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M1845/GG0130C: Understand how to accurately score toileting hygiene

Of all the OASIS functional "sister items," none resemble each other more than **M1845** (Toileting hygiene) and **GG0130C** (Toileting hygiene). But they're often misunderstood or misapplied in practice, experts note.

GG0130C is also part of the publicly reported Discharge Function Score that is used in determining Home Health Value-Based Purchasing (HHVBP) payment adjustments. And M1845 is part of the functional scoring for PDGM.

"They both share nearly identical task components and exclude toilet transferring," says Susan Jirsa, divisional director of quality assurance with Aveanna Healthcare based in Atlanta, Ga. "Each item requires clinicians to evaluate the patient's ability to manage perineal care and clothing before and after toileting."

By accurately answering the questions on admission/resumption of care and then again at discharge, it will reflect the patient's improvement in ability to manage personal care and also reflect the quality of care provided during the episode by the home health team in assisting the patient to achieve improvement, explains Diane Link, owner of Link Healthcare Advantage in Littlestown, Pa.

Verify the patient's setup needs

One of the most common pitfalls with the toileting hygiene items is assuming independence without verifying setup needs, Jirsa explains.

For example, scoring M1845 as "0 — Able to manage toileting hygiene and clothing management without assistance" versus "1 — Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient" hinges on whether the patient requires supplies to be laid out.

> "This is a nuance that's easily missed when relying on caregiver reports without probing for specifics," Jirsa says. "Statements like, 'she's independent' may mask a setup dependency that changes the score entirely."

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Observe, don't just interview

Interviewing rather than observation often becomes the default method to gather M1845/GG0130C responses as patients may be hesitant to share candidly about difficulties with their personal/perineal hygiene, notes Jennifer Cullen, quality resource and utilization review manager with St. Luke's Home Health based in Bethlehem, Pa.

However, interview responses alone may not accurately reflect the level of assistance needed for safe and effective toileting hygiene, she adds.

Clinicians can evaluate toileting hygiene assistance needs while assessing the patient's skin, Cullen suggests.

> "Odor, soiled skin and soiled undergarments/incontinence products likely indicate the patient needs assistance or may be fully dependent with toileting hygiene," Cullen adds. "Dirty toilets or commodes might also signal that the patient cannot safely or effectively manage their toilet hygiene."

Accuracy can prevent infection

It's important to note that identification of patients needing assistance with — or totally dependent — in toileting hygiene should prompt the assessing clinician to include occupational therapy and home care services in the Plan of Care (POC).

According to the CDC, "Urinary Tract Infections (UTI) are the most common type of health care-associated infection, accounting for more than 30% of infections reported by acute care hospitals."

"Ensuring that patients have the care and education necessary for effective toileting hygiene, thus preventing infection, is essential for our industry as we collectively work toward preventing hospitalizations," Cullen notes.

Consider catheters and ostomy care

Keep in mind that it doesn't matter where the patient performs toileting whether it may be incontinence, bedside commode or use of indwelling catheter or ostomy products, Link notes.

"Ostomy care in regard to toileting does not include the ability to change the appliance but is focused on the patient's ability to empty the appliance and clean the appliance post emptying," she explains.

The same goes for catheter care, Link adds. "It includes the ability to perform perineal care after having bowel movement or the ability to empty the catheter bag when needed."

These are both important. When documentation skips this distinction, it can lead to inaccurate scoring and missed opportunities to reflect true patient needs, Jirsa adds.

Here are some tips to keep in mind to ensure accuracy with the toileting transfer items:

- Determine redressing ability. Both items also require attention to redressing the lower body, including the ability to pull up undergarments and pants (if worn), Jirsa says. "This detail becomes especially critical when responses to M1845 or GG0130C contradict other scored OASIS items like M1820 (Current ability to dress lower body) or GG0130G (Lower Body Dressing). If a patient is marked as needing assistance to pull up pants in one item but scored as independent in toilet hygiene, it creates inconsistency in the documentation that can trigger QA flags, payer scrutiny or care planning errors.
- Remember hygiene tasks are not toileting mobility. Clinicians sometimes confuse hygiene tasks with toileting mobility, even though both M1845 and GG0130C clearly exclude toilet transferring, Jirsa states. It's important to focus only on what the patient does during toileting, not how they get to or from the toilet.

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Consider these scenarios

Scenario 1

A 78-year-old patient answers the door wearing a hospital gown soiled with feces when you arrive for the start of care (SOC) visit. You assist her to the bathroom where you find soiled incontinence products on the floor. Due to her impaired vision and hand tremors, she needs you to provide all perineal hygiene and guide her limbs into clean depends and pajamas as well as don her incontinence products and lower body clothing. The patient is unable to provide any substantive effort or assist in performing these tasks.

How would you score M1845?

You would score this patient with a "3 — Patient depends entirely upon another person to maintain toileting hygiene" for M1845.

How would you score GG0130C?

You would score this patient with a "01 — Dependent" for GG0130C.

Rationale: The patient needed more than supervision or assistance to perform toileting hygiene. When you arrived at her home, you found her dependent since she had not completed and was not able to complete any of the tasks herself. She would benefit from occupational therapy and home health services to ensure safe and adequate toileting hygiene and to prevent urinary tract infection.

Scenario 2

A 79-year-old female is admitted to home health with congestive heart failure. Upon assessment, the patient is identified as having fair balance that requires supervision when ambulating with four-wheel walker. The patient has stress incontinence and wears incontinent undergarments during the day and night. Upon observation of the patient toileting, the nurse observes her ability to lower pants and undergarments using one hand at a time without issue. Upon rising, the patient needs assistance of a caregiver to obtain new incontinent undergarment, remove the pants in order to remove the soiled incontinent undergarment and the caregiver has to assist the patient with pulling up the undergarment and pants when the patient loses her balance.

How would you score M1845?

You would score this patient with a "2 — Someone must help the patient to maintain toileting hygiene and/or adjust clothing" for M1845.

How would you score GG0130C?

You would score this patient with a "03 — Partial/moderate assistance" for GG0130C.

Rationale: You would assign a "2" for M1845 as the patient needs assistance with obtaining supplies and managing clothing. For GG0130C, a score of "03" is needed as the patient needs caregiver assistance with less than half of the effort. The patient was able to manage clothing up until the time that she needed additional assistance with obtaining and changing the soiled undergarment.

Editor's note: The first scenario was provided by Jennifer Cullen, quality resource and utilization review manager with St. Luke's Home Health based in Bethlehem, Pa and the second scenario was provided by Diane Link, owner of Link Healthcare Advantage in Littlestown, Pa. For a quick guide around **M1845/GG0130C** and another scenario.

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