Comagine Health
Formerly Qualis Health and HealthInsight

Quality Measure Tip Sheet:

Bowel and Bladder Incontinence — Long Stay

Quality Measure Overview

This measure reports the percent of long-stay residents who frequently lose control of their bowel or bladder

Numerator: Long-stay residents with a selected target assessment that indicates frequently or always incontinence of the bladder (H0300 = [2,3] ***or*** bowel (H0400 = [2,3])

Denominator: All long-stay residents with a selected target assessment except those with exclusions.

Exclusions:

- Target assessment is admission, ***or*** a 5-day PPS assessment
- Residents who have any of the following high-risk conditions:
  - Severe cognitive impairment on the target assessment, totally dependent in bed mobility self-performance, totally dependent in transfer self-performance, or totally dependent in locomotion on unit self-performance
  - Resident does not qualify as high risk and ***both*** of the following two conditions are true for the target assessment: C0500 = [99, ^, -], ***and*** C0700 = [^, -] ***or*** C1000 = [^, -}

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Include a look-back period of seven days.
- Select H0300 (urinary continence) if the resident is always continent, occasionally incontinent, frequently incontinent, always incontinent, not rated due to indwelling catheter, condom, or urinary ostomy, or has had no urine output for entire seven days.
- Select H0400 (bowel continence) if the resident is always continent, occasionally incontinent, frequently incontinent, always incontinent, not rated due to ostomy or did not have a bowel movement for entire seven days.

Ask These Questions

- Was the MDS coded per Resident Assessment Instrument (RAI) requirements?
- Is the staff member's coding documentation accurate?
- Are underlying conditions reviewed and treated for potential causative factors for incontinence (e.g., diabetes, kidney dysfunction, hypertension, medication adverse side effects, etc.)?
- Was the resident evaluated for elimination patterns for at least three days and were toilet programs developed to address individualized patterns?
- Was the resident re-evaluated for elimination patterns whenever there was a change in cognition, physical ability, or urinary tract function?
- Is continence managed through a check-and-change program if the resident is not appropriate for a toilet program?
- Is there documentation to support the:
- Implementation of an individualized, resident-specific toilet program based on an assessment of the resident's unique voiding pattern?
  - Communication of the individualized program to staff members and resident through a care plan, flow records, and a written report?
  - Resident's response to the program and subsequent evaluations?

Adapted by Comagine Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, from materials provided by Health Services Advisory Group, and prepared under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.