

OASIS ITEM

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are <u>not likely to</u> provide assistance OR it is <u>unclear</u> if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Medication administration (for example, oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Medical procedures/ treatments (for example, changing wound dressing, home exercise program)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Management of Equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Supervision and safety (for example, due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Advocacy or facilitation of patient's participation in appropriate medical care (for example, transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

ITEM INTENT

Identifies ability and willingness of the caregiver(s) (other than home health agency staff) to provide categories of assistance needed by the patient.

TIME POINTS ITEM(S) COMPLETED (Cont'd for OASIS Item M2102)
<p>Start of care</p> <p>Resumption of care</p> <p>Discharge from agency – not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> At SOC/ROC, report what is known on the day of assessment regarding ability and willingness of caregivers to provide help in the various categories of assistance for the upcoming episode of care. At Discharge, report what is known on the day of the discharge assessment regarding the ability and willingness of caregivers to provide assistance to the patient at the time of the discharge. For each row a-g, select one description of caregiver assistance. If patient needs assistance with any aspect of a category of assistance (such as needs assistance with some IADLs but not others), consider the aspect that represents the most need and the availability and ability of the caregiver(s) to meet that need. If more than one response in a row applies, (for example, the caregiver(s) provides the assistance but also needs training or assistance), select the response that represents the greatest need (“caregiver(s) needs training/supporting services to provide assistance”). Select Response 3 if: <ul style="list-style-type: none"> “Caregiver(s) not likely to provide” indicates that the caregiver(s) has indicated an unwillingness to provide assistance, or that the caregiver(s) is/are physically and/or cognitively unable to provide needed care. “Unclear if caregiver(s) will provide” indicates that the caregiver(s) may express willingness to provide care, but their ability to do so is in question or there is reluctance on the part of the caregiver(s) that raises questions as to whether the caregiver will provide the needed assistance. Row a – ADLs include basic self-care activities such as the examples listed. Row b – IADLs include activities associated with independent living necessary to support the ADLs such as the examples listed. Row c – Medication administration refers to any type of medication (prescribed or OTC) and any route of administration including oral, inhalant, injectable, topical, or administration via g-tube/j-tube, etc. Row d – Medical procedures/treatments include procedures/treatments that the physician or physician-designee has ordered for the purpose of improving health status. Some examples of these procedures/treatments include wound care and dressing changes, range of motion exercises, intermittent urinary catheterization, postural drainage, electromodalities, etc. <ul style="list-style-type: none"> Devices such as TED hose, prosthetic devices, orthotic devices, or other supports that have a medical and/or therapeutic impact should be considered medical procedures/treatments, not as ADL/dressing items in Row a. Row e – Management of equipment refers to the ability to safely use medical equipment as ordered. Examples of medical equipment include oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies, continuous passive motion machine, wheelchair, hoist lift, etc. Row f – Supervision and safety includes needs related to the ability of the patient to safely remain in the home. This category of assistance needs includes a wide range of activities that may be necessary due to cognitive, functional, or other health deficits. Such assistance may range from calls to remind the patient to take medications, to in-person visits to ensure that the home environment is safely maintained, to the need for the physical presence of another person in the home to ensure that the patient doesn't wander, fall, or for other safety reasons (for example, leaving the stove burner on). Row g – Advocacy or facilitation of patient's participation in appropriate medical care includes taking patient to medical appointments, following up with filling prescriptions, or making subsequent appointments, etc.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> Patient/caregiver interview Review of previous health history

OASIS ITEM
<p>(M2110) How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?</p> <p> <input type="checkbox"/> 1 - At least daily <input type="checkbox"/> 2 - Three or more times per week <input type="checkbox"/> 3 - One to two times per week <input type="checkbox"/> 4 - Received, but less often than weekly <input type="checkbox"/> 5 - No assistance received <input type="checkbox"/> UK - Unknown </p>
ITEM INTENT
Identifies the frequency of the assistance with ADLs (for example, bathing, dressing, toileting, transferring, ambulating, feeding) or IADLs (for example, medication management, meal preparation, housekeeping, laundry, shopping, financial management) provided by any non-agency caregivers.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Responses are arranged in order of most to least assistance received from caregivers. • Note that this question is concerned broadly with ADLs and IADLs, not just the ones specified in other OASIS items. ADLs are defined as the tasks of everyday life. Basic ADLs include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet. Instrumental activities of daily living (IADL) are activities related to independent living and include preparing meals, managing money, shopping, doing housework, and using a telephone. • Select the response that reports how often the patient receives assistance with any ADL or IADL.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> • Patient/caregiver interview