

## DISCOVERY ASSIGNMENT ~ Reviewing Patterns of Low Risk Residents with Loss of Bowel or Bladder in Your Home



**Instructions:** Please complete this detailed review based on residents flagging on your CASPER Report related to the measure noted above.  
**For homes with 75 or less residents, please review 5 cases, for homes with more than 75 residents, please review 8-10 cases**

How many low-risk residents flag out for Loss of Bowel or Bladder on the most recent CASPER Report (6 month time frame)?		Enter # Here:	
How many of low-risk residents that flag for Loss of Bowel or Bladder ALSO flag for more than 2 other Quality Measures (6 month time frame)?		Enter # Here:	
As you review the charts of residents flagged for Loss of Bowel or Bladder, does the MDS scoring related to ADL function & cognitive function reflect the same level of assistance as:			
1. Nurses documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please Describe)	
2. CNA documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please Describe)	
3. Care Plan documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please Describe)	
If there are variances in Coding vs. Charting, does this vary by hall, unit, floor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Have you had a recent change in staff most familiar with MDS? (i.e. nurse consultants)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Have you had a recent change in Physician Services in your home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Do you provide incontinence education yearly and at orientation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Do you utilize restorative or activities related to incontinence or a toileting program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Do you have steps in place for changing care plans when incontinence is noted in a resident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Do you utilize an assessment tool for bowel and bladder function?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please define when this is completed)	
Do you utilize CONSISTENT ASSIGNMENT (AKA PRIMARY ASSIGNMENTS) for CNAs in your home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Describe)	
Do you hold regular CNA huddles/meetings/stand-up meetings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Check how often)	<input type="checkbox"/> Shift To Shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:
Do you provide CNA education related to incontinence regularly? If so, what is the vehicle for this education?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Check how often)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
Does your facility (pharmacist) conduct regular medication review rounds on all residents?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Check how often)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:
Have you completed a review of the resident's physical environment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Check Specifics)	<input type="checkbox"/> Noise <input type="checkbox"/> Physical Barriers <input type="checkbox"/> Visual Barriers <input type="checkbox"/> Temperature <input type="checkbox"/> Other:
Please note the number of low risk residents flagged for loss of bowel or bladder on your most recent CASPER report?	<b>Please list ALL diagnoses noted for this flag for each resident reviewed (looking for trends)</b>		