

| OASIS ITEM |
|---|
| <p>(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Able to independently transfer. <input type="checkbox"/> 1 - Able to transfer with minimal human assistance or with use of an assistive device. <input type="checkbox"/> 2 - Able to bear weight and pivot during the transfer process but unable to transfer self. <input type="checkbox"/> 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. <input type="checkbox"/> 4 - Bedfast, unable to transfer but is able to turn and position self in bed. <input type="checkbox"/> 5 - Bedfast, unable to transfer and is unable to turn and position self. |
| ITEM INTENT |
| <p>Identifies the patient's ability to safely transfer from bed to chair (and chair to bed), or position self in bed if bedfast.</p> <p>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 transfer, 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:</p> <ul style="list-style-type: none"> - 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 or laundry) |
| TIME POINTS ITEM(S) COMPLETED |
| <p>Start of care</p> <p>Resumption of care</p> <p>Follow-up</p> <p>Discharge from agency - not to an inpatient facility</p> |
| RESPONSE—SPECIFIC INSTRUCTIONS |
| <ul style="list-style-type: none"> • For most patients, the transfer between bed and chair will include transferring from a supine position in bed to a sitting position at the bedside, then some type of standing, stand-pivot, or sliding board transfer to a chair, and back into bed from the chair or sitting surface. <ul style="list-style-type: none"> - If there is no chair in the patient's bedroom or the patient does not routinely transfer from the bed directly into a chair in the bedroom, report the patient's ability to move from a supine position in bed to a sitting position at the side of the bed, and then the ability to stand and then sit on whatever surface is applicable to the patient's environment and need, (e.g., a chair in another room, a bedside commode, the toilet, a bench, etc.). Include the ability to return back into bed from the sitting surface. • 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 <i>able to do</i> 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 transferring scale presents the most optimal level first, then proceeds to less optimal levels of transferring. Read each response carefully to determine which one best describes what the patient is able to do. |

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1850)

- Able to bear weight refers to the patient's ability to support the majority of his/her body weight through any combination of weight-bearing extremities (e.g., a patient with a weight-bearing restriction of one lower extremity may be able to support his/her entire weight through the other lower extremity and upper extremities). If the patient is able to transfer self from bed to chair, but requires standby assistance to transfer safely, or requires verbal cueing/reminders, select Response 1.
- For response 1, "minimal human assistance" could include any combination of verbal cueing, environmental set-up, and/or actual hands-on assistance.
 - In order for the assistance to be considered minimal, it would mean the individual assisting the patient is contributing less than 25% of the total effort required to perform the transfer.
- If the patient transfers either with minimal human assistance (but not device), or with the use of a device (but no human assistance), select Response 1. If the patient requires both minimal human assistance and an assistive device to transfer safely, select Response 2.
- If the patient can bear weight and pivot, but requires more than minimal human assist, Response 2 should be marked.
- The patient must be able to both bear weight and pivot for Response 2 to apply. If the patient is unable to do one or the other and is not bedfast, select Response 3.
- If the patient is bedfast, select Response 4 or 5, depending on the patient's ability to turn and position self in bed. Bedfast refers to being confined to the bed, either per physician restriction or due to a patient's inability to tolerate being out of the bed.
- 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 about transferring ability. Taking extra time or pushing up with both arms can help ensure the patient's stability and safety during the transfer process, but they do not mean that the patient is not independent. Observe the patient during transfers and determine the amount of assistance required for safe transfer from bed to chair.

DATA SOURCES / RESOURCES

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