning at the level of response 1. ^{4,5}

The most appropriate response for this case scenario is **Response 2** because Mrs. Smith required both human assistance and a device to complete the activity safely.

Case Scenario

Mrs. Jones begins to make her way around her home with her cane. The physical therapist notes through observation that she is often reaching out for furniture and or the wall to restore balance. The therapist determines that this is unsafe as she is reaching outside of her base of support, increasing her risk of falling. As Mrs. Jones ascends the stairs, the therapist notes that she unsafely places her cane on the step and half way up she places her hand on the step and begins to “crawl”.

OASIS Item:

| (M1860) 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. | |
|--|---|
| Enter Code <input type="checkbox"/> | 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, <u>unable</u> to ambulate but is able to wheel self independently. |
| | 5 Chairfast, unable to ambulate and is <u>unable</u> to wheel self. |
| | 6 Bedfast, unable to ambulate or be up in a chair. |

Item intent:

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. The intent of the item is to identify the patient’s ABILITY, not necessarily actual performance.

Application of OASIS Guidance:

When scoring Mrs. Jones, the therapist quickly discounts response 0, as Mrs. Jones could only be response 0 if she did not require any human assistance or assistive devices on even and uneven surfaces and stairs. The therapist next considers response 1 and 2 which implies that Mrs. Jones would be safe with either a cane in response 1 or a two handed device (such as a walker) in response 2 with only intermittent assistance. Neither of these choices accurately described Mrs. Jones. Response 1 is not correct as this means the patient is independent on even and uneven surfaces and stairs with a cane which is clearly not the case with Mrs. Jones. The therapist’s impression is that Mrs. Jones may be safe with a walker (two handed device) on level surfaces and require intermittent assistance on other surfaces, but cannot determine this without observing Mrs. Jones perform the activity using a two handed device. Thus, response 2 is inappropriate in this case as Mrs. Jones cannot be assessed with a two handed device she does not have.

The most appropriate response for this case scenario is **Response 3** as Mrs. Jones requires supervision/ assistance at all times for ambulation to be considered safe. The correct answer is -3- even if the patient lives alone and does not have the assistance needed to be safe in place.^{3, 5}

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Appendix

The Appendix items which follow originally appeared in “Practice Resource Documents for Home Health Therapists”, © 2012 Home Health Section of the APTA. Reprinted here with permission of the authors, Jonathan Talbot and Diana Kornetti.

- 1. OASIS Crosswalk for Therapists**

- 2. Room-by-Room Assessment of Functional OASIS Items**

- 3. M1850 and M1860 Side by Side View for Consistency**

| OASIS CROSSWALK FOR THERAPISTS | | | |
|--|---|---|----------------------------------|
| OASIS TERMINOLOGY | COMMON PHYSICAL THERAPIST INTERPRETATION | OASIS INSTRUCTIONS | APPLICABLE OASIS ITEM(S) |
| “Assistance” | Usually quantified as either standby, contact-guard, minimal, moderate, or maximal assistance. | Requires human assistance and includes: 1) Verbal cueing, OR 2) Supervision/ standby assist/ spotting, OR 3) Physical assistance | All OASIS items |
| “Independently” | Patient performs task by themselves, with or without equipment. | Patient performs the task safely , requiring no human “assistance” and no further instruction or training. | All OASIS items |
| “Routine” | What an average person should be able to do. | What the evaluating clinician considers being routine for a specific patient’s needs and circumstances. | M1810 M1820 |
| “Minimal human assistance” | The patient requires approximately 25% physical assistance to perform the task. | Requires human assistance and includes: 1) Verbal cueing, OR 2) Environmental set-up, OR 3) Actual hands-on assistance | M1850 |
| “Someone must help the patient” | The patient requires physical assistance to accomplish the task. | Includes: 1) Verbal cueing, OR 2) Supervision/ standby assist/ spotting, OR 3) Physical assistance | M1800 M1810 M1820 M1830 |
| “Toilet Transfer” | Getting on and off the toilet | Includes: 1. Getting on and off the toilet, AND 2. Getting <i>to and from</i> the toilet | M1840 |
| “Bed to chair transfer” | Stand/pivot transfer to/from bed and chair. Chair is generally adjacent to bed. | Ability to safely move from the bed to the nearest sitting surface. Consider safety with ambulation if the nearest sitting surface is not adjacent to the bed. | M1850 |
| “Assistance of another person at all times.” | The patient lives with someone who is able to walk with them. | The patient is unsafe walking, requiring continuous assistance, regardless of the presence or absence of a caregiver. | M1860 |
| “Variety of surfaces” | Ability to safely navigate all <i>possible</i> surfaces (e.g. level, unlevel, slopes, and stairs) | Ability to safely navigate on surfaces that a patient would “routinely encounter in his/her environment , and may vary based on the individual residence.” | M1860 |

OASIS Crosswalk for Therapists. Derived from OASIS-C2 Guidance Manual (effective 1/1/2017)

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ROOM-BY-ROOM ASSESSMENT OF FUNCTIONAL OASIS ITEMS

M1860 –

Ambulation/Locomotion

“Show me how you get around your house, and up and down stairs.”

- * *Note whether patient is safe with current ambulation/locomotion.*
- * *Are verbal cues needed for safety?*

M1850-Transferring

“Show me how you get on/off your bed.”

“Show me how you get from your bed to the nearest chair.”

“Show me how you get up/down from a chair.”

- * *Note any unsafe movement.*
- * *Is ambulation needed between bed & chair?*
- * *Are verbal cues needed for safety?*

M1820-Lower Body Dressing

“Show me how you get pants out of your dresser.”

“Show me how you take off your shoes and socks. I need to check your feet.”

- * *Note use of dressing aids and balance.*
- * *Note ability to don/doff routine clothing.*

M1810-Upper Body Dressing

“Show me how you get a shirt out of the closet.”

- * *Refer to notes for M1820*

M1800-Grooming

“Where do you keep grooming supplies?”

“Can you get them out for me?”

- * *Observe items located out of safe reach.*

M1830-Bathing

“Show me how you get into your tub/shower.”

- * *Note presence of available DME.*
- * *Note unsafe use of fixtures (e.g. towel rack)*
- * *Consider if ROM is sufficient to bathe self*

M1840-Toilet Transferring

“Show me how you get to the bathroom from other rooms.”

“Show me how you get on/off the toilet.”

- * *Note presence of available DME*
- * *Note unsafe use of fixtures (e.g. towel rack)*

M1870 - Feeding or Eating

M1880 - Ability to Plan and Prepare Light Meals

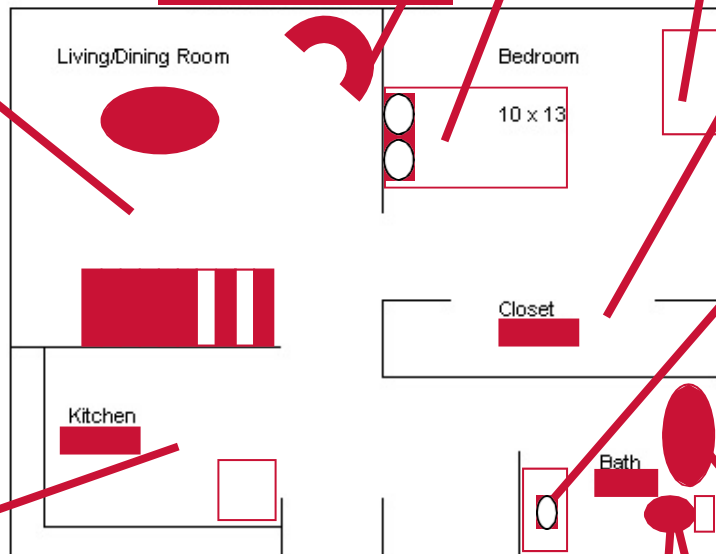
M1890 - Ability to Use Telephone

M1845-Toileting Hygiene

“Show me how you pull your pants down and up. I need to check your skin.”

“Show me how you get on/off the toilet.”

- * *Note presence of available DME*
- * *Note unsafe use of fixtures (e.g. towel rack)*



| OASIS C2—M1850/M1860 SIDE-BY-SIDE VIEW | | |
|---|---|--|
| OASIS RESPONSE | M1850 – TRANSFERRING | M1860 – AMBULATION/LOCOMOTION |
| 0 | INDEPENDENT <ul style="list-style-type: none"> Transfers safely supine to sit, sit to stand, and bed to chair (Independent bed mobility and transfers) Safely ambulates to nearest sitting surface (if not adjacent to the bed) No device or human assistance needed with all of the above. | INDEPENDENT <ul style="list-style-type: none"> Safe on all surfaces “routinely encountered in his/her environment.” No device or human assistance needed during all mobility. |
| 1 | INDEPENDENT WITH DEVICE OR MINIMAL HUMAN ASSISTANCE <ul style="list-style-type: none"> Independent/safe with device, and no assistance needed, OR <25% assistance, and no device needed “Minimal human assistance” includes verbal cueing, supervision, & set-up | INDEPENDENT WITH SINGLE-HANDED DEVICE <ul style="list-style-type: none"> Safe on all surfaces “routinely encountered in his/her environment.” Independent using single-handed device |
| 2 | ASSISTANCE REQUIRED FOR SAFETY <ul style="list-style-type: none"> Able to bear weight <u>AND</u> pivot Requires assistance (which may be only verbal cueing) <u>AND</u> a device If no device, requires > 25% assistance | INTERMITTENT ASSISTANCE REQUIRED <ul style="list-style-type: none"> Safely walks alone on level surfaces Requires assistance on other surfaces |
| 3 | UNABLE TO BEAR WEIGHT OR PIVOT <ul style="list-style-type: none"> Non-ambulating Not bedfast (able to tolerate being out of bed) Likely a CHAIRFAST patient | CONTINUOUS ASSISTANCE REQUIRED <ul style="list-style-type: none"> Requires <i>continuous</i> human supervision or assistance <u>on all surfaces</u> to be safe Rated SBA, CGA, etc on level surfaces Wandering clients/dementia concerns |
| 4 | BEDFAST <ul style="list-style-type: none"> Unable to tolerate being out of bed Independent bed mobility <u>Able</u> to turn/position self | CHAIRFAST <ul style="list-style-type: none"> Non-ambulating Independent with wheelchair |
| 5 | BEDFAST <ul style="list-style-type: none"> Unable to tolerate being out of bed | CHAIRFAST <ul style="list-style-type: none"> Non-ambulating Requires assistance with wheelchair |
| 6 | N/A | BEDFAST <ul style="list-style-type: none"> Unable to tolerate being out of bed |

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