

<b>OASIS ITEM:</b>	
<b>(M0690) Transferring:</b> Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.	
<u>Prior</u>	<u>Current</u>
<input type="checkbox"/>	<input type="checkbox"/> 0 - Able to independently transfer.
<input type="checkbox"/>	<input type="checkbox"/> 1 - Transfers with minimal human assistance or with use of an assistive device.
<input type="checkbox"/>	<input type="checkbox"/> 2 - <u>Unable</u> to transfer self but is able to bear weight and pivot during the transfer process.
<input type="checkbox"/>	<input type="checkbox"/> 3 - Unable to transfer self and is <u>unable</u> to bear weight or pivot when transferred by another person.
<input type="checkbox"/>	<input type="checkbox"/> 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
<input type="checkbox"/>	<input type="checkbox"/> 5 - Bedfast, unable to transfer and is <u>unable</u> to turn and position self.
<input type="checkbox"/>	UK - Unknown
<b>DEFINITION:</b>	
Identifies the patient's ability to <u>safely</u> transfer in a variety of situations. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.	
<b>TIME POINTS ITEM(S) COMPLETED:</b>	
Start of care - prior and current ability Resumption of care - prior and current ability Follow-up - current ability Discharge from agency - not to an inpatient facility -- current ability	
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>	
<ul style="list-style-type: none"> <li>• If the patient is able to transfer self, but requires standby assistance to transfer <u>safely</u>, or requires verbal cueing/reminders, then Response 1 applies.</li> <li>• 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).</li> <li>• The patient must be able to <u>both</u> bear weight and pivot for Response 2 to apply. If the patient is unable to do one or the other, then Response 3 must be selected.</li> <li>• If the patient is bedfast, the ability to turn and position self in bed is assessed.</li> <li>• "UK - Unknown" is an option only in the "prior" column. This response should be used only if there is no way to determine the patient's prior ability on this item.</li> </ul>	
<b>ASSESSMENT STRATEGIES:</b>	
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. Observe the patient during transfers and determine the amount of assistance required for <u>safe</u> transfer. If ability varies between the transfer activities listed, record the level of ability applicable to the majority of those activities. When the patient demonstrates ambulation/locomotion, shows the clinician to the bathroom/kitchen, and demonstrates ability to get into and out of tub/shower, transferring can be assessed simultaneously.	