

## Section H

### Bladder and Bowel

#### **Intent**

To gather information on the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns. Each resident who is incontinent or at risk of developing incontinence should be identified, assessed, and provided with individualized treatment and services to achieve or maintain as normal elimination function as possible.

#### **Significant Changes**

Incontinence pattern changes from 0 or 1 to 2, 3, or 4, or changes from 2, 3, or 4 to 0 or 1

#### **Care Area Triggers**

H0100, H0300 – Urinary Incontinence  
H0300, H0400 – Pressure Ulcer  
H0600 – Dehydration / Fluid Maintenance

#### **Quality Indicators**

H0100– Indwelling Catheter  
H0200 – Bowel or Bladder Incontinence without a Toileting Program  
H0300, H0400– Bowel or Bladder Incontinence  
H0600– Fecal Impaction – Sentinel Event

#### **Enhanced Quality Measures**

H0100, H0300, H0400 - Percent of low risk residents who lose control of their bowel or bladder  
H0100 – Percent of residents who have had a catheter inserted and left in their bladder

#### **RUG IV Categories**

H0200 – Nursing Rehabilitation End Split  
H0200, H0500 - Reduced Physical Function

#### **Care Plans**

Colostomy / Ileostomy  
Constipation, Chronic  
Incontinence, Bowels  
Incontinence, Functional Urinary  
Incontinence, Stress Urinary  
Incontinence, Urge Urinary  
Urinary Retention / Urinary Catheter  
Urinary Tract Infection, Potential

<b>H0100. Appliances</b>	
<b>Check all that apply</b>	
<input type="checkbox"/>	<b>A. Indwelling bladder catheter (including suprapubic catheter and nephrostomy tube)</b>
<input type="checkbox"/>	<b>B. External catheter</b>
<input type="checkbox"/>	<b>C. Ostomy (including urostomy, ileostomy, and colostomy)</b>
<input type="checkbox"/>	<b>D. Intermittent catheterization</b>
<input type="checkbox"/>	<b>Z. None of the above</b>

### **H0100. Urinary Appliances**

**CAT – Urinary Incontinence**

**QI – Indwelling Catheter**

**EQM – Percent of residents who have had a catheter inserted and left in their bladder**

**EQM – Percent of low risk residents who lose control of their bowel or bladder**

Check all that apply.

**A. Indwelling bladder catheter**

**QI – Indwelling Catheter**

**EQM – Percent of residents who have had a catheter inserted and left in their bladder**

Including suprapubic catheter and nephrostomy tube.

**B. External catheter**

**C. Ostomy (suprapubic, ileostomy)**

Including urostomy, ileostomy, and colostomy

Any type of excretory ostomy of the gastrointestinal or genitourinary tract

Do NOT code gastrostomies or other feeding “ostomies” here.

**D. Intermittent catheterization**

**Z. None of the above**

<b>H0200. Urinary Toileting Program</b>	
	<p><b>A. Has a trial of a toileting program</b> (e.g. scheduled toileting, prompted voiding, or bladder training) <b>been attempted</b> on admission or since urinary incontinence was noted in this facility?</p> <p><b>0. No</b> → Skip to item H0300, Urinary Continence</p> <p><b>1. Yes</b> → Continue to H0200B, Response</p> <p><b>9. Unable to determine</b> → Skip to H0200C, Current toileting program or trial</p>
	<p><b>B. Response</b> – What was the resident’s response to the trial program?</p> <p><b>0. No improvement</b></p> <p><b>1. Decreased wetness</b></p> <p><b>2. Completely dry</b> (continent)</p> <p><b>9. Unable to determine or trial in progress</b></p>
	<p><b>C. Current toileting program or trial</b> – Is a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident’s urinary continence?</p> <p><b>0. No</b></p> <p><b>1. Yes</b></p>

## H0200. Urinary Toileting Program

Skip Item

### **CAT – Urinary Incontinence      RUG – Reduced Physical Function** **QI – Bowel or bladder incontinence without a toileting program**

Scheduled Toileting Plan - At scheduled times each day, staff takes resident to toilet room or gives resident a urinal, or reminds resident to toilet.

Scheduled: means performing the activity according to a specific, routine time that has been clearly communicated to the resident (as appropriate) and to caregivers.

Includes habit training and /or prompted voiding.

Changing wet garments is not included in this concept.

A “program” refers to a specific approach that is organized, planned, documented, monitored, and evaluated.

Bladder Retraining Program - A retraining program where resident is taught to consciously delay voiding or the urgency to void

Encouraged to void on a schedule rather than according to urge to void

Training used to manage incontinence due to bladder instability

**A. Has a trial of a toileting program** (e.g. scheduled toileting, prompted voiding, or bladder training) **been attempted** on admission or since urinary incontinence was noted in this facility?

**0. No** → Skip to item H0300, Urinary Continence

**1. Yes** → Continue to H0200B, Response

**9. Unable to determine** → Skip to H0200C, Current toileting program or trial

**B. Response** – What was the resident’s response to the trial program?

**0. No improvement**

**1. Decreased wetness**

**2. Completely dry** (continent)

**9. Unable to determine or trial in progress**

**C. Current toileting program or trial** – Is a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident’s urinary continence?

**0. No**

**1. Yes**

<b>H0300. Urinary Continence</b>	
	<b>Urinary continence</b> - Select the one category that best describes the resident: <b>0. Always continent</b> <b>1. Occasionally incontinent</b> (less than 7 episodes of incontinence) <b>2. Frequently incontinent</b> (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) <b>3. Always incontinent</b> (no episodes of continent voiding) <b>9. Not rated</b> , resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days

## **H0300. Urinary Continence**

**Significant Change – Incontinence pattern changes from 0 or 1 to 2 or 3, or changes from 2 or 3 to 0 or 1**

**CAT – Pressure Ulcer    CAT – Incontinence    QI – Bowel or Bladder Incontinence**  
**EQM – Percent of low risk residents who lose control of their bowel or bladder**

Describes the resident’s bowel and bladder continence pattern even with scheduled toileting plans, continence training programs, or appliances.

Does not refer to the resident’s ability to toilet self – resident can receive extensive assistance in toileting and still be continent. Resident’s self-performance in toilet use is coded in item G0100D.

Determination of whether or not to code incontinence is not a matter of volume.

It is a matter of skin wetness and irritation, and the associated risk for skin breakdown.

If the resident’s skin gets wet with urine, or if whatever is next to the skin (pad, brief, underwear) gets wet, it should be counted as an episode of incontinence – even if it’s just a small volume of urine, for example, due to stress incontinence.

**Urinary continence** - Select the one category that best describes the resident.

### **0. Always continent**

Complete control (Includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool.)

Includes control achieved by care that involves prompted voiding, habit training, reminders. Resident is always dry.

### **1. Occasionally incontinent**

Less than 7 episodes of incontinence

### **2. Frequently incontinent**

7 or more episodes of urinary incontinence, but at least one episode of continent voiding

### **3. Always incontinent**

No episodes of continent voiding

### **9. Not rated**

Resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days

<b>H0400. Bowel Continence</b>	
	<b>Bowel continence</b> Select the one category that best describes the resident over the last 5 days. <b>0. Always continent</b> <b>1. Occasionally incontinent</b> (one episode of bowel incontinence) <b>2. Frequently incontinent</b> (2 or more episodes of bowel incontinence, but at least one continent bowel movement) <b>3. Always incontinent</b> (no episodes of continent bowel movements) <b>9. Not rated</b> , resident had an ostomy or did not have a bowel movement for the entire 7 days)

### H0400. Bowel Continence

**QI – Bowel or Bladder Incontinence      CAT – Pressure Ulcer**  
**EQM – Percent of low risk residents who lose control of their bowel or bladder**

**Bowel Continence**      Select the one category that best describes the resident.

**0. Always continent**

**1. Occasionally incontinent** (one episode of bowel incontinence)

**2. Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)

**3. Always incontinent** (no episodes of continent bowel movements)

**9. Not rated**, resident had an ostomy or did not have a bowel movement for the entire 7 days)

<b>H0500. Bowel Toileting Program</b>	
	<b>Is a toileting program currently being used to manage the resident's bowel continence?</b> <b>0. No</b> <b>1. Yes</b>

### H0500. Bowel Toileting Program      RUG – Reduced Physical Function

**Is a toileting program currently being used to manage the resident's bowel continence?**

**0. No    1. Yes**

<b>H0600. Bowel Patterns</b>	
	<b>Constipation present</b> <b>0. No</b> <b>1. Yes</b>

### H0600. Bowel Patterns      CAT – Urinary Incontinence

A bowel elimination pattern is considered regular if there is at least one movement every three days.

Constipation is defined as two or fewer bowel movements per week, or straining more than one out of four times when having a bowel movement.

A fecal impaction is defined as the presence of hard stool upon digital exam or constipation that will not pass without manual extraction.      **Sentinel Event    QI – Fecal Impaction**

**Constipation present?    0. No    1. Yes**