OASIS Web-Based Training Test

Comprehensive Assessment

1. Which of the following factors influence(s) the effectiveness of a comprehensive assessment?
   __ Characteristics of the patient and the home.
   __ Productivity requirements of the agency.
   __ Individual clinician characteristics and style.
   __ Aspects of the environment outside the home.

2. Agency factors that affect how a clinician conducts a skilled comprehensive assessment include:
   __ Availability of the agency's clinical managers or supervisors.
   __ Whether the agency is proprietary or nonprofit.
   __ The agency's personnel policies and clinical procedures.
   __ Number and type of patients the agency serves.

3. An effective comprehensive assessment in the home:
   __ Is based on skilled observation and strong communication techniques.
   __ Requires adaptation and refinement of existing assessment skills.
   __ Has relevance only for required data collection.
   __ Influences the effectiveness of care and services.

4. In the home health setting, a comprehensive assessment:
   __ Combines a body systems assessment and a functional health assessment.
   __ Considers how a patient's social and physical environments affect body systems.
   __ Focuses on aspects of both the patient's medical history and current problems.
   __ Reports physical symptoms related to the patient's medical problem exclusively.

5. Which of the following abilities are particularly important for conducting an effective comprehensive assessment? The ability to:
   __ Diagnose and prioritize physical symptoms and side effects of treatments.
   __ Integrate observation and interview throughout the visit.
   __ Apply a body systems assessment with functional health assessment.
   __ Ask direct questions based on the wording of the OASIS items.

6. A successful comprehensive assessment:
   __ Builds and maintains the patient's confidence and trust.
   __ Proceeds through the OASIS items as a questionnaire.
   __ Addresses the patient's immediate needs and provides truthful information.
   __ Defers patient questions until the required items have been answered.

7. Which of the following is a likely outcome of an effective comprehensive assessment?
   __ An accurate depiction of the patient's needs.
   __ A longer episode of care.
   __ A home visit that progresses efficiently.
   __ Accurate OASIS data.

8. The format and organization of agency forms for comprehensive assessment:
   __ Determine the order in which the clinician proceeds with the visit.
   __ Promote reporting of patient-specific findings.
   __ Provide the best guide for learning how to assess a patient.
   __ Should not dictate how the clinician conducts the comprehensive assessment.

9. Stronger assessment processes with accurate data collection are likely to result when the clinician:
   __ Adapts or modifies a "usual" sequence to fit a patient's circumstances.
   __ Strictly follows the format or sequencing of agency forms.
   __ Bases assessment on integrated observation and interview.
   __ Keeps his/her own time schedule in mind during the visit.

10. Typically, direct observation or using the senses (what is seen, heard, smelled, felt):
   __ Necessitates follow-up interview to confirm or clarify what is observed.
   __ Is the most effective assessment strategy for all OASIS items.
   __ Applies only to the physical assessment part of the visit.
   __ Includes observation of functional ability.

11. An individual clinician's interview style is affected by his/her:
   __ Comfort with the patient and the home setting.
   __ Ability to read the OASIS items, word by word, to the patient.
   __ Knowledge of varying techniques.
   __ Experience with multiple cultural groups.

12. As an interview technique, direct questioning (such as posing a question exactly as it is worded in the OASIS set):
   __ Provides accurate responses to most OASIS items.
   __ Is used to obtain factual information such as dates or numbers.
   __ Can make the patient feel as if he/she is being interrogated, resulting in the loss of individual information.
   __ Provides little descriptive information and can interject the clinician's assumptions into the interview process.

13. Guided conversation:
    __ Is based on observation or the patient's response to a direct question.
    __ Is an uncomfortable interview style for the patient.
    __ Reduces the tendency to read OASIS items to patients.
    __ Moves from broader to more specific aspects of assessment components.

14. As an interview approach, focused conversation:
    __ Is appropriate only for assessing Neuro/Emotional/Behavioral status.
    __ Leads to very patient-specific conversation that can elicit specific details.
    __ Is most effectively used when concluding the visit.
    __ Is a strategy for confirmation and clarification.

OASIS: General

15. OASIS is:
    __ A complete assessment document.
    __ A way to uniformly describe patient characteristics.
    __ Part of a comprehensive assessment.
    __ The basis for reporting patient outcomes.

16. Historically, patient information on agency assessment forms:
    __ Provided definitive information about an agency's quality of care.
    __ Recorded different categories of information from individual patients.
    __ Was standardized throughout the country.
    __ Quantified patient outcomes.

17. When OASIS becomes part of a home health agency's comprehensive assessment process, the following will occur:
    __ Standardized data will be available for reporting patient outcomes.
    __ Individual patient-specific assessment findings will aid care plan development.
    __ OASIS data items will replace similar items in an agency's assessment form.
    __ The agency will revise OASIS item wording to fit into its own assessment form.

18. Incorporating a patient privacy notice into the assessment process is:
    __ Required by CMS for those patients for whom OASIS data are collected.
    __ The responsibility of clinicians during the admission process for new patients.
    __ Best accomplished by telling the patient that OASIS is required by the government.
    __ Best accomplished by verbally reviewing the written notice with the patient.

19. OASIS web-based training is the primary source for:
    __ Information about the home health agency Conditions of Participation.
    __ Home health agencies and associations to use in tracking new regulations.
    __ CMS-sponsored training for home healthcare providers.
    __ Obtaining outcome reports.

20. Understanding the overall basic instructions or OASIS conventions:
    __ Results in responses that give a more complete picture of the patient.
    __ Makes data collection easier and less time consuming.
    __ Is useful for only a few OASIS items.
    __ Allows a clinician to know when to deviate from agency policy.

21. The overall format of an OASIS item:
    __ Provides representative examples for responding accurately.
    __ Requires a clinician to *read into* the meaning of the item.
    __ States the focus of the item in bold lettering in the title.
    __ Contains underlining for clarification.

22. When responding to OASIS items, the clinician should:
    __ Consider the patient's status for the specific day under consideration.
    __ Follow the time interval exactly as noted in the wording, when directed.
    __ Report the patient's status from the onset of symptoms to the time of the visit.
    __ Report what the patient tells you after he/she reads the OASIS item.

23. Within the OASIS items, the patient's "current status" refers to:
    __ An assessment of ADLs and IADLs made at SOC, ROC, Follow-Up, and Discharge.
    __ An overall conclusion about functional status based on patient report.
    __ What the patient or caregiver thinks the patient can do.
    __ The patient's ability as of the day of the assessment.

24. Within the OASIS items, "prior status" refers to:
    __ A patient's ability any time during the 14 days just before the SOC or ROC date.
    __ An assessment finding required for all ADL and IADL items at SOC and ROC.
    __ The patient's response to "What did you do before today?"
    __ The exact day/date 14 days prior to the comprehensive assessment date.

25. When selecting a response for an OASIS item, you should:
    __ Report the first observation or the answer the patient gives.
    __ Use NA—Not Applicable or UK—Unknown when no other response is possible or appropriate.
    __ Leave an item blank if there is not enough information.
    __ Mark at least one response for each item, unless it is preceded by skip pattern instructions.

26. At Follow-Up and Discharge assessments, responses to OASIS items are based on:
    __ Independent observation and interview during the assessment visit.
    __ Data transcribed from the previous OASIS assessment.
    __ Written notes from the agency's Discharge or Continuing Care Conference.
    __ Review of events during the home care episode that are verified at the visit.

27. Many OASIS item responses appear as scales that:
__ Are arranged in order from least to most impaired.
__ Have the same number of response levels, compared to other items.
__ Describe the patient's status or capability on the day of the assessment.
__ Represent the same level of impairment from one item to the next.

OASIS Items

Clinical Record Items and Demographics/Patient History

28. Accuracy in the OASIS items for Clinical Records is important because they:
__ Provide specific contact information for the patient and family.
__ Are used for clinical and administrative record keeping.
__ Are part of a database for use by software vendors.
__ Are mailed to the physician for signature.

29. The Home Health Patient Tracking Sheet:
__ Is mandatory for reporting several OASIS items.
__ Contains a subset of OASIS items that can be used to create a data transmission file.
__ Is useful as it allows some OASIS items to be preprinted or prefilled.
__ Is updated anytime there are changes during the episode of care.

30. OASIS items for Demographics/Patient History are important for:
__ Determining the type, frequency, and duration of services.
__ Determining the potential need for services outside the home.
__ Understanding the patient-specific situation.
__ Guiding the collection of additional assessment data.

31. Assessment of Inpatient Facility Discharge (M0175) including the date (M0180) and the Inpatient Diagnoses (M0190) centers on:
__ Confirming information from the referral source.
__ Clarifying the type of inpatient facility(ies) from which the patient was discharged.
__ Identifying those specific conditions treated in the inpatient facility(ies).
__ Verifying those chronic conditions not treated while an inpatient.

32. Assessing specific circumstances surrounding inpatient facilities, discharge date(s), and inpatient diagnoses is more difficult when:
__ The patient is certain about exact dates and specific diagnoses.
__ The patient has experienced lengthy or multiple inpatient stays.
__ The patient knows the pay source for a nursing home bed.
__ The type of facility is listed on the referral document.

33. Assessment for Medical or Treatment Regimen Change (M0200) and Medical Diagnoses (M0210):
__ Requires written physician notes from the clinical chart.
__ Focuses on any change in the medical or treatment regimen in the previous 14 days.
__ Includes assessment of any changes in medication in the previous 14 days.
__ Does not encompass changes in health care services.

34. Demographics/Patient History items M0190 (Inpatient Diagnoses) and M0210 (Medical Diagnoses for Conditions Requiring Changed Medical or Treatment Regimen) report those diagnoses:
__ Occurring anytime prior to the home care episode.
__ Treated during the inpatient stay or requiring changed medical or treatment regimen.
__ That are new (or exacerbations of old) diagnoses requiring changed medical or treatment regimen.
__ That may be ruled out during the home care episode.

35. Diagnoses and Severity Index (M0230/M0240) lists:
__ All diagnoses for which the patient is receiving medical care.
__ The severity of primary and secondary diagnoses for which the patient is receiving home care.
__ Surgical treatment diagnoses.
__ Diagnoses reported on referral information.

36. Therapies (M0250) reports infusion therapy, TPN, or enteral nutrition:
__ That the patient receives in the home, as confirmed by physician order.
__ That the patient received in the hospital.
__ That the patient will receive as a result of the comprehensive assessment.
__ As confirmed by presence of the IV or infusion site or feeding tube.

37. Physical assessment of Mr. Barton confirms he has gastrostomy and heparin lock. MD orders indicate a specific feeding is to begin at the visit. He is taking sips of clear liquids. The IV dressing is to be changed. No equipment is visible in the home related to these therapies. Appropriate responses for M0250 for Mr. Barton are:
__ Intravenous or infusion therapy (Response 1).
__ Enteral nutrition (Response 3).
__ None (Response 4), since the heparin lock isn’t being used, and he is drinking liquids.
__ None (Response 4), since the equipment hasn’t arrived.

38. Assessment of prognosis, as reflected in the items for Overall Prognosis (M0260), Rehabilitative Prognosis (M0270), and Life Expectancy (M0280):
   __ Is the aggregate of all your observations, made throughout the visit, including patient/family interactions.
   __ Is determined by the referring physician.
   __ Requires highly skilled interview and observation techniques.
   __ Takes into account overall health history, diagnoses, responses to treatment, and patient circumstances.

39. The Overall Prognosis (M0260) item:
   __ Refers to expected recovery from the current episode of illness.
   __ Takes into consideration your full patient assessment.
   __ May be best answered at the conclusion of the assessment.
   __ Reports whether there is little or no recovery expected or partial to full recovery.

40. The Rehabilitative Prognosis (M0270) item:
   __ Is determined by the therapy or rehabilitation plan of care.
   __ Identifies the patient's expected improvement in functional status.
   __ Is best synthesized from assessments of ADL/IADL status and overall prognosis.
   __ Reports only rehabilitative prognosis that indicates imminent decline.

41. An accurate response to the Life Expectancy (M0280) item:
   __ Depends on your sophisticated and skilled assessment.
   __ Requires physician documentation or a "Do Not Resuscitate" order.
   __ Is beyond a clinician's scope of practice.
   __ Is related to understanding disease processes and outcomes and factors that influence them.

42. In responding to High Risk Factors (M0290), you rely on:
   __ Universal definitions and national assessment guidelines.
   __ Specific testing such as oximetry and substance abuse screens.
   __ Agency policy or procedure specific to risk factor assessment.
   __ The relationship of the medical history and current health status to the risk factor(s).

Living Arrangements

43. The OASIS items for Living Arrangements (Current Residence—M0300 and Patient Lives With—M0340) report:
   __ The patient's permanent residence.
   __ Where the patient is living during the home care episode.
   __ Who the patient is living with, even if the arrangement is temporary.
   __ The next of kin, living outside the home.

44. When assessing the patient's Current Residence (M0300), you can:
__ Use interview to determine whether the residence is the patient's or is another type of residence.
__ Tell the type of residence by looking at the dwelling.
__ Call a neighbor to clarify the patient's current residence.
__ Determine whether the residence is a boarding home or rented room, board and care, or assisted living facility by looking around.

45. Mrs. Albers lives alone but is staying with a close friend while she recovers from surgery. In responding to M0300 and M0340:
__ The close friend's home is the current residence (M0300—Response 5).
__ The home Mrs. Albers owns is her current residence (M0300—Response 1).
__ Mrs. Albers lives alone (M0340—Response 1).
__ Mrs. Albers lives with a friend (M0340—Response 4).

Supportive Assistance

46. The type and quantity of supportive assistance a patient needs:
__ Can be permanent, temporary or occasional.
__ Requires evaluation of the patient's current and anticipated needs.
__ Will be determined by a complete assessment of health status and abilities.
__ Is constant from one assessment point to another.

47. The OASIS items for Supportive Assistance (M0350, M0360) report:
__ Anyone who helps, including agency staff.
__ Only primary caregivers who are sons or daughters.
__ Those who provide assistance and those who take lead responsibility.
__ Anyone who is paid to provide help.

48. Once it is determined that the patient has a single primary caregiver:
__ Skip to OASIS items for reporting sensory status.
__ Report how often the primary caregiver assists the patient.
__ Report what types of assistance the primary caregiver provides.
__ Address all interview questions only to that person.

49. When assessing Primary Caregiver Assistance (M0360, M0370, M0380), consider that:
__ A patient may be hesitant to acknowledge that assistance is needed.
__ You will need to confirm what the patient tells you.
__ The patient has a clear sense of who takes lead responsibility.
__ No one person may take lead responsibility.

50. Mr. Chambers lives with his wife. By the end of your assessment visit, you learn she schedules his doctor appointments, does all the shopping, prepares his meals and meds, and assists him with getting dressed because he is currently unable to complete this activity. In responding to M0380, what type of assistance would you say Mrs. Chambers provides?
    __ ADLs and IADLs (Responses 1 and 2).
    __ Psychosocial support (Response 4).
    __ Financial agent, power of attorney, or conservator of finance (Response 6).
    __ Advocates or facilitates participation in appropriate medical care (Response 5).

Physiologic and Mental Status

51. OASIS items that collect data on physiologic and mental status:
    __ Often have response options presented as scales for increased precision.
    __ Are primarily assessed through patient interview techniques.
    __ Are considered when planning care and services, including Discharge planning.
    __ Are recorded by each separate discipline from its assessment findings.

Sensory Status

52. OASIS items for Sensory Status (vision, hearing, speech, pain):
    __ Are easily assessed by observation within the first few minutes of the visit.
    __ Involve assessment that influences the care plan and teaching strategies.
    __ Should be answered by asking the patient "yes/no" questions.
    __ Describe status according to scales from the least to most impairment.

53. Mr. Tran is an elderly Vietnamese gentleman. He looks puzzled, shaking his head when you hand him consent documents to read during an SOC visit. He is wearing glasses and walks independently about the house. Then you hand him his nearby Vietnamese newspaper, and he reads several lines to you. Your response for Vision (M0390) at this point in the visit is:
    __ Normal vision (Response 0).
    __ Partially impaired since he can't read the consent document (Response 1).
    __ Too soon to determine, since you don't know whether he reads accurately.
    __ He is illiterate since he cannot read English in the consent documents, and you will need to contact your supervisor about how to score the item.

54. The patient assessment of Hearing and Ability to Understand Spoken Language (M0400):
    __ Cannot be completed until cognition is confirmed and M0560 is answered.
    __ Includes knowing the patient's primary spoken language and whether a hearing aid is worn.
    __ Begins immediately in the visit to differentiate varying levels of ability noted in the response options.
    __ Includes observation of such characteristics as facial expressions and body language.

55. Speech and Oral (Verbal) Expression of Language (M0410) is based on assessment of:
__ Ability to verbally express ideas, feelings, and needs in the patient's primary language.
__ Whether sentences and phrases are clear and understandable.
__ Whether the patient struggles to say something familiar and needs prompting or assistance.
__ An interpreter's ability to communicate with the patient in patient's primary language.

56. Mr. Black has a permanent tracheostomy that was revised during a recent hospitalization. He won't be able to use his electrolarynx for a few days, but he is able to produce speech when he covers the trach opening. He communicates slowly throughout the visit, since it is a little painful. He describes his medications, daily activities, and plans for returning to volunteer work without prompting and interacts with your teaching directions. The response for M0410 would be:
__ Expresses complex ideas, feelings, and needs (Response 0).
__ Minimal difficulty since he takes extra time (Response 1).
__ Patient unable to speak since his assisted approach is not "normal" speech (Response 5).
__ Unable to respond to this item, since the electrolarynx is his usual speech approach, and he is unable to use it.

57. OASIS items Frequency of Pain (M0420) and Presence of Intractable Pain (M0430):
__ Require an in-depth assessment only in patients with acute diagnoses.
__ Contribute to outcome measurement and risk adjustment.
__ Require only interview questions, since pain is a subjective experience.
__ May be part of an in-depth pain assessment as determined by agency policy.

Integumentary Status

58. OASIS items for Integumentary Status report:
__ Healing status of all open wounds and lesions.
__ Presence of pressure ulcers, stasis ulcers, and surgical wounds.
__ Current wound care orders from the patient's physician.
__ Presence of lesions or open wounds, including ostomies.

59. The wound assessment conducted for determining responses to OASIS items:
__ May have associated agency policies and procedures.
__ Is based on individual clinicians' recall of definitions.
__ Is supported by nationally accepted guidelines.
__ Requires an enterostomal therapy consultation prior to responding.

60. Assessment of pressure ulcers, stasis ulcers, and surgical wounds:
    __ Determines the healing status of the most problematic ulcer or wound that is observable.
    __ Requires direct questioning of the patient: “Do you have these kinds of wounds?”
    __ Cannot occur if the ulcer or wound is covered by a nonremovable dressing.
    __ Is easy for most clinicians, since open wounds appear identical for most patients.

61. For Current Number of Pressure Ulcers at Each Stage (M0450), report:
    __ Each ulcer at its best (most healed) stage.
    __ The number of ulcers reported under a cast or nonremovable dressing.
    __ The stage of a pressure ulcer with avascular tissue (eschar or slough).
    __ The presence of none (zero) up to four or more ulcers, according to stage.

62. Mrs. Barton has been paraplegic for 15 years and has a history of pressure ulcer. On physical assessment you see an old scar on her left buttock that is now a little red and discolored but is not open. She says that the pressure ulcer healed over a year ago. Further skin assessment reveals no other alteration in skin integrity. The accurate response to Current Number of Pressure Ulcers at Each Stage (M0450) is:
    __ At part (a) (Stage 1), the number 1 would be circled.
    __ At parts (a), (b), (c), and (d), the number 0 would be circled.
    __ No response is possible, since the stage of the ulcer at its worst is not clear.
    __ At part (e), NA would be checked, as it does not apply.

63. The assessment of stasis ulcers for responding to M0468, M0470, M0474, and M0476 includes:
    __ Observing lesions caused by alterations in arterial circulation.
    __ Checking the lower legs, since stasis ulcers tend to occur in this area.
    __ Evaluating drainage amount and color, ulcer location and size, plus surrounding tissue and contributing circumstances.
    __ No observation, relying on patient interview and review of MD orders.

64. Surgical wounds that are current and reported in M0482, M0484, M0486, and M0488 include:
    __ Those with keloid or scar formation.
    __ Sutured incisions and PICC lines from a recent surgery.
    __ Stapled incisions and approximated edges or a healing ridge.
    __ Medi-ports and orthopedic pin sites.

Respiratory Status

65. OASIS items for Respiratory Status report:
__ Respiratory symptoms and treatments that can affect daily activities.
__ Specific activities that cause the patient to be short of breath.
__ Whether oxygen, a ventilator, or continuous positive airway pressure is used in the home.
__ Shortness of breath exclusively related to pulmonary disease.

66. When assessing respiratory status, you must:
__ Assess the effect of dyspnea on activities and mobility.
__ Rely on what the patient says when asked, "You're not short of breath, are you?"
__ Eliminate the assessment if pulmonary symptoms are well controlled.
__ Combine observation with guided or focused interview to differentiate among the response options.

67. Ms. Hubbard tells you she needed oxygen "all the time" while she was hospitalized. MD orders note O_2 per nc, 2L at night, a metered dose inhaler and nebulizer treatments PRN. To assess her shortness of breath for M0490 you will need to assess:
__ Ms. Hubbard's shortness of breath while using her oxygen.
__ Her shortness of breath after she uses her inhaler.
__ Her shortness of breath associated with various activities.
__ Whether she needs to use her oxygen during the day, too.

Elimination Status

68. OASIS items for Elimination Status report:
__ A UTI and bowel or bladder incontinence within the prior 14 days.
__ When urinary incontinence occurs and the frequency of bowel incontinence.
__ A UTI within the prior 14 days and the presence of a urinary catheter or ostomy for bowel elimination.
__ Only incontinence that interferes with daily activities.

69. Ms. Slater, a patient with multiple sclerosis, is sure she had a UTI while in the hospital last week, since she had urgency and burning on urination. She doesn't know how this happened since she has been on prophylactic therapy to prevent UTI. Referral documents list Macrodantin 100 mg PO × 10 days, started 11 days ago. Your response to M0510 would be:
__ No, since her symptoms have subsided now (Response 0).
__ Yes, since her symptoms and records indicate a UTI within the previous 14 days, even though she is receiving prophylactic treatment (Response 1).
__ Patient on prophylactic treatment (Response NA).
__ Unknown (Response UK).

70. While telling you about a comical incident, Mrs. Fairbanks mentions she was embarrassed that she was incontinent because she laughed so hard. But, she adds, “I rarely do that, unless maybe when I have a really congested cough.” Your response to M0520 would be:
__ No incontinence or catheter since this only happens occasionally (Response 0).
__ Patient is incontinent (Response 1).
__ Patient requires a urinary catheter (Response 2).

Neuro/Emotional/Behavioral Status

71. Responses for the Neuro/Emotional/Behavioral Status OASIS items:
__ Provide a complete assessment of neurologic/mental status.
__ Report mental processes that interfere with the ability to function optimally.
__ Are based on the presence of a mental illness diagnosis.
__ Report mental processes that influence potential for recovery.

72. Clinician assessment of Cognitive Functioning (M0560) involves:
__ Determining current level of alertness/orientation or the need for prompting.
__ Conducting a “mini-mental-status exam.”
__ Beginning with open-ended questions and proceeding with directed conversation.
__ Clarifying the circumstances under which any prompting or assistance is needed.

73. Clinician assessment of Confusion (M0570) is based on:
__ Observation only, even for a patient with well-developed social skills.
__ Symptoms that are reported by the patient or others and verified during the visit.
__ Interview techniques that elicit yes or no responses.
__ A requirement that the response be the same as noted on Plan of Treatment documents.

74. The assessment of a patient for Depressive Feelings (M0590):
__ Is limited to those with a medical diagnosis of depression.
__ Requires an interview question about each specific response option.
__ Includes observation of affect, posture, dress, and facial expressions.
__ Focuses on reports or observations of such feelings as sadness, hopelessness, and thoughts of death.

75. OASIS items about Behavior and Behavior Problems (M0610 and M0620) address:
__ Select behaviors demonstrated at least once a week.
__ The frequency of other behaviors that reflect alteration in cognitive or neuro/emotional status.
__ Specific behaviors that must be observed by the clinician at the time of the visit.
__ Behaviors of concern for the patient’s safety or social environment.

Functional Status

76. OASIS items about Activities of Daily Living (ADLs):
__ Provide a picture of how independent or dependent a patient might be.
__ Focus on willingness and compliance to perform the activities.
__ Address basic self-care activities essential for health and safety.
__ Call for direct observation of all activities included in the response options.

77. Items concerning the ability to dress (Upper Body—M0650 and Lower Body—M0660) report:
__ The patient's ability to put clothes on once they are laid out or handed to him/her.
__ The ability of any assisting persons to dress the patient.
__ The patient's ability to obtain, put on, and remove clothing.
__ Both prior and current ability of the patient at SOC and ROC.

78. The item addressing the ability to bathe (Bathing—M0670) reports:
__ Whether the patient needs the assistance of another person.
__ Whether the patient chooses to bathe in a shower or tub.
__ The patient's ability to bathe himself/herself independently with the use of devices.
__ Whether the presence of another is required for supervision during bathing.

79. At SOC Mr. Fletcher tells you he's using the sink to "wash up" instead of getting into the tub. When you talk further, you learn it's because his doctor told him to wait until the occupational therapist confirms his safety and gives him directions. He is also afraid of falling and injuring his recent knee replacement and of the incision breaking open. For this patient, the response to Bathing (M0670) is:
__ Unable to respond since M0670 is about using the tub or shower.
__ Unable to use the shower or tub (Response 4).
__ Able to bathe in the shower or tub, since he could if he wanted to (Response 0).
__ Able to bathe in the shower or tub for both prior and current status (Response 0).

80. The OASIS item addressing ability to toilet (Toileting—M0680) reports:
__ Ability to get to and from a toilet, not a bedside commode.
__ Whether reminders, assistance, or supervision by another person is needed.
__ Ability for those patients without an indwelling urinary catheter or ostomy for urinary diversion.
__ The ability to *safely* get to and from the toilet or commode.

81. The item addressing the patient's ability to transfer (Transferring—M0690) reports:
__ Ability to transfer with minimal human assistance or with use of an assistive device.
__ Ability to bear weight and pivot during the transfer process.
__ Assessments made at the time ambulation is assessed.
__ Only assessments for those with immobility problems.

82. The item addressing Ambulation/Locomotion (M0700) reports assessment of a patient's ability to:
__ Walk safely on even or uneven surfaces and to climb stairs.
__ Walk, even when the patient is confined to bed.
__ Walk using a device or requiring supervision.
__ Wheel independently if chairfast.

83. The OASIS item addressing feeding or eating ability (M0710) includes assessment of:
__ The patient's ability to eat, chew or swallow, even if meal setup is needed.
__ The patient's ability to prepare food.
__ The patient's ability to take nutrients orally even if tube feeding supplements are given.
__ Any assistance contributing to the patient's ability to feed himself/herself independently.

84. Responses to OASIS items about Instrumental Activities of Daily Living (IADLs):
__ Report the ability to complete all tasks associated with the activities.
__ Represent activities that require both physical and cognitive ability.
__ Involve assessment of the patient's overall health status.
__ Influence need for referral to community resources.

85. Responses to the OASIS item addressing Ability to Plan and Prepare Light Meals (M0720):
__ Include assessment of ability to plan and safely prepare light meals and reheat delivered meals.
__ Require observation only when there is a question of safety or the patient lives alone.
__ Are based on the verbal report of the caregiver.
__ Are determined by observation and interview throughout the visit.

86. Responses to the OASIS item addressing Transportation (M0730):
__ Can be deduced from reports about transferring ability.
__ Consider both the physical and mental ability to safely perform the activity.
__ Are related to homebound status, and Unknown is the best response.
__ Include assessment of ability to drive or use regular or handicap public transportation.

87. Evaluating the patient's ability to do laundry (M0740), to perform housekeeping tasks (M0750), and to shop (M0760) is based on assessing:
__ The patient's ability to perform specific tasks as noted in responses.
__ Whether the patient needs any assistance or supervision in completing the tasks.
__ In greater detail if any evidence of suspected inability is present, such as unusually unsanitary kitchen or unlaundered clothing.
__ The quantity and type of any assistance needed in completing the tasks.

88. Assessment of the patient's ability to use the telephone (M0770):
__ Focuses on the patient's ability to manipulate the telephone equipment.
__ Applies only to those who use specially adapted equipment.
__ May require direct observation when there is uncertainty about the patient's ability.
__ Focuses on the patient's ability to answer the phone and conduct a normal conversation.

Medications/Equipment

89. The OASIS items related to medications report the patient's ability to:
__ Take both prescription and nonprescription medications.
__ Take all prescribed medications reliably and safely.
__ List drug actions and potential side effects.
__ Call the physician's office for reorders.

90. During an SOC visit Mr. Anderson shows you how he sets up his pill planner each week. He accurately tells you the correct names, dosages, and times, and you observe that he places the pills in the correct slots in the planner. He places the a.m. planner by the kitchen sink and the p.m. planner on his bedside table as a reminder. At this point in the visit, your response for M0780 is:
__ Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times (Response 0).
__ Able to take medication(s) at the correct times since individual dosages are prepared (Response 1).
__ Able to take medication(s) at the correct times since he has reminders (Response 1).
__ Unknown since you did not observe him taking any medications (UK).

91. Assessing the Management of Oral Medications (M0780), Management of Inhalant/Mist Medications (M0790), and Management of Injectable Medications (M0800) includes observation and interview to determine:
__ Ability to take medications, in the proper dosages, at the correct times.
__ Ability to relate drug-drug and drug-food interactions.
__ Whether assistance with preparation or daily reminders is needed.
__ Inability to take medication unless administered by someone else.

92. The OASIS items addressing Patient Management of Equipment (M0810) and Caregiver Management of Equipment (M0820):
__ Apply to all durable medical equipment and supplies in the home.
__ Include response options that indicate the level of assistance needed.
__ Identify ability to manage each specific portion of the tasks.
__ Are not answered if there is no equipment.

93. Assessing equipment management includes assessing:
  __ The physical, cognitive, and mental status of the patient and caregiver.
  __ The ability to set up, monitor, or change equipment.
  __ The ability to add appropriate fluids or medications.
  __ The ability to clean/store/dispose of equipment and supplies.

94. During the SOC your physical assessment reveals that Mr. Gates has a TENs unit. He also has a new order for nebulized inhalation treatments. He is a little unsure about how to set up the equipment, and his wife helps him considerably. The responses to Patient Management of Equipment (M0810) and Caregiver Management of Equipment (M0820) would be:
  __ Patient requires considerable assistance (M0810—Response 2).
  __ Caregiver manages all tasks independently (M0820—Response 0).
  __ No equipment of this type used in care (M0810—Response NA).
  __ No caregiver (M0820—Response NA).

Transfer/Discharge

95. OASIS items for Transfer/Discharge report circumstances associated with:
  __ Emergent care events occurring since the last time OASIS data were collected.
  __ A change in the patient's health status and services provided.
  __ Transfer to an inpatient facility and the associated reasons.
  __ Care planning, discharge planning, and alternate health care options.

96. Responses for OASIS items for Emergent Care (M0830 and M0840):
  __ Relate only to unscheduled/unplanned visits to a hospital emergency room or outpatient department/clinic.
  __ Include PRN home care visits made by the agency.
  __ Often necessitate that you clarify why unscheduled/unplanned visits occurred.
  __ Apply to only unscheduled/unplanned visits for exacerbations of confirmed home care diagnoses.

97. At a follow-up assessment you learn that Ms. Eastman was treated in the ER for chest pain three days prior and was subsequently admitted to the hospital. She has just returned home. The responses for Emergent Care (M0830) and Emergent Care Reason (M0840) would be:
  __ No emergent care services (M0830—Response 0).
  __ Hospital emergency room (M0830—Response 1).
  __ Cardiac problems, e.g., fluid overload, exacerbation of CHF, chest pain (M0840—Response 6).
  __ Unknown since the reason must be a final diagnosis from the doctor (M0840—UK).

98. OASIS items for Transfer to an Inpatient Facility (M0855, M0890, M0895, M0900):
__ Report transfer to hospital, rehabilitation facility, nursing home, or hospice.
__ Are completed whether your agency discharges the patient or not.
__ Note whether a hospitalization was for emergent, urgent, or elective reasons.
__ Are assessed at the time of a home visit.

99. The OASIS items for Discharge from Agency (M0870 and M0880):
__ Are completed at the time of transfer to an inpatient facility.
__ Require a physician order to complete.
__ Address where the patient is after discharge and if services are received.
__ Report whether assistance is provided by family/friends or other community resources.

100. Members of Mrs. Graves' family notify you on April 17 that she was taken to the hospital on April 14 and subsequently died on April 16. You made the last home visit on April 13. How would you respond to Date Assessment Completed (M0090) and Discharge/Transfer/Death Date (M0906)?
__ Date Assessment Completed (M0090) and Discharge/Transfer/Death Date (M0906) are the same date, April 17.
__ Date Assessment Completed (M0090) is April 13, when you last saw her.
__ Discharge/Transfer/Death Date (M0906) is April 16, the date she died.
__ Date Assessment Completed (M0090) is April 17, and Discharge/Transfer/Death Date (M0906) is April 14.