



Welcome to the Centers for Medicare & Medicaid Services' OASIS-C Online Training. This module provides foundational education on the Elimination Status Domain of the OASIS data set, covering OASIS items M1600 through M1630.

Introduction

- This program will provide an introduction to OASIS-C items found in the Elimination Status domain.
- Discussion will include relevant guidance found in Chapter 3 of the OASIS-C Guidance Manual.
 - Specific OASIS conventions that apply to the domain
 - Item intent for each specific item
 - Time points for item completion
 - Response-specific item instructions
 - Data sources/resources



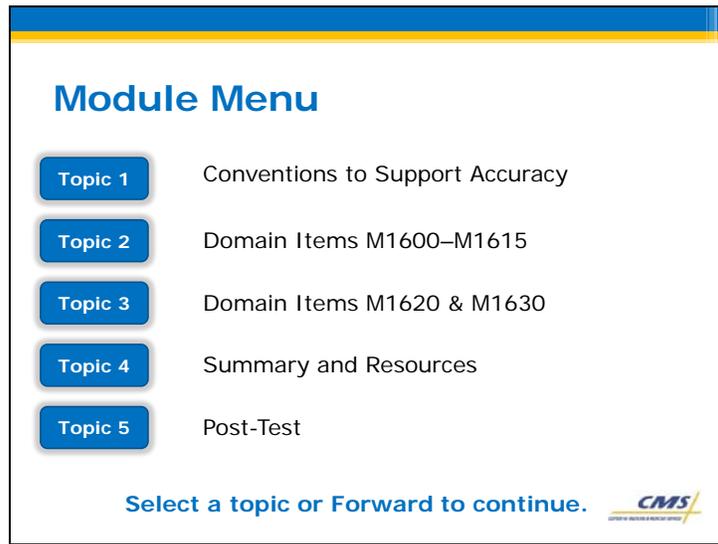
This program provides an introduction to OASIS-C items related to the Elimination Status Domain. Discussion includes relevant guidance found in the December 2011 version of the OASIS-C Guidance Manual, specifically from Chapter 3, which contains OASIS item-specific guidance. Specific topics covered in this module include OASIS conventions that apply to the domain, item intent or clarification about what each item is intended to report, time points when each item should be completed, response-specific item instructions that clarify the differences between the various responses, and data sources and resources related to the Elimination Status items.

Module Objectives

- Identify five conventions that support accuracy in completion of these items.
- Identify the intent of each item.
- Specify the data collection time points for each item.
- Identify response-specific guidelines for each item.
- Identify data sources and resources for each item.



After completing this OASIS-C Online Training module, you will be able to identify five conventions that support accuracy, identify the item intent, specify the data collection time points for each item, identify response-specific guidelines, and identify data sources and resources for each item.

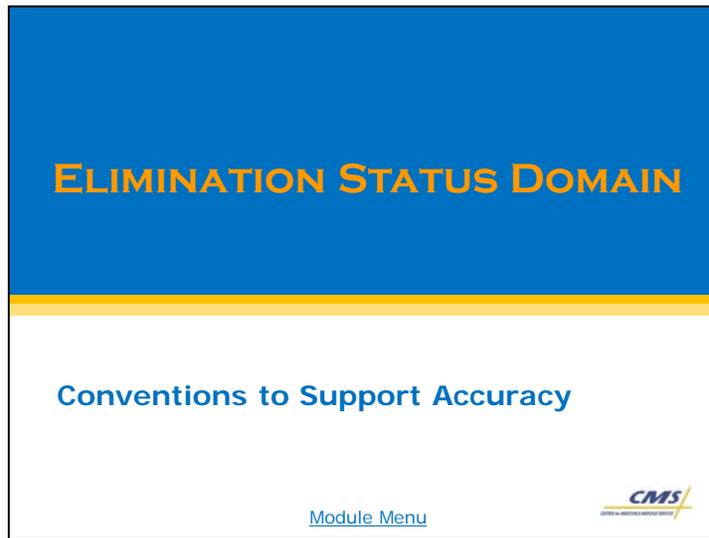


The screenshot shows a 'Module Menu' interface. At the top, there is a blue header bar with a yellow underline. Below the header, the title 'Module Menu' is displayed in blue. A list of five topics is shown, each with a blue button labeled 'Topic 1' through 'Topic 5' and corresponding text: 'Conventions to Support Accuracy', 'Domain Items M1600–M1615', 'Domain Items M1620 & M1630', 'Summary and Resources', and 'Post-Test'. At the bottom of the menu, there is a blue instruction: 'Select a topic or Forward to continue.' and the CMS logo.

Topic	Description
Topic 1	Conventions to Support Accuracy
Topic 2	Domain Items M1600–M1615
Topic 3	Domain Items M1620 & M1630
Topic 4	Summary and Resources
Topic 5	Post-Test

Select a topic or Forward to continue. 

Select the Forward button to review the entire module, or you may select a topic from the Module Menu to review a specific topic of interest.



This topic addresses conventions to support OASIS-C data accuracy.

OASIS Conventions to Support Accuracy

- Understand the time period under consideration.
- Use multiple strategies as needed to complete OASIS items.
- Score each item based only on what is included in that item.
- Apply “i.e.” and “e.g.” appropriately.
- Understand the definitions of words used in the OASIS.



Specific conventions or general rules should be followed when completing OASIS-C items. Although all the conventions are important to observe and apply when appropriate, five conventions are especially important to remember when reporting OASIS-C items in the Elimination Status Domain. These conventions, which we will describe in detail, are as follows: understand the time period under consideration, use multiple strategies as needed to complete OASIS items, score each item based only on what is included in that item, apply “i.e.” and “e.g.” appropriately, and understand the definitions of words used in the OASIS.

Time Period Under Consideration

- Refers to how far back into the past you should consider when assessing Elimination Status items
- Example: M1600 Has this patient been treated for a Urinary Tract Infection in the past 14 days?
- Example: M1620 Bowel Incontinence Frequency



Urinary Tract Infection



Bowel Incontinence Frequency



The first convention “understand the time period under consideration” refers to how far back into the past you should consider when assessing the items in the Elimination Status Domain. For example, M1600 asks you to report if a patient has been treated for a urinary tract infection in the past 14 days. Another item, M1620 Bowel Incontinence Frequency, requires you to look into the recent relevant past and provides “less than once weekly” as one of the response options. Each item in this OASIS domain sets a time period to consider when collecting data and selecting a response. Pay careful attention to the specific time period for each item to ensure the accuracy of data collection.

Time Period Under Consideration, cont'd

- Report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance.
- The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent for the home visit.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

This convention guides the clinician to report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance. The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home. For example, when completing M1610 Urinary Incontinence or Urinary Catheter Presence, you are to report what is true on the day of assessment.

Use Multiple Strategies

- Combine relevant strategies as needed:
 - Patient observation
 - Interviews with caregivers or physicians
 - Physical assessment
- Recognize opportunities to gather data from multiple sources.



The second convention that is important to remember for the Elimination Status Domain is to combine patient observation, interviews with caregivers or physicians, physical assessment, and other relevant strategies as needed to complete OASIS data items. For example, when identifying whether the patient is incontinent, you may observe for the presence of soiled clothing and use of incontinence pads as well as interview the patient and caregivers during your comprehensive assessment.

Consider Only Included Tasks, Behaviors & Symptoms

- Understand what tasks are included and excluded in each item.
- Ensure accurate responses based only on what is expected to be included.
- Pay attention to behaviors and symptoms specifically included in each item.

(M1630) Ostomy for Bowel Elimination: Does this patient have **an ostomy for bowel elimination** that (within the last 14 days):
a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?



The third convention that is important to remember for the Elimination Status Domain is to understand what tasks, behaviors, or symptoms are included and excluded in each item. This will help ensure you select an accurate response based only on what is actually included for that item. In other words, pay careful attention to the behaviors and symptoms that are specifically included in domain items. For example, M1630 Ostomy for Bowel Elimination includes only **bowel** ostomies, not other types of ostomies, such as urinary ostomies or tracheostomies.

Apply i.e. and e.g. Appropriately

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[Go to M1620]**
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (**i.e., external, indwelling, intermittent, suprapubic**) **[Go to M1620]**

<p>i.e.:</p> <ul style="list-style-type: none"> • Means “only in these circumstances” or “that is” • Scoring of the item should be limited to the examples listed 	<p>e.g.:</p> <ul style="list-style-type: none"> • Means “for example” • Scoring of the item may include other relevant examples
--	--



The fourth convention directs us to understand and apply “i.e.” and “e.g.” appropriately when scoring items. The use of “i.e.” means “only in these circumstances” or “that is.” The scoring of items that include “i.e.” in a response option should be limited to examples that are listed. For example, Response 2 of item M1610 Urinary Incontinence or Urinary Catheter Presence states, “Patient requires a urinary catheter (i.e., external, indwelling, intermittent, and suprapubic).” Select this response if the patient has one of the specified catheters. The use of “e.g.” means “for example.” If “e.g.” is used in an item, you may consider different relevant examples other than those included in the response option when scoring the item.

OASIS Definitions

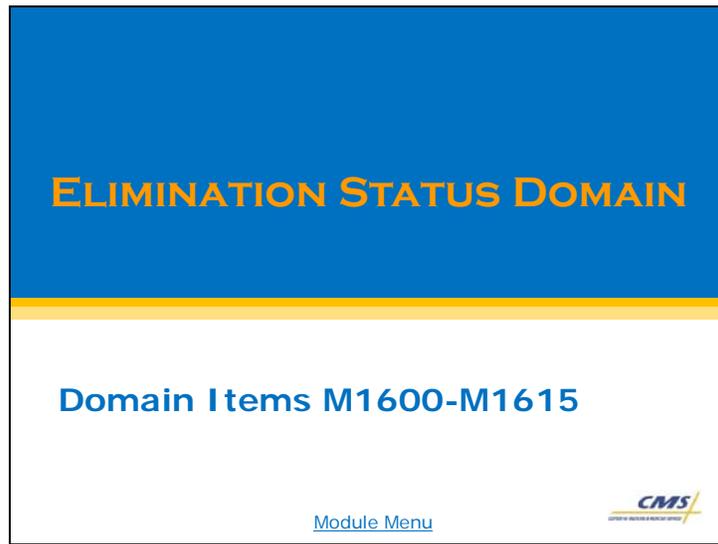
- Certain words have specific definitions for use in the OASIS-C instrument.
- Example:
 - Item M1615 When does Urinary Incontinence occur?
 - “Occasional stress incontinence” is when the patient is unable to prevent the escape of relatively small amounts of urine when coughing, sneezing, laughing, lifting, moving from sitting to standing position, or other activities (stress), which increase abdominal pressure.



[Module Menu](#)



The final convention to utilize when collecting data for this domain is to understand how words or terms are defined in the OASIS data set. Let’s consider item M1615 When does Urinary Incontinence occur? The response-specific instructions provide a definition for Response 1 – Occasional stress incontinence. The guidance states “occasional stress incontinence” is defined as follows: “when the patient is unable to prevent the escape of relatively small amounts of urine when coughing, sneezing, laughing, lifting, moving from sitting to standing position, or other activities (stress), which increase abdominal pressure.”



This topic addresses OASIS-C items M1600 through M1615 in the Elimination Status Domain.

Summary of M- Items

- M1600 Has this patient been treated for a Urinary Tract Infection in the past 14 days?
- M1610 Urinary Incontinence or Urinary Catheter Presence
- M1615 When does Urinary Incontinence occur?
- M1620 Bowel Incontinence Frequency
- M1630 Ostomy for Bowel Elimination



The Elimination Status Domain consists of five items. We will discuss the first three items in this topic. These items are:

- M1600 Has this patient been treated for a Urinary Tract Infection in the past 14 days?
- M1610 Urinary Incontinence or Urinary Catheter Presence
- M1615 When does Urinary Incontinence occur?

M1600 Treated for Urinary Tract Infection Item Intent & Time Points

(M1600) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

0 - No
 1 - Yes
 NA - Patient on prophylactic treatment
 UK - Unknown

Identifies treatment of urinary tract infection during the past 14 days.

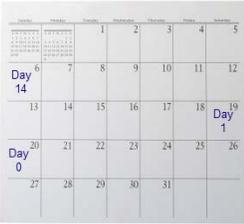
Collected at SOC, ROC & DC Not to Inpatient

Item Intent
Time Points
Response-Specific Instructions
Data Sources/ Resources



The first item we will discuss is M1600 Has this patient been treated for a Urinary Tract Infection in the past 14 days? And, as the wording indicates, the intent of this item is to identify treatment of a urinary tract infection in the past 14 days. The OASIS data collection rules specify the time points at which each OASIS item should be collected. This item is collected at the Start of Care, Resumption of Care, and Discharge assessment time points.

M1600 Treated for Urinary Tract Infection Definition: Past 14 Days



- The term "past 14 days" is the 2-week period immediately preceding the Start/Resumption of Care or Discharge date.
- Date of admission is Day 0 and the day immediately prior to the date of admission is Day 1.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



Response-specific instructions provide guidance for entering the correct response for M1600. This guidance states that the term “past 14 days” is the 2-week period immediately preceding the Start of Care, Resumption of Care, or Discharge date. This means that for the purposes of counting the 14-day period, the date of admission is Day 0 and the day immediately prior to the date of admission is Day 1. For example, if the patient’s Start of Care date is August 20, any treatment for a urinary tract infection occurring on or after August 6 would be considered.

M1600 Treated for Urinary Tract Infection Response-Specific Instructions

(M1600) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

0 - No

1 - Yes

NA - Patient on prophylactic treatment

UK - Unknown

- Select Response 0 if the patient has not been treated for a UTI within the past 14 days.
- Select Response 0 if the patient had symptoms of a UTI or a positive culture, and no treatment was provided **or** treatment ended more than 14 days ago.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



To select the correct response for this item, the response-specific instructions provide clear direction. Select Response 0 - No if the patient has not been treated for a urinary tract infection within the past 14 days. This includes if the patient had symptoms of a urinary tract infection or a positive culture for which the physician did not prescribe treatment, or the treatment ended more than 14 days ago.

**M1600 Treated for Urinary Tract Infection
Response-Specific Instructions, cont'd**

(M1600) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

0 - No

1 - Yes

NA - Patient on prophylactic treatment

UK - Unknown

- Select Response 1 if the patient has been prescribed an antibiotic within the past 14 days specifically for a confirmed or suspected UTI.
- Select Response 1 if the patient is on prophylactic treatment and develops a UTI.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

Select Response 1 - Yes if the patient has been prescribed an antibiotic within the past 14 days specifically for a confirmed or suspected urinary tract infection. You would also select Response 1 - Yes if the patient is on prophylactic treatment and develops a urinary tract infection.

**M1600 Treated for Urinary Tract Infection
Response-Specific Instructions, cont'd**

(M1600) Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?

0 - No
 1 - Yes
 NA - Patient on prophylactic treatment
 UK - Unknown

- Select Response NA if the patient is on prophylactic treatment to prevent UTIs.
- Response UK is not an option at Discharge from the agency.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



Select Response NA if the patient is on a prophylactic treatment regimen to prevent urinary tract infections. The response “Unknown” is not an option at Discharge, because it is expected that by Discharge, you will know whether or not your patient has been treated for a urinary tract infection within the past 14 days.

M1600 Treated for Urinary Tract Infection
Data Sources / Resources

- Gather data from several sources:
 - Patient/caregiver interview
 - Physician orders
 - Review of health history
 - Referral information
 - Medication list
 - Physician



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



When identifying whether the patient has been treated for a urinary tract infection in the past 14 days, you can obtain the information from the patient and/or caregiver during the health status interview and health history review. You can also gather the information from written or verbal physician orders, the referral, the medication list, or the physician.

M1610 Urinary Incontinence or Catheter Item Intent & Time Points

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [*Go to M1620*]
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [*Go to M1620*]

- Identifies the presence of urinary incontinence, or
- Condition that requires urinary catheterization of any type
 - Includes intermittent and indwelling
- Etiology of incontinence is not addressed in this item.

Collected at SOC, ROC & DC Not to Inpatient

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The next item in this domain is M1610 Urinary Incontinence or Urinary Catheter Presence. The intent of this item is for the clinician to identify the presence of urinary incontinence or a condition that requires urinary catheterization of any type, whether it is an intermittent or an indwelling catheter. The etiology or cause of the incontinence is not addressed in this item. M1610 is collected at the Start of Care, Resumption of Care, Follow-up, and Discharge assessment time points.

M1610 Urinary Incontinence or Catheter Response-Specific Instructions

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [*Go to M1620*]
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [*Go to M1620*]

- Select Response 0 if the patient has:
 - anuria or an ostomy for urinary drainage

OR

- a urinary diversion that is pouched, with or without a stoma

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



The response-specific instructions for this item direct you to select response 0 if the patient has anuria or an ostomy for urinary drainage such as an ileal conduit. You would also select Response 0 if the patient has a urinary diversion that is pouched, such as an ileal conduit, urostomy, ureterostomy, or nephrostomy, with or without a stoma.

M1610 Urinary Incontinence or Catheter Response-Specific Instructions, cont'd

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [*Go to M1620*]
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [*Go to M1620*]

- Select Response 1 if patient is incontinent **at all** or is dependent on a timed-voiding program.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources


Select Response 1 if your patient is incontinent **at all**. For example, you would select Response 1 if your patient tells you he or she is incontinent occasionally or “only when I sneeze” or “sometimes I leak a little bit.” You would also select this response if the patient is dependent on a timed-voiding program. Timed-voiding is defined as scheduled toileting assistance or prompted voiding to manage incontinence based on identified patterns. Careful and sensitive interview techniques will facilitate collection of accurate information.

M1610 Urinary Incontinence or Catheter Response-Specific Instructions, cont'd

(M1610) Urinary Incontinence or Urinary Catheter Presence:

0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [**Go to M1620**]

1 - Patient is incontinent

2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [**Go to M1620**]

▪ **Select Response 2 if:**

- A catheter or tube is used for urinary drainage for any reason, even intermittent.
- A catheter was inserted during the comprehensive assessment.
- The patient is both incontinent and requires a urinary catheter. (Follow the skip pattern.)

Item Intent
Time Points
Response-Specific Instructions
Data Sources/ Resources



Select Response 2 if a catheter or tube is utilized for drainage, even if catheterizations are intermittent. Response 2 is appropriate if the patient requires the use of a urinary catheter for any reason, such as retention, post surgery, or incontinence. Occasionally, a urinary catheter is inserted during the comprehensive assessment. In this case, Response 2 should be selected. If your patient is both incontinent and requires a urinary catheter, select Response 2 and follow the appropriate skip pattern indicated in the response.

**M1610 Urinary Incontinence or Catheter
Response-Specific Instructions, cont'd**

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[Go to M1620]**
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M1620]**

- A leaking urinary drainage appliance is not incontinence.
- If a catheter was discontinued on the day of assessment or if a catheter is both inserted and discontinued on the day of assessment, Response 0 or 1 would be appropriate.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



Other response-specific instructions for this item state that a leaking urinary drainage appliance is not considered incontinence. If a catheter was discontinued during the comprehensive assessment or if a catheter is both inserted and discontinued during the comprehensive assessment, Response 0 or 1 would be appropriate. The response selected would depend on whether or not the patient is continent after the catheter is discontinued.

**M1610 Urinary Incontinence or Catheter
Data Sources / Resources**

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Observation
 - Physical assessment
 - Physician orders
 - Review of health history
 - Referral information

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____ 

When identifying the correct response for M1610, you may obtain information from multiple sources. For example, while interviewing the patient or caregiver, ask if the patient has difficulty controlling urine or if he or she requires a pad to keep clothing dry. During your physical assessment, observe for the presence of incontinence pads and be alert for the odor of urine, which could indicate a problem with bladder sphincter control. Review your physician orders. Do they include orders for catheterization? Review the urinary elimination patterns as you take the health history. Urinary incontinence could result from multiple causes, including physiological reasons, cognitive impairments, or mobility problems. Finally, review referral information for patient history and current status information related to urinary elimination.

M1610 Scenario Question

During the Start of Care assessment, you identify that your patient has an ileal conduit that is pouched for urine collection.

How would you score M1610 Urinary Incontinence or Urinary Catheter Presence?

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[Go to M1620]**
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M1620]**

Select the correct response for this scenario. 

Let's practice applying some of the guidance we just covered. During the Start of Care assessment, you identify that your patient has an ileal conduit that is pouched for urine collection. How would you score M1610 Urinary Incontinence or Urinary Catheter Presence?

M1610 Scenario Answer

During the Start of Care assessment, you identify that your patient has an ileal conduit that is pouched for urine collection.

How would you score M1610 Urinary Incontinence or Urinary Catheter Presence?

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - **No incontinence or catheter (includes anuria or ostomy for urinary drainage) [Go to M1620]**
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M1620]**

That is correct! The response-specific instructions for this item direct us to select Response 0 when the patient has a urinary diversion that is pouched with or without a stoma.



That is correct. The response-specific instructions for this item direct us to select Response 0 when the patient has a urinary diversion that is pouched with or without a stoma.

M1615 When Does Urinary Incontinence Occur?
Item Intent & Time Points

(M1615) When does Urinary Incontinence occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

Collected at SOC, ROC & DC Not to Inpatient

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The next item is M1615. The intent of the item is to identify when urinary incontinence occurs. This item is collected at the Start of Care, Resumption of Care, and Discharge time points.

M1615 When Does Urinary Incontinence Occur?
Response-Specific Instructions

(M1615) When does **Urinary Incontinence** occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

- Select Response 0 if timed-voiding defers incontinence.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

For M1615, the response-specific instructions direct you to select Response 0 if timed-voiding defers incontinence. As we mentioned earlier, timed-voiding determines the patient’s pattern for voiding and schedules toileting to prevent episodes of leaking. Response 0 is the appropriate response when the patient can self-schedule toileting or the caregiver prompts or takes the patient to the toilet. If timed-voiding is not successful in deferring incontinence, do not select Response 0.

**M1615 When Does Urinary Incontinence Occur?
Response-Specific Instructions, cont'd**

(M1615) When does **Urinary Incontinence** occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

- Select Response 1 when the patient is unable to prevent the escape of small amounts of urine when coughing, sneezing, laughing, etc.

 Centers for Medicare & Medicaid Services

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

For M1615, select Response 1 if the patient has occasional stress incontinence. The Centers for Medicare & Medicaid Services defines “occasional stress incontinence” as when the patient is unable to prevent the escape of relatively small amounts of urine when coughing, sneezing, laughing, lifting, moving from a sitting to standing position, or other activities, or stress, which increase abdominal pressure.

**M1615 When Does Urinary Incontinence Occur?
Response-Specific Instructions, cont'd**

(M1615) When does Urinary Incontinence occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

- Determine when incontinence usually occurs (if it occurs with regularity or in circumstances other than those described as stress incontinence).
- Select Response 2, 3, or 4 as appropriate.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/ Resources

If urinary incontinence occurs with regularity or in circumstances other than those described in the definition of stress incontinence, determine when the incontinence usually happens and select Response 2, 3, or 4 as appropriate. For example, select Response 2 - During the night only, if the patient’s incontinence only occurs during the night. Select Response 3 - During the day only, if the patient’s incontinence occurs only during the day, including incontinence during daytime naps. Finally, select Response 4 - During the day and night, if the patient is incontinent during the night and during the day.

M1615 When Does Urinary Incontinence Occur?
Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Observation
 - Physical assessment
 - Review of health history
 - Referral information



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



You can gather the information needed to accurately score M1615 from multiple sources. For example, you could ask the patient and caregiver when urinary incontinence occurs. Observation during the physical assessment would also provide useful information as would review of the patient’s health history and referral information.

M1610 / M1615 Scenario

Your patient denies incontinence, but you notice during your assessment that she is wearing an incontinence pad.

When questioned, she states, “It’s just in case I cough or sneeze.”



Let’s practice applying the guidance we just covered by answering this question. Your patient denies incontinence, but you notice during your assessment that she is wearing an incontinence pad. When questioned, she states, “It’s just in case I cough or sneeze.”

M1610 Scenario Question

How would you score M1610 Urinary Incontinence or Urinary Catheter Presence?

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) **[Go to M1620]**
- 1 - Patient is incontinent
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) **[Go to M1620]**

Select the correct response for this scenario. 

How would you score M1610 Urinary Incontinence or Urinary Catheter Presence?

M1610 Scenario Answer

How would you score M1610 Urinary Incontinence or Urinary Catheter Presence?

(M1610) Urinary Incontinence or Urinary Catheter Presence:

- 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) *[Go to M1620]*
- 1 - Patient is incontinent**
- 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) *[Go to M1620]*

That is correct! The Response-specific Instructions direct you to select Response 1 when the patient is incontinent at all, such as occasionally or when the patient states "only when I sneeze" or "sometimes I leak a little bit."

That is correct. Select Response 1 for M1610 for this scenario. The response-specific instructions direct you to select Response 1 when the patient is incontinent at all, such as occasionally or when the patient states “only when I sneeze” or “sometimes I leak a little bit.”

M1615 Scenario Question

How would you score M1615 When does Urinary Incontinence Occur?

(M1615) When does Urinary Incontinence occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

Select the correct response for this scenario. 

Now, how would you score M1615 When does Urinary Incontinence Occur?

M1615 Scenario Answer

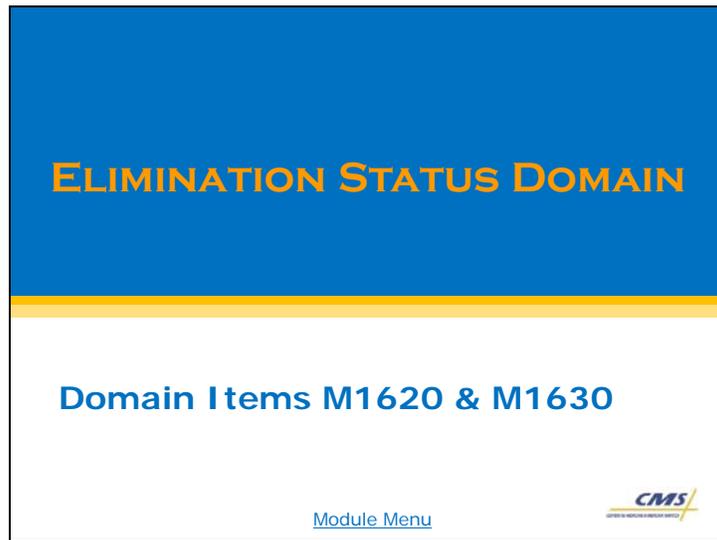
How would you score M1615 When does Urinary Incontinence Occur?

(M1615) When does Urinary Incontinence occur?

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence**
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

That is correct! We can select Response 1 because the patient meets the definition of occasional stress incontinence found in the Response-specific Instructions. The definition states that occasional stress incontinence is when the patient is unable to prevent the escape of relatively small amounts of urine when coughing, sneezing, laughing, lifting, moving from sitting to standing position, or other activities (stress), which increase abdominal pressure.

That is correct. We can select Response 1 because the patient meets the definition of occasional stress incontinence found in the response-specific instructions. The definition states that occasional stress incontinence is when the patient is unable to prevent the escape of relatively small amounts of urine when coughing, sneezing, laughing, lifting, moving from a sitting to standing position, or other activities or stress, which increase abdominal pressure.



This topic addresses OASIS-C items M1620 and M1630 in the Elimination Status Domain.

Summary of M- Items

- M1600 Has this patient been treated for a Urinary Tract Infection in the past 14 days?
- M1610 Urinary Incontinence or Urinary Catheter Presence
- M1615 When does Urinary Incontinence occur?
- M1620 Bowel Incontinence Frequency
- M1630 Ostomy for Bowel Elimination



The Elimination Status Domain consists of five items. We will discuss the last two items in this topic. These items are:

- M1620 Bowel Incontinence Frequency, and
- M1630 Ostomy for Bowel Elimination

M1620 Bowel Incontinence Frequency Item Intent & Time Points

(M1620) Bowel Incontinence Frequency:

<input type="checkbox"/>	0 - Very rarely or never has bowel incontinence	<ul style="list-style-type: none"> Identifies how often the patient experiences bowel incontinence. Refers to the frequency of a symptom, not to the etiology of that symptom. Does not address treatment of incontinence or constipation.
<input type="checkbox"/>	1 - Less than once weekly	
<input type="checkbox"/>	2 - One to three times weekly	
<input type="checkbox"/>	3 - Four to six times weekly	
<input type="checkbox"/>	4 - On a daily basis	
<input type="checkbox"/>	5 - More often than once daily	
<input type="checkbox"/>	NA - Patient has ostomy for bowel elimination	
<input type="checkbox"/>	UK - Unknown	

Collected at SOC, ROC, FU & DC Not to Inpatient

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

Now we move to items addressing bowel elimination. The first is M1620 Bowel Incontinence Frequency. The intent of this item is to identify how often the patient experiences bowel incontinence. It refers to the frequency of a symptom, bowel incontinence, not to the etiology or cause of that symptom. Treatment of incontinence or constipation, such as a bowel program, is not addressed. This item is collected at the Start of Care, Resumption of Care, Follow up, and Discharge assessment time points.

M1620 Bowel Incontinence Frequency Response-Specific Instructions

(M1620) Bowel Incontinence Frequency:

<input type="checkbox"/>	0 -	Very rarely or never has bowel incontinence
<input type="checkbox"/>	1 -	Less than once weekly
<input type="checkbox"/>	2 -	One to three times weekly
<input type="checkbox"/>	3 -	Four to six times weekly
<input type="checkbox"/>	4 -	On a daily basis
<input type="checkbox"/>	5 -	More often than once daily
<input type="checkbox"/>	NA -	Patient has ostomy for bowel elimination
<input type="checkbox"/>	UK -	Unknown

Least Frequent



Most Frequent

- Responses are arranged in order of least to most frequency of bowel incontinence.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The response-specific instructions for M1620 Bowel Incontinence Frequency explain that the response options are arranged in order of the frequency of bowel incontinence, from least to most frequent.

M1620 Bowel Incontinence Frequency Response-Specific Instructions, cont'd

(M1620) Bowel Incontinence Frequency:

<input type="checkbox"/>	0 -	Very rarely or never has bowel incontinence
<input type="checkbox"/>	1 -	Less than once weekly
<input type="checkbox"/>	2 -	One to three times weekly
<input type="checkbox"/>	3 -	Four to six times weekly
<input type="checkbox"/>	4 -	On a daily basis
<input type="checkbox"/>	5 -	More often than once daily
<input type="checkbox"/>	NA -	Patient has ostomy for bowel elimination
<input type="checkbox"/>	UK -	Unknown

- Select Response 4 if the patient experiences bowel incontinence once per day.
- Select Response NA if the patient has an ostomy for bowel elimination.
- UK is not an option at FU or DC.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

The guidance instructs that Response 4 – On a daily basis means that the patient experiences bowel incontinence once per day. If the patient has an ostomy for bowel elimination, select Response NA for “not applicable.” The response “UK,” or Unknown, is not an option at Follow-up or Discharge.

**M1620 Bowel Incontinence Frequency
Data Sources / Resources**

- Obtain information from multiple sources:
 - Patient/caregiver interview
 - Observation
 - Physical assessment
 - Review of health history
 - Referral information

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources 

You may obtain information from multiple sources when determining the correct response for this item. For example, interview the patient and caregiver by asking if she or he has difficulty controlling stools, problems with soiling clothing, or uncontrollable diarrhea. The patient’s responses may make you aware of an unidentified problem that needs further investigation. You could also obtain information through observation during your physical assessment. Observe the cleanliness around the toilet when you are in the bathroom. Note any visible evidence of soiled clothing. If the patient is receiving aide services, question the aide about evidence of bowel incontinence at Follow-up time points. You can then discuss this information with the patient. You could also obtain information related to bowel incontinence through review of the patient’s health history and through information obtained on the referral.

M1620 Scenario

Your patient reports he has not had “an accident with his bowels” for the last three days.

But he also states he routinely “has problems” about two or three times a week.



Let’s practice what we have learned with the following scenario:
Your patient reports he has not had “an accident with his bowels” for the last three days. But he also states he routinely “has problems” about two or three times a week.

M1620 Scenario Question

How would you score M1620 Bowel Incontinence Frequency?

(M1620) Bowel Incontinence Frequency:

- 0 - Very rarely or never has bowel incontinence
- 1 - Less than once weekly
- 2 - One to three times weekly
- 3 - Four to six times weekly
- 4 - On a daily basis
- 5 - More often than once daily
- NA - Patient has ostomy for bowel elimination
- UK - Unknown

Select the correct response for this scenario.



How would you score M1620 Bowel Incontinence Frequency?

M1620 Scenario Answer

How would you score M1620 Bowel Incontinence Frequency?

(M1620) Bowel Incontinence Frequency:

<input type="checkbox"/>	0 -	Very rarely or never has bowel incontinence
<input type="checkbox"/>	1 -	Less than once weekly
<input checked="" type="checkbox"/>	2 -	One to three times weekly
<input type="checkbox"/>	3 -	Four to six times weekly
<input type="checkbox"/>	4 -	On a daily basis
<input type="checkbox"/>	5 -	More often than once daily
<input type="checkbox"/>	NA -	Patient has ostomy for bowel elimination
<input type="checkbox"/>	UK -	Unknown

That is correct! Although the patient did not experience bowel incontinence on the day of assessment, he reported that incontinence occurred routinely at least two to three times a week. The time frame under consideration for this item is day of assessment and the recent relevant past. The recent relevant past applies because two of the timeframes in the M1620 response options include very rarely and less than once a week.

That is correct. Although the patient did not experience bowel incontinence on the day of assessment, he reported that incontinence occurred routinely at least two to three times a week. The time frame under consideration for this item is day of assessment and the recent relevant past. The recent relevant past applies because two of the time frames in the M1620 response options include very rarely and less than once a week.

M1630 Ostomy for Bowel Elimination Item Intent & Time Points

(M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- 0 - Patient does not have an ostomy for bowel elimination.
- 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
- 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

- Identifies whether the patient has an ostomy for bowel elimination.
- Indicates whether the ostomy was related to a recent inpatient stay or caused a change in medical treatment regimen.

Collected at SOC, ROC & FU

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



The intent of M1630 Ostomy for Bowel Elimination is to identify if the patient has an ostomy for bowel elimination and, if so, whether the ostomy was related to a recent inpatient stay or caused a change in medical treatment regimen. This item is collected at the Start of Care, Resumption of Care, and Follow-up assessment time points.

M1630 Ostomy for Bowel Elimination Response-Specific Instructions

(M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that **(within the last 14 days)**: a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?



The term “within the last 14 days” is the 2-week period immediately preceding the Start of Care, Resumption of Care, or Follow-up assessment.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources 

The term “within the last 14 days” is the 2-week period immediately preceding the Start of Care, Resumption of Care, or Follow-up assessment. The date of admission/assessment is Day 0 and the day immediately prior to the date of admission/assessment is Day 1. So this means if the patient’s Start of Care date was August 20, consider any bowel ostomy related to an inpatient stay or requiring medical or treatment regimen change that occurred on or after August 6.

M1630 Ostomy for Bowel Elimination Response-Specific Instructions, cont'd

(M1630) **Ostomy for Bowel Elimination:** Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- 0 - Patient does not have an ostomy for bowel elimination.
- 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
- 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

- Applies to any type of ostomy for bowel elimination.
- Select response 0 if:
 - The patient does not have an ostomy for bowel elimination.
 - An ostomy has been reversed.

Item Intent _____ Time Points _____
Response-Specific Instructions
Data Sources/
Resources

The response-specific instructions state that this item applies to any type of ostomy for bowel elimination, such as colostomies and ileostomies. It only addresses bowel ostomies, not other types of ostomies like urinary ostomies or tracheostomies. Select Response 0 if the patient doesn't have an ostomy for bowel elimination. You'd also select Response 0 if your patient's ostomy has been reversed because the patient does not have an ostomy for bowel elimination at the time of assessment.

**M1630 Ostomy for Bowel Elimination
Response-Specific Instructions, cont'd**

(M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- 0 - Patient does not have an ostomy for bowel elimination.
- 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.
- 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

- Select Response 1 if the patient has a bowel ostomy that was not related to an inpatient stay or change in treatment regimen within the last 14 days.
- Select Response 2 if the patient did have a bowel ostomy that was related to an inpatient stay or change in treatment regimen within the last 14 days.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

Select Response 1 if the patient has a bowel ostomy that was not related to an inpatient stay or change in treatment regimen within the last 14 days. Select Response 2 if the patient did have a bowel ostomy on the day of assessment and that bowel ostomy was related to an inpatient stay or change in treatment regimen within the last 14 days.

M1630 Ostomy for Bowel Elimination
Data Sources / Resources

- Gather information from multiple sources:
 - Patient/caregiver interview
 - Physician orders
 - Review of health history
 - Referral information
 - Physician
 - Supply list

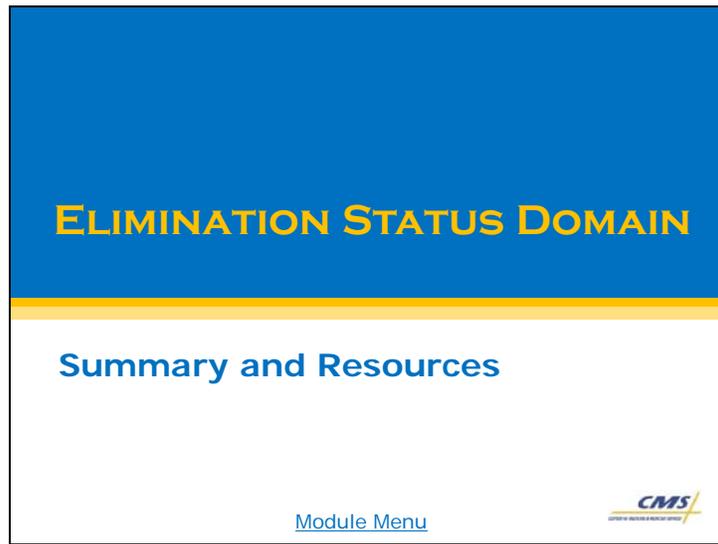


[Module Menu](#)

Item Intent _____ Time Points _____ Response-Specific Instructions _____ **Data Sources/ Resources**



When identifying the correct response for M1630 Ostomy for Bowel Elimination, you may obtain the information from multiple sources. For example, gather this information through interview of the patient and caregiver by asking questions regarding the presence of a bowel ostomy. You could obtain information from physician orders or by reviewing the patient’s health history and information obtained on the referral. If the patient has a bowel ostomy, ask the physician if it was related to an inpatient stay or necessitated a change in the medical or treatment plan in the past 14 days. Additionally, it would be helpful to refer to your patient’s supply list.



This topic lists the resources and references used in this educational module.

Summary of Domain

- Understand each item and individual responses.
- Use Chapter 3 of the OASIS-C Guidance Manual as your reference for the following concepts:
 - Item intent
 - Time points for completion
 - Response-specific instructions
 - Data sources and resources
- Additional guidance can be found in the CMS Q & As and the CMS Quarterly Q & As.



In summary, in order to collect the items in the Elimination Status Domain accurately, it will be important for the assessing clinician to understand each item and its individual responses. Use Chapter 3 of the OASIS-C Guidance Manual as your reference to apply concepts and details related to the intent of each OASIS item, when each item should be completed, what the various response options mean, and what data sources and resources you can use to facilitate an accurate assessment. You can find additional guidance related to data collection in the CMS Q & As and the CMS Quarterly OASIS Q & As.

Resources/References

- OASIS-C Guidance Manual
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>
 - Chapter 3 provides guidance on OASIS-C items.
- CHAMP Program
<http://www.champ-program.org/>
- Home Health Quality Improvement (HHQI) National Campaign
<http://www.homehealthquality.org>
- OASIS Answers, Inc.
<http://www.oasisanswers.com>



You can access additional resources and references at the links listed here. Particularly important is the guidance in Chapter 3 of the OASIS-C Guidance Manual, which served as the foundational content for this educational module. Home care nurses and therapists responsible for collecting OASIS data should consider having a copy of the Chapter 3 guidance accessible while conducting comprehensive assessments to enhance data accuracy.

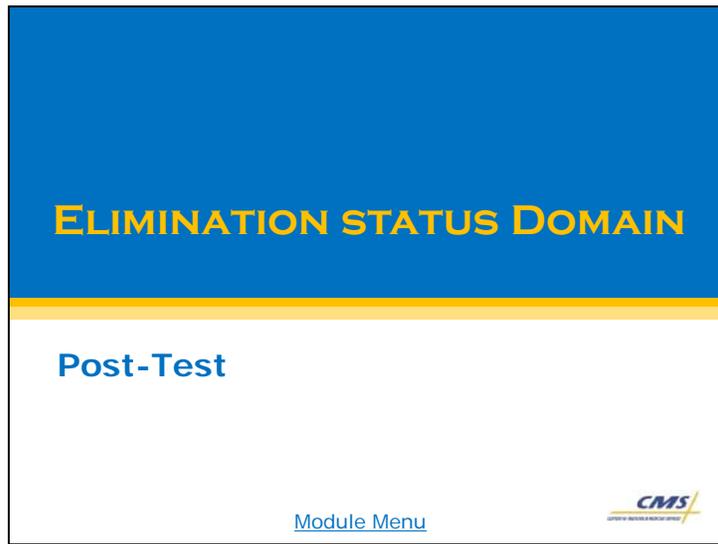
Questions

- Talk with your clinical managers.
- Email OASIS training feedback site.
oasisctrainingfeedback@cms.hhs.gov
- Check the CMS Q & As.
<https://www.qtso.com/hhdownload.html>
- Check the Quarterly Q & As.
<http://www.oasisanswers.com>
- Contact State OASIS Educational Coordinators.
[http:// www.cms.gov/OASIS/Downloads/OASIS_educationalcoordinators.pdf](http://www.cms.gov/OASIS/Downloads/OASIS_educationalcoordinators.pdf)
- Submit Q & As to CMS.
[Send email to CMSOASISquestions@oasisanswers.com](mailto:CMSOASISquestions@oasisanswers.com)

[Module Menu](#)



If you have a question about this training module, please talk with your clinical managers. If you have comments related to this training module, consider providing feedback to the OASIS training feedback mailbox at oasisctrainingfeedback@cms.hhs.gov. For additional guidance, download and review the CMS Q & As and the Quarterly Q & A updates, available at the links provided here. If you still have an unanswered data collection question after consulting the guidance contained in Chapter 3 of the OASIS-C Guidance Manual and the OASIS Q & As, contact your State OASIS Educational Coordinator, who can provide free assistance in answering your OASIS data collection questions. If your question cannot be resolved with the help of your OEC, consider submitting your inquiry to the CMS OASIS mailbox at CMSOASISquestions@oasisanswers.com. Thank you for your commitment to OASIS accuracy.



This post-test contains five questions. Read each question, select an answer, and then select the Submit button.

Post-Test Question #1

Mrs. Jacobs, who has had a Foley catheter for 5 years, was just discharged from a 10-day hospital stay for exacerbation of chronic obstructive pulmonary disease (COPD). While hospitalized, she was also diagnosed and treated with an antibiotic for a urinary tract infection (UTI). The UTI resolved with no further treatment required. She was discharged from the hospital on March 1 and is being admitted to home health on March 2 for COPD management and Foley catheter changes every month. What is the correct response at Start of Care for M1600 - Has this patient been treated for a Urinary Tract Infection in the past 14 days?

- A. Response 0 - No
- B. Response 1 - Yes
- C. Response NA - Patient on prophylactic treatment
- D. Response UK - Unknown

That is correct! The patient was treated with an antibiotic within the past 14 days, specifically for a confirmed urinary tract infection.

[Submit](#)



The correct answer is B. Response 1 – Yes. The patient was treated with an antibiotic within the past 14 days, specifically for a confirmed urinary tract infection.

Slide 59

Post-Test Question #2

During the admission visit, you identify that Mr. Nigel has a neurogenic bladder due to multiple sclerosis. He verifies he is independent in intermittent catheterization and states that occasionally he experiences incontinence in between the times he catheterizes himself. What is the appropriate response for M1610 Urinary Incontinence or Urinary Catheter Presence?

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

That is correct! We are directed to select Response 2 if the patient requires the use of a urinary catheter for any reason, even if the patient is also incontinent.



Submit

The correct answer is C. Response 2 – Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic). We are directed to select Response 2 if the patient requires the use of a urinary catheter for any reason, even if the patient is also incontinent.

Post-Test Question #3

Your patient reports that as long as he follows timed-voiding techniques and uses the bathroom every 2 hours, he does not have any incidents of incontinence. You are performing the Start of Care assessment. What is the correct response for M1610 Urinary Incontinence or Urinary Catheter Presence?

- A. Response 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage)
- B. Response 1 - Patient is incontinent
- C. Response 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic)
- D. Skip this item

That is correct! The patient has a condition that causes incontinence and is using timed-voiding to avoid incontinent episodes.

[Submit](#)



The correct answer is B. Response 1 – Patient is incontinent. The patient has a condition that causes incontinence and is using timed-voiding to avoid incontinent episodes.

Post-Test Question #4

Using the same scenario in question 3, how would you respond to M1615 When does Urinary Incontinence occur?

Scenario: Your patient reports that as long as he follows timed-voiding techniques and uses the bathroom every 2 hours, he does not have any incidents of incontinence. You are performing the Start of Care assessment. What is the correct response for M1615 When does Urinary Incontinence occur?

- A. M1615 would be skipped because timed-voiding defers incontinence
- B. Response 0 - Timed-voiding defers incontinence
- C. Response 1 - Occasional stress incontinence
- D. Response 4 - During the day and night

That is correct! Response 0 is appropriate because timed-voiding is successful in deferring incontinence.

[Submit](#)



The correct answer is B. Response 0 – Timed-voiding defers incontinence. Response 0 is appropriate because timed-voiding is successful in deferring incontinence.

Post-Test Question #5

You are admitting Mrs. Alta following a right total knee replacement secondary to osteoarthritis. She was in the hospital for 6 days and a rehabilitation facility for 10 days. During your assessment, you identify she has a colostomy for bowel elimination. She has been totally independent in managing it for 10 years and has not had any problems with it in the last year. At SOC, what is the appropriate response for M1630 Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?

- A. Skip this item
- B. Response 0 - Patient does not have an ostomy for bowel elimination
- C. Response 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen
- D. Response 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.

That is correct! The patient had an ostomy, but it was not related to an inpatient stay and it did not necessitate a change in medical or treatment regimen.



[Submit](#)

The correct answer is C. Response 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. The patient had an ostomy, but it was not related to an inpatient stay and it did not necessitate a change in medical or treatment regimen.
