OASIS-C Item Guidance ADLs / IADLs

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely <u>and</u> 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

Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).

3 - <u>Unable</u> 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.

ITEM INTENT

Identifies the patient's ability to safely get to and from and transfer on and off the toilet or bedside commode.

The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely perform toilet transferring, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:

- physical impairments (e.g., limited range of motion, impaired balance)
- emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear)
- sensory impairments, (e.g., impaired vision or pain)
- environmental barriers (e.g., stairs, narrow doorways, location of bathroom)

TIME POINTS ITEM(S) COMPLETED

Start of care

Resumption of care

Follow-up

Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- Excludes personal hygiene and management of clothing when toileting.
- The patient's ability may change as the patient's condition improves or declines, as medical restrictions are
 imposed or lifted, or as the environment is modified. The clinician must 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.
- The toilet transferring scale presents the most optimal level first, then proceeds to less optimal toileting methods. Read each response carefully to determine which one best describes what the patient is able to do.
- 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 <u>safely</u> 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.
- A patient who can independently get to the toilet, but who requires assistance to get on and off the toilet would be scored as a "1."

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RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1840)

• A patient who is unable to get to/from the toilet or bedside commode, but is able to place and remove a bedpan/urinal independently, should be marked Response 3. This is the best response whether or not a patient requires assistance to empty the bedpan/urinal.

• Assessment Strategies: A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Ask the patient if he/she has any difficulty getting to and from the toilet or bedside commode. Observe the patient during transfer and ambulation to determine if the patient has difficulty with balance, strength, dexterity, pain, etc. Determine the level of assistance needed by the patient to <u>safely</u> use the toilet or commode. Tasks related to personal hygiene and management of clothing are not considered when responding to this item.

DATA SOURCES / RESOURCES

- Observation/demonstration is the preferred method.
- Patient/caregiver interview
- Physical assessment
- Environmental assessment