

MDS Alert

Assessment & Documentation: Create A Clear Picture Of Resident's Continence Status

4 tips help you assess, code, care plan effectively.

You can't cure or code a problem if you don't assess it accurately. That's especially true for urinary incontinence (Section H), which poses a tough care and quality-of-life challenge.

The following simple strategies will help you create an accurate, individualized continence care plan.

1. Review the RAI Manual definition for urinary incontinence to ensure you're not undercoding. The manual says that if the "resident's skin gets wet with urine, or if whatever is next to the skin (i.e., pad, brief, underwear) gets wet," count that as an incontinence episode--"even if it's just a small volume of urine, for example, due to stress incontinence."

2. Remember that coding incontinence in Section H has a 14-day lookback. And "a lot of facilities only do a seven-day period of monitoring," says **Roberta Reed, RN, MSN**, clinical care manager at **Legacy Health Services**, which operates nursing homes in Ohio. "And when you look at that seven-day documentation grid, you only see three days were filled out," she notes.

The bottom line: There's no way you can document incontinence without collecting data for the full time period, Reed emphasizes.

3. Document in a way that differentiates between urinary and bowel incontinence. To avoid confusion about a resident's true continence status, nurses at **Tallwoods Care Center** have been taught not to simply document a resident was "incontinent" for the shift, etc. Instead, they write incontinent of urine x times and no bowel movement, if that's the case, reports **Clare Polatschek, RN**, the MDS coordinator for the facility.

4. Consider working the urinary incontinence RAP for a resident experiencing psychosocial distress or other problems related to any level of urinary leakage. The RAP only triggers for residents coded as being incontinent at least two or more times a week [H1b = 2, 3 or 4] ...quot; or if a resident wears pads/briefs (H3g is checked). But a resident may have an episode of urge incontinence once a week or even less frequently that interferes with her willingness to socialize or go on outings.

Definite red flag: Someone who refuses to drink enough liquids due to urinary incontinence needs a work-up for the incontinence, cautions **Janet Mentes, RN, PhD**, a nursing professor at the University of California at Los Angeles.

Editor's note: To review the urinary incontinence and indwelling catheter RAP, go to www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp#TopOfPage. Click on the RAI User's Manual zip file and open Appendix C. The RAP is on pp. C-30-C-39.