

## URINARY INCONTINENCE

Quality Indicator	Data Source and Scoring Rules
<p>1. <b>ALL</b> N. Home Residents should have documentation of the presence or absence of urinary incontinence (UI) at the time of admission.</p>	<p><b>Medical Record</b> screening form #1</p> <p><b>Scoring</b> <i>PASS</i>: screening form urinary incontinence #1 √'d "yes"</p>
<p>2. <b>IF</b> a N. Home Resident has UI on admission or the new onset of UI that persists for over 1 month,</p> <p><b>THEN</b> a targeted history should be obtained that documents each of the following:</p> <ul style="list-style-type: none"> <li>• Mental status,</li> <li>• Characteristics of voiding,</li> <li>• Ability to get to toilet,</li> <li>• Prior treatment for urinary incontinence, and</li> <li>• Importance of the problem to the resident.</li> </ul>	<p><b>Medical Record</b> IF = screen form #4 or #5 is "yes" THEN = #8a - e</p> <p><b>Scoring</b> <i>PASS</i>: at least 2 of items #8a - e √'d "yes"</p>
<p>3. <b>IF</b> a N. Home Resident has new UI that persists for over 1 month or UI on initial assessment,</p> <p><b>THEN</b> a targeted physical should be performed that documents:</p> <ul style="list-style-type: none"> <li>• Rectal exam,</li> <li>• Skin exam, and</li> <li>• Genital system exam (including a pelvic exam for women).</li> </ul>	<p><b>Medical Record</b> IF = screen form #4 or #5 is "yes" THEN = #8f - h</p> <p><b>Scoring</b> <i>PASS</i>: all of the items #8f - h √'d "yes"</p>
<p>4. <b>IF</b> a N. Home Resident has new UI that persists for over 1 month or UI on initial assessment,</p> <p><b>THEN</b> the following tests should be obtained or there should be documentation explaining why the test was not completed:</p> <ul style="list-style-type: none"> <li>• Dipstick urinalysis,</li> <li>• Post void residual, and 24 hour voiding record.</li> </ul>	<p><b>Medical Record</b> IF = scoring form #4 or #5 is yes THEN = #8l - k</p> <p><b>Scoring</b> <i>PASS</i>: at least 2 of items #8l - k √'d "yes"</p>

<p>5. <b>IF</b> a N. Home Resident remains incontinent after transient causes are treated, <b>THEN</b> the resident should be placed on a 3 to 5 day toileting assistance trial.</p>	<p><b>Medical Record</b> IF = scoring form #4 or #5 is “yes” THEN = #9 <b>Scoring</b> PASS: urinary incontinence checklist #9 √’d “yes”</p>
<p>6. <b>IF</b> a N. Home Resident who is incapable of independent toileting is found on a toileting assistance trial to be capable of appropriately using the toilet over 65% of the time, <b>THEN</b> the resident should be placed on a toilet assistance program.</p>	<p><b>Medical Record</b> IF = urinary incontinence checklist #7 and #9 are “yes” THEN = #10 <b>Scoring</b> PASS: items #10 and #11 √’d “yes” <i>Not applicable</i> when #10 √’d “no”</p>
<p>7. <b>IF</b> the MDS documents that a resident’s self-performance of toileting is level 1 (supervision), level 2 (limited assistance), level 3 (extensive assistance) or level 4 (total dependence), <b>THEN</b> the resident should be offered assistance with toileting:</p> <ul style="list-style-type: none"> <li>• every 2 hours while awake or</li> <li>• a schedule based on formal need assessment (24 hour voiding record or pad test), or</li> <li>• whenever requested.</li> </ul>	<p><b>Medical Record + Interview</b> IF = #7 is “yes” THEN = check #11 and ask preference questions <b>Interview Preference Questions</b> How many times would you like toileting assistance during the day? How many times do you receive toileting assistance during the day? <b>Scoring A- Interview</b> PASS: If the answer to question (the # of times during the day staff helps resident use toilet) is greater than or equal to the answer to question (the # of times during the day the resident would like to be helped to use the toilet) <b>Scoring B-Medical Record</b> PASS: #11 √’d “yes”</p>

<p>8. <b>IF</b> the MDS documents that a resident's self-performance of toileting is level 1 (supervision), level 2 (limited assistance), level 3 (extensive assistance) or level 4 (total dependence), or the resident or proxy reports needing assistance with toileting,</p> <p><b>THEN</b> the resident should report that they receive verbal notification or cueing before the assistance is given, are not rushed to complete the task and are not afraid to request assistance when needed.</p>	<p>Interviewer : If #7 "yes" THEN ask: Are you afraid to ask the staff to help you use the toilet?</p> <p><b>Scoring:</b> PASS if the answer is "no"</p>
<p>9. <b>IF</b> the N. Home Resident or proxy reports requesting assistance with any ADL (toileting),</p> <p><b>THEN</b> the resident should report that s/he is satisfied with the timeliness of staff response to their request.</p>	<p><b>Interviewer: If resident reports they ask for assistance THEN ask:</b> Do you have to wait a long time for them to help you?</p> <p><b>Scoring:</b> PASS if answer is "no"</p>