

OASIS ITEM
<p>(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, <u>or</u> b) necessitated a change in medical or treatment regimen?</p> <p><input type="checkbox"/> 0 - Patient does <u>not</u> have an ostomy for bowel elimination.</p> <p><input type="checkbox"/> 1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.</p> <p><input type="checkbox"/> 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.</p>
ITEM INTENT
Identifies whether 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 plan.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care Follow-up
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> Applies to any type of ostomy for bowel elimination (e.g., colostomy, ileostomy). This item only addresses bowel ostomies, not other types of ostomies (e.g., urinary ostomies, tracheostomies). If an ostomy has been reversed, then the patient does <u>not</u> have an ostomy at the time of assessment. If patient does not have an ostomy for bowel elimination, select Response 0 – Patient does <u>not</u> have an ostomy for bowel elimination. If the patient does have an ostomy for bowel elimination, determine whether the ostomy was related to an inpatient stay or necessitated a change in the medical or treatment regimen within the last 14 days. The term “past fourteen days” is the two-week period immediately preceding the start/resumption of care or follow-up assessment. This means that for purposes of counting the 14-day period, the date of admission/assessment is day 0 and the day immediately prior to the date of admission/assessment is day 1. For example, if the patient’s SOC date is August 20, any ostomy related to an inpatient stay or requiring medical or treatment regimen change that occurred on or after August 6 would be considered.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> Patient/caregiver interview Physician orders Review of health history Referral information Physician Supplies list