



Complete Summary

TITLE

Nursing facility chronic care: percent of low-risk residents who lose control of their bowels or bladder.

SOURCE(S)

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of low-risk residents who lose control of their bowels or bladder.

This is one of a pair of quality measures that the National Quality Forum (NQF) believes should only be reported in conjunction with each other. If one of the measures in the pair is selected, the other will also be displayed on the Nursing Home Compare Web site. See the National Quality Measures Clearinghouse (NQMC) summary of the paired National Nursing Home Quality Measure, [Percent of residents who have/had a catheter inserted and left in their bladder](#).

RATIONALE

Loss of bowel or bladder control is not a normal sign of aging and can often be successfully treated. Loss of bowel and bladder control can be caused by:

- Physical problems (like constipation, muscle weakness, or a bladder infection),
- Location problems (like the bathroom is too far away)
- Reaction to medication,
- Limited ability to walk or move around,
- Diet and fluid intake,
- Toilet routine (timing trips to the bathroom), and
- Whether someone can provide assistance when needed.
- Certain medical conditions. For instance, residents with diabetes, dementia, spinal cord injury, or neurological disease are at a higher risk of losing bowel and bladder control.

Finding the cause, and treating a problem with bowel or bladder control is important for many reasons. Physically, it can help prevent infections and

pressure sores. Mentally, treatment can help the well being of the resident by restoring dignity and social interaction. Fewer residents with bowel and bladder control problems can give the nursing home staff more time to provide other care.

This measure is one of fourteen National Nursing Home Quality Improvement (NHQI) measures. These measures provide information to help consumers make informed decisions about their nursing home care. The measures are also intended to motivate nursing homes to improve their care and to inform discussions about quality between consumers and clinicians.

PRIMARY CLINICAL COMPONENT

Chronic care; bladder or bowel control

DENOMINATOR DESCRIPTION

All residents with a valid target assessment and not qualifying as high risk (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of low-risk residents from the denominator who were frequently incontinent or fully incontinent on target assessment

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Nursing home compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services; 2000- [updated 2004 Feb 19]; [cited 2004 Jul 21].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National health care quality reporting

Application of Measure in its Current Use

CARE SETTING

Nursing Homes

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Patients of all ages

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

About 3 million elderly and disabled Americans received care in our nation's nearly 17,000 Medicare and Medicaid-certified nursing homes in 2001. Slightly more than half of these were long-term nursing home residents, but nearly as many had shorter stays for rehabilitation care after an acute hospitalization. About 75 percent were age 75 or older.

EVIDENCE FOR INCIDENCE/PREVALENCE

Nursing home quality initiative. Overview. Baltimore (MD): U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS); 2004 Jan 20. 3 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All residents with a valid target assessment and not qualifying as high risk

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All residents with a valid target assessment and not qualifying as high risk

Exclusions

1. Residents who qualify as high risk are excluded from the denominator:
 - a. Severe cognitive impairment on the target assessment; OR
 - b. Totally dependent in mobility activities of daily living (ADLs) on the target assessment.
2. Residents satisfying any of the following conditions are also excluded from the risk group:
 - a. The target assessment is an admission assessment.
 - b. The quality measure (QM) did not trigger (resident is not included in the QM numerator) AND one or more values on a specified item are missing on the target assessment.
 - c. Residents who are comatose or comatose status are unknown on the target assessment.
 - d. The resident has an indwelling catheter or indwelling catheter status is unknown on the target assessment.
 - e. The resident has an ostomy or ostomy status is unknown on target assessment.
 - f. The resident does not qualify as high risk and the cognitive impairment items are missing on the target assessment.
 - g. The resident does not qualify as high risk and any of the mobility ADLs are missing on the target assessment.

Refer to the original measure documentation for details.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of low-risk residents from the denominator who were frequently incontinent or fully incontinent on target assessment

Refer to the original measure documentation for details.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Functional Status

PRE-EXISTING INSTRUMENT USED

CMS Minimum Data Set - Resident Assessment Instrument (Version 2.0)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Risk adjustment refines raw quality measure (QM) scores to better reflect the prevalence of problems that facilities should be able to address.

Risk adjustment for this measure involves exclusion of residents whose outcomes are not under nursing facility control (e.g., outcome is evidenced on admission to the facility) or the outcome may be unavoidable (e.g., the resident is comatose). The percent of residents with bowel or bladder incontinence is reported only for residents at low risk. For each QM, the prevalence of the outcome across all residents at low risk of bowel or bladder incontinence in the nursing facility, after exclusions, is the facility-level observed QM score. Refer to the original measure documentation for details.

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The quality measures have been validated and are based on the best research currently available. These quality measures meet four criteria. They are important to consumers, are accurate (reliable, valid and risk adjusted), can be used to show ways in which facilities are different from one another, and can be influenced by the provision of high quality care by nursing home staff. A formal validation study was conducted involving 5,758 chronic and post-acute residents in 209 nursing facilities in 6 states.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Validation of long-term and post-acute care quality indicators. Cambridge (MA): Abt Associates, Inc.; 2003 Jun 10. 93 p.

Identifying Information

ORIGINAL TITLE

Percent of low-risk residents who lose control of their bowels or bladder.

MEASURE COLLECTION

[Nursing Home Quality Initiative: National Nursing Home Quality Measures](#)

MEASURE SET NAME

[Chronic Care Quality Measures](#)

DEVELOPER

Centers for Medicare and Medicaid Services

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

MEASURE AVAILABILITY

The individual measure, "Percent of low-risk residents who lose control of their bowels or bladder," is published in "National Nursing Home Quality Measures. User's Manual." This document is available in Portable Document Format (PDF) from the [Centers for Medicare and Medicaid Services \(CMS\) Web site](#).

For more information, refer to the CMS Web site at, www.cms.hhs.gov.

COMPANION DOCUMENTS

The following is available:

- Nursing Home Compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services. 2000- [updated 2004 Feb 19]; [cited 2004 Ju1 21]. This tool is available from the [Medicare Web site](#).

NQMC STATUS

The NQMC summary was completed by ECRI on July 22, 2004. The information was verified by the measure developer on August 30, 2004.

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