

OASIS Alert

Item Focus: M1610: Fine Tune Your Approach to Incontinence Assessment

Drainage tube or pouch? Your response can depend on this detail.

You could be missing out on nonroutine supply points and at least \$50 reimbursement for OASIS item M1610. Make certain you know what counts as incontinence and which key piece of information can net nine NRS points.

Establish the Basics

OASIS item M1610 asks you to report urinary incontinence or the presence of a urinary catheter.

Your response options for M1610 are:

- 0 -- No incontinence or catheter (includes anuria or ostomy for urinary drainage);
- 1 -- Patient is incontinent; or
- 2 -- Patient requires a urinary catheter (i.e. external, indwelling, intermittent, suprapubic).

You should complete M1610 at start of care, resumption of care, follow-up, and discharge from agency (not to an inpatient facility).

Select Response '0' When...

You'll choose "0" when your patient has no incontinence or catheter, but that's not the only time this is the appropriate answer.

"Response '0' includes patients who have an ostomy for urinary drainage," says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Response "0" is also the appropriate response if a patient has another pouched urinary diversion such as an ileal conduit, urostomy, ureterostomy, or nephrostomy, she says.

But if your patient uses a tube for drainage, you'll need to select response "2." Response "0" is only appropriate when the ostomy is pouched.

Response "0" is also appropriate for patients with anuria or nonpassage of urine.

Select Response '1' When...

You'll select response "1" if your patient is incontinent at all. "Incontinence is incontinence," Jump says. Any incontinence "counts" when considering M1610. "For example, some clients may only be incontinent when lifting a heavy object or when coughing or sneezing. This is still incontinence," she says.

You should also list response "1" when your patient is on a timed-voiding program, the **Centers for Medicare & Medicaid** points out in the OASIS-C Guidance Manual. Timed voiding is a program of scheduled toileting assistance or prompted voiding used to manage incontinence. "Timed-voiding is a compensatory strategy; it does not cure incontinence," CMS says.

Tip: A leaking urinary drainage appliance is not incontinence, CMS says.

Select Response '2' When...

When your patient has a catheter at the time of assessment, you can indicate the presence of a catheter by choosing response "2," Jump says. Choose this same response when your patient receives only intermittent catheterizations.

When your patient has a temporary catheter following a surgical procedure or other situation, answer M1610 based on the situation at the time of the comprehensive assessment, Jump says.

Caution: Response "2" earns nine nonroutine supply points. So, you'll jeopardize reimbursement if you fail to identify the patient with a catheter, Jump says. Miss this answer, and you'll donate at minimum \$50 to CMS, she says. Don't forget this includes patients with an external catheter.

You'll also select response "2" if a catheter was inserted during the comprehensive assessment.

But, if a catheter was discontinued during the comprehensive assessment or if a catheter is both inserted and discontinued during the comprehensive assessment, list response "0" or "1," depending on whether or not the patient is continent, Jump says.

Ask the Right Questions to Improve Your M1610 Accuracy

Accurate answers often depend upon how you phrase the question, Jump says. For example, simply asking the client if she is incontinent may get the answer "No." But rephrasing that question to something like, "Do you ever just leak a little when you lift a heavy object or when you cough or sneeze?" may reveal that she is indeed incontinent.

It's important to take the time to understand how to accurately answer this OASIS question, Jump says. But making sure you know how to phrase questions for the most accurate client responses you will boost your overall accuracy, she says.

Try asking questions such as the following to get a better picture of your patient's condition:

- Do you ever wear a pad "just in case?"
- Do you ever "not quite make it" to the bathroom?
- Have you ever had an "accident" when you were out shopping because you couldn't find a bathroom quickly enough?
- Do you avoid drinking liquids because you are concerned that you may not make it to the bathroom in time?

Try These Incontinence Investigation Techniques

Simply interviewing the patient isn't enough when it comes to incontinence. "Clinicians often receive inaccurate information from the client when discussing incontinence because it is a sensitive subject for many clients," Jump says. To improve accuracy, include the following assessment practices:

- Review elimination pattern with health history.
- Check for urine odor and stains in/around the bathroom.
- Check with family members regarding the client's incontinence.
- Look at the furniture -- is it covered with towels or plastic? This is a classic response to incontinence.
- Assess the stroke patient -- is he or she using an external catheter?
- If the client receives aide services for bathing and/or dressing, ask the aide for input related to incontinence.