OASIS Alert

Assessment: BOOST YOUR BOTTOM LINE WITH THE RIGHT INCONTINENCE QUESTIONS

The terms you use are crucial to success.

Many patients are too embarrassed to admit incontinence and take great pains to hide the problem. Unless you ask the right questions, you may never know, experts agree. And that's especially true of stress incontinence.

Why bother? If a potential loss of $200 per episode doesn't motivate you, consider how your agency will look if you don't discover a patient's incontinence at start of care, but you or someone else discovers it before the discharge assessment. Then it looks as if the patient got worse instead of better under your care.

Problem: Many patients don't know the term "incontinence" and many others don't consider some leaking of urine to be incontinence, says Linda Rutman, director of Munson Home Care and Home Services in Traverse City, MI.

Even some staff will need to be educated to understand that stress incontinence is included in M0520 and is not a necessary part of aging.

Tip: Assure staff that the response specific instructions for M0520 say "If the patient is incontinent AT ALL ... mark response 1." And even if a patient has stress incontinence only when coughing, that is considered incontinence for M0520, the Centers for Medicare & Medicaid Services says in its OASIS questions and answers.

How To Assess M0520 Accurately

Don't be afraid to ask probing questions, urges clinical consultant Lynn Yetman with St. Petersburg, FL-based Reingruber & Co. Script questions for your clinicians to use during the assessment, such as "Do you ever have trouble holding your urine? Do you ever leak urine or not make it to the bathroom in time? Do your pants ever get moist from urine?" recommend experts in the 3M National OASIS Integrity Project.

Experts offer these suggestions for discovering hidden incontinence issues:

• Observe for urine odor or for incontinence pads in the trash.
• Ask if the patient experiences leaking when she laughs hard or coughs.
• Look for a box of Depends in the bathroom or bedroom
• Note if Chux pads are on the chair or bed
• Ask the caregiver about incontinence when the patient is not present.

Smart idea: Ask further questions if you find a patient has difficulty removing clothes, restricts fluids or takes a diuretic, has a bathroom that is difficult to access, is confused or has frequent urinary tract infections, experts say.