

## Stage 2 Critical Elements for Urinary Incontinence, Urinary Catheter, Urinary Tract Infection

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_  
Initial Admission Date: \_\_\_\_\_ Interviewable:  Yes  No Resident Room: \_\_\_\_\_  
Care Area(s): \_\_\_\_\_

### Use

Use this protocol for a sampled resident with urinary incontinence or who requires care and services for the restoration or maintenance of bladder function, has a symptomatic UTI, or has an indwelling catheter. If the resident's MDS information triggered this care area because of bowel function, use the General Critical Element Pathway.

### Procedure

- Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made.
- NOTE: Determine whether the resident has been assessed to be unable to participate in a program to restore continence or to participate in a scheduled toileting program. If so, then initiate the ADL care area.
- Corroborate observations by interview and record review.
  - Observe whether staff consistently implements the care plan over time and across various shifts.
  - During observations of the interventions, note and/or follow up on deviations from the care plan, deviations from current standards of practice, as well as potential negative outcomes.

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<b>Observations</b>	
<b>For the resident who requires services for restoration or maintenance of bladder function:</b>	
<p>Observe whether staff have made accommodations to meet the resident's toileting needs in accordance with the written care plan, such as:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The call bell within reach and whether and how staff respond to the call bell in relation to meeting the toileting needs;</li><li><input type="checkbox"/> Unobstructed pathway and access to toileting facilities;</li><li><input type="checkbox"/> Elevated toilet seats, grab bars, adequate lighting; and</li><li><input type="checkbox"/> The availability of and provision of the assistance needed for the use of the devices, such as urinals, bedpans and commodes.</li></ul>	<p><b>Notes:</b></p>
<b>For the resident who requires assistance for toileting (e.g., prompting, transfer, stand-by assist to ambulate) and/or For the resident who is on a program to restore continence, a scheduled toileting program, or is generally continent:</b>	
<ul style="list-style-type: none"><li><input type="checkbox"/> Observe whether assistance has been provided to prevent incontinence episodes; and</li><li><input type="checkbox"/> Note the frequency of breakthrough incontinence and staff response to incontinence episodes.</li></ul>	<p><b>Notes:</b></p>

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### Observations

#### For the resident with an indwelling catheter:

Observe care, including:

- Whether staff use appropriate infection control practices with regard to hand washing, care for the catheter, tubing, and the collection bag;
- Whether staff recognize and assess (if present) potential signs and symptoms of symptomatic UTI or other changes in urine condition (such as onset of bloody urine, deepening/concentrating urine color, cloudiness, oliguria);
- How staff manage and assess urinary leakage from the point of catheter insertion to the bag, if present;
- How staff assess and manage catheter related pain (e.g., bladder spasms) or other complaints (e.g., ongoing feelings of needing to void), if present; and
- What interventions (such as anchoring the catheter, avoiding tugging on the catheter during transfer and care delivery) are being used to prevent inadvertent catheter removal or tissue injury from dislodging the catheter.

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Observations	
<b>For the resident who has experienced an incontinent episode (or leakage around the catheter):</b>	
<p>Observe:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> For indicators which may provide information about staff response to episodes of incontinence, such as the condition of the pads/sheets/clothing (brown rings/circles, saturated linens/clothing, odors, etc.) or the presence of urine on the floor;</li><li><input type="checkbox"/> The resident's physical condition (such as skin integrity or maceration, erythema, erosion);</li><li><input type="checkbox"/> The resident's psychosocial outcomes (such as embarrassment for involuntary micturition or expressions of humiliation);</li><li><input type="checkbox"/> Whether staff implemented appropriate hygiene measures (e.g. cleansing, rinsing, drying, and applying protective moisture barriers or barrier films as indicated) to prevent skin breakdown from prolonged exposure of the skin to urine; and</li><li><input type="checkbox"/> Whether the staff response to incontinence episodes and the provision of care was in accord with standards of practice (including infection control practices – hand washing, wiping front to back) and with respect for the resident's dignity.</li></ul>	<p><b>Notes:</b></p>
<b>For the resident with concerns related to hydration:</b>	
<p>Observe whether:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The resident is provided and encouraged to consume sufficient fluids to meet the resident's hydration needs and to address risks of UTI and constipation (approximately 30ml/kg/day or as indicated based on the resident's clinical condition). (If concerns, initiate Hydration.)</li><li><input type="checkbox"/> The resident consumes less fluid than is indicated. If so, note whether staff implement alternative approaches to encourage fluid intake (such as frozen products, gelatins, soups, etc.).</li></ul>	<p><b>Notes:</b></p>

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<b>Resident/Representative Interview</b>	
<p>Interview the resident, family, or responsible party to the degree possible to identify:</p> <p><input type="checkbox"/> The resident's/representative's involvement in the development of the care plan, defining the approaches and goals, and if interventions reflect choices and preferences.</p>	<p><b>Notes:</b></p>
<b>For the resident who has an indwelling catheter:</b>	
<p>Determine:</p> <p><input type="checkbox"/> How long the catheter has been in place and their understanding of why the catheter was inserted;</p> <p><input type="checkbox"/> How frequently catheter care is provided and by whom; and</p> <p><input type="checkbox"/> Whether the resident experiences discomfort/pain related to the use of the catheter, and, if any, location, what s/he believes the cause to be, and how it is managed;</p>	<p><b>Notes:</b></p>

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Resident/Representative Interview	
<b>For the resident who is on a program to maintain or restore bladder function:</b>	
<p>Determine:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The resident's/representative's awareness of the continence program in use and how to use devices or equipment;</li><li><input type="checkbox"/> Whether timely assistance is provided as needed for toileting needs, hydration, and personal hygiene and whether continence care is provided according to the care plan;</li><li><input type="checkbox"/> Whether the resident comprehends and applies information and instructions to help improve or maintain continence; and</li><li><input type="checkbox"/> If interventions were refused, whether counseling on alternatives, consequences, and/or other alternative approaches to address the incontinence was offered.</li></ul>	<p><b>Notes:</b></p>
<b>For the resident who has a urinary tract infection:</b>	
<p>Determine:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> How long s/he has been treated for the infection; and</li><li><input type="checkbox"/> Whether s/he experiences any discomfort related to the UTI.</li></ul>	<p><b>Notes:</b></p>

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### Staff Interviews

#### Nursing Assistant Interview

- If staff are not following the resident's care plan (continence or catheter care program) or if the resident has a skin problem that may be related to incontinence, interview nursing assistants on various shifts to determine whether they:
- Are aware of and understand the interventions specific to this resident such as the bladder restorative/management programs;
  - Have been trained and know how to handle catheters, tubing, drainage bags, and other devices used during the provision of care; and
  - Know what, when, and to whom to report changes in status regarding changes in bladder and bowel function, such as frequency and character of urine, changes in hydration status, concentrated urine, and complaints of potential UTI symptoms (e.g., change in odor, color, cloudiness).

#### Notes:

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Assessment	
<p><input type="checkbox"/> Review the RAI, the history, and physical, and other information such as physician orders, progress notes, nurses' notes, pharmacist reports, lab reports, and any flow sheets or forms the facility uses to document the resident's voiding history which would include (as applicable):</p> <ul style="list-style-type: none"><li>▪ The assessment of the resident's overall condition,</li><li>▪ Risk factors and information about the resident's continence status,</li><li>▪ Rationale for using a catheter,</li><li>▪ Environmental factors related to continence programs, and</li><li>▪ The resident's responses to a catheter and continence services.</li></ul> <p><input type="checkbox"/> Determine whether the facility assessment is consistent with or corroborated by documentation within the record and comprehensively reflects the status of the resident for:</p> <ul style="list-style-type: none"><li>▪ Risks or conditions that may affect urinary continence (e.g., impaired neurological, cognitive or physical functioning; inability to recognize the urge to void; behaviors such as resisting care that might interfere with continence; diagnosis such as depression, stroke, diabetes mellitus, Parkinsonism, UTIs, prolapsed uterus, prostatic hypertrophy, obesity, urinary retention; use of a pessary; fecal impaction; pain; end of life);</li><li>▪ Medication use and effect on continence, potential adverse drug reactions, or impact on maintaining continence;</li></ul> <p><input type="checkbox"/> For the resident who is incontinent of urine, did the facility identify, as appropriate:</p> <ul style="list-style-type: none"><li>▪ Patterns of incontinent episodes, daily voiding patterns, or prior routines;</li><li>▪ Fluid intake and hydration status;</li></ul>	<p><b>Notes:</b></p>

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### Assessment

- Type of incontinence (stress, urge, overflow, functional, or transient incontinence) and contributing factors;
- Environmental factors that might impede or facilitate ability to maintain bladder continence, such as access to the toilet, call bell, type of clothing and/or continence products, ambulation devices (walkers, canes), use of restraints, side rails; and
- Type and frequency of physical assistance necessary to facilitate toileting.

For the resident with a catheter, did the facility identify:

- Clinical rationale for use of an indwelling catheter (e.g., urinary retention that cannot be treated or corrected medically or surgically, contamination of a Stage III or IV pressure ulcer on the sacrum that has impeded healing);
- Alternatives to extended use of an indwelling catheter (if possible);
- Fluid intake and hydration status; and
- Evaluation of factors possibly contributing to recurring, persistent, or chronic UTIs.

Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting;"
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

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### Assessment

If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.

- 1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's catheter use, incontinence and/or symptomatic urinary tract infection and the impact upon the resident's function, mood, and cognition?**

Yes  No **F272**

- NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS**

*NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.*

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality**.*

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### Care Planning

*If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 "NA, the comprehensive assessment was not completed".*

- Review the care plan to determine whether the plan is based upon the comprehensive assessment and:
  - Identifies quantifiable, measurable objectives with timeframes to be able to assess whether the objectives have been met;
  - Identifies interventions specific enough to guide the provision of services, treatment; and
  - Reflects resident choices, preferences, promotion of dignity and provides for ongoing information as appropriate, to the resident and/or representative on the risks and benefits of catheter use, on continence management approaches, and medications that impact urinary function, etc.
  
- As indicated by the resident's needs, determine whether the care plan:
  - Addresses potential psychosocial complications of incontinence or catheterization such as social withdrawal, embarrassment, humiliation, isolation, and resignation;
  - Identifies and addresses the potential impact of medication and urinary tract stimulants and irritants (e.g., caffeine) in foods and beverages on continence;
  - Addresses measures to promote sufficient fluid intake, including alternatives such as food substitutes that have a high liquid content, if there is reduced fluid intake;
  - Defines interventions to prevent skin breakdown from prolonged exposure to urine; and
  - Identifies approaches to minimize risk of infection (personal hygiene measures and catheter/tubing/bag care).

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### Care Planning

- For the resident who is on a scheduled toileting or restorative program (e.g., retraining, habit training, scheduled voiding, prompted voiding, toileting devices), determine whether the care plan:
  - Identifies the type of urinary incontinence and bases the program on the resident's voiding/elimination patterns;
  - Defines environmental approaches and devices needed to promote independence in toileting and to maintain continence, and to maximize independent functioning;
  - Has been developed with consideration of the cognitive and functional ability for participation in a relevant continence program; and
  - Identifies the degree of assistance needed based upon the resident's medical/health condition and level of functioning.
- For the resident who has an indwelling catheter, determine whether the plan:
  - Identifies approaches to minimize risk of infection (personal hygiene measures and catheter/tubing/bag care);
  - Defines the catheter, tubing, and bag care, including indications, according to facility protocol, for the need to change the catheter, tubing, or bag;
  - Provides for assessment and removal of the indwelling catheter when no longer needed; and
  - Establishes interventions to minimize catheter-related injury and accidental removal, and to minimize pain, encrustation, excessive urethral tension, or obstruction of urine outflow.

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<b>Care Planning</b>	
<p><b>2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the resident's indwelling catheter, services to restore as much bladder function as possible, and to prevent a urinary tract infection, to the extent possible, in accordance with the assessment, resident's wishes, and current standards of practice?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>F279</b></p> <p><input type="checkbox"/> <b>NA, the comprehensive assessment was not completed</b></p> <p><i>The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the CAAS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under <b>F281, Professional Standards of Quality</b>.</i></p>	

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<b>Care Plan Implementation by Qualified Persons</b>	
<p>Observe care and interview staff over several shifts and determine whether:</p> <p><input type="checkbox"/> Care is being provided by qualified staff, and/or</p> <p><input type="checkbox"/> The care plan is adequately and/or correctly implemented.</p> <p><b>3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? <input type="checkbox"/> Yes <input type="checkbox"/> No F282</b></p> <p><input type="checkbox"/> <b>NA, no provision in the written plan of care for the concern being evaluated</b></p>	<p><b>Notes:</b></p>

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### Care Plan Revision

*If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed".*

- Determine whether the resident's condition and effectiveness of the care plan interventions have been monitored, and care plan revisions (or justifications for continuing the existing plan) were made with input by the resident and/or the responsible person, to the extent possible, based upon the following:
- Achieving the desired outcome, or a decline or lack of improvement in continence status;
  - Resident failure or inability to comply with a continence program and alternative approaches that were offered to try to maintain or improve continence, including counseling regarding the potential consequences of not following the program;
  - Change in condition, ability to make decisions, cognition, medications, behavioral symptoms, or visual problems;
  - The resident's level of participation in and response to the continence program; and
  - Resolution of the factors necessitating the use of the catheter, or complications associated with catheter usage.

If the resident or representative reports not having an opportunity for input in the development or revision of the plan of care, interview staff to determine how they solicit and obtain input from the resident or representative during the development or revision of the plan of care.

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<b>Care Plan Revision</b>	
<p><b>4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>F280</b></p> <p><input type="checkbox"/> <b>NA, the comprehensive assessment was not completed OR the care plan was not developed</b></p>	

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### INTERVIEWS TO CONDUCT ONLY IF PROBLEMS HAVE BEEN IDENTIFIED:

#### Nurse Coordinating or Overseeing Resident Care Interview

- If inconsistencies in care or potential negative outcomes have been identified, or care is not in accord with standards of practice, determine:
  - How the staff monitor implementation of the care plan, changes in continence, skin condition, and the status of UTIs;
  - If the resident resists toileting, how staff have been taught to respond;
  - Types of interventions that have been attempted to promote continence (e.g., special clothing, devices, types and frequency of assistance, change in toileting schedule, change in diet/hydration, environmental modifications).
- For the resident who receives services to restore or maintain bladder function, determine how the services are provided to address:
  - The type of incontinence and the interventions to address that specific type;
  - The ongoing monitoring of the interventions for effectiveness (e.g., how continence is maintained or if there have been declines or improvement in continence, and how the program is revised to address the changes); and
  - Whether the resident has any physical or cognitive limitations that influence potential improvement of the resident's continence.
- For residents with urinary catheters, determine whether the nursing staff can provide information regarding:
  - The justification for the use of the catheter;
  - Attempts made to remove a catheter and the result of the attempt, and
  - History of UTIs, whether present, recurring, persistent or chronic, and interventions to prevent UTIs.

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### INTERVIEWS TO CONDUCT ONLY IF PROBLEMS HAVE BEEN IDENTIFIED:

#### Health Care Practitioner and Professionals Interview

If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment, and evaluation of the resident's condition or problem. If the attending physician is unavailable, interview the medical director, as appropriate.

Depending on the issue, ask about:

- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- Changes in condition that may justify additional or different interventions;
- How they validated the effectiveness of current interventions; and
- How they monitor the approaches for continence programs (for example, policies/procedures, staffing requirements, how staff identify problems, assess the toileting pattern of the resident and develop and implement continence-related action plans, how staff monitor and evaluate resident's responses, etc.).

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### Provision of Care and Services

#### For a resident who was admitted with a urinary catheter or who had one placed after admission:

Determine whether staff have:

- Recognized, and consistently assessed and addressed factors affecting the resident's urinary function and identified the clinical rationale for use of a urinary catheter upon admission and as indicated thereafter;
- Identify and apply relevant policies and procedures to manage urinary catheters;
- Implement approaches to managing an indwelling urinary catheter based upon standards of practice including infection control procedures;
- Provide medical justification for the use of a catheter or provide services for a resident with a urinary catheter;
- Implement pertinent preventive interventions to try to minimize complications from a urinary catheter and to remove the catheter, if clinically indicated, in accord with the resident's need and current standards of practice;
- Monitored and evaluated the resident's response to interventions;
- Revised approaches to intervention as appropriate; and
- Notify the physician of the resident's condition or changes in the resident's continence status or development of symptoms that may represent a symptomatic UTI (in contrast to asymptomatic bacteriuria).

**Notes:**

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### Provision of Care and Services

**For a resident who is receiving services to restore or maintain as much normal bladder function as possible:**

Determine whether staff:

- Recognized, and consistently assess and address factors affecting the risk of impaired urinary function upon admission and as indicated thereafter;
- Identify and apply relevant policies and procedures to manage urinary incontinence;
- Implement approaches to managing an indwelling urinary catheter based upon standards of practice including infection control procedures;
- Provide care and treatment to prevent incontinence and/or improve urinary continence and restore as much normal bladder function as possible;
- Implement preventive interventions (such as bladder rehabilitative programs) to try to improve bladder function or prevent urinary incontinence consistent with the resident's assessed need and current standards of practice;
- Monitored and evaluated the resident's response to preventive efforts and treatment interventions;
- Revised approaches to interventions as appropriate;
- Notify the physician of the resident's condition or changes in the resident's continence status or development of symptoms that may represent a symptomatic UTI (in contrast to asymptomatic bacteriuria); and
- Provide clinical justification for the development of urinary incontinence, or failure of existing urinary incontinence to improve.

**Notes:**

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### Provision of Care and Services

#### For a resident who is at risk for, has or who has had a urinary tract infection:

Determine whether staff have:

- Recognized and consistently assessed and addressed factors affecting the risk of urinary tract infections and impaired urinary function upon admission and as indicated thereafter;
- Identify and apply relevant policies and procedures to manage urinary tract infections;
- Identify and manage symptomatic urinary tract infections or explain adequately why they could or should not do so;
- Implement preventive interventions to try to minimize the occurrence of symptomatic urinary tract infections and to address correctable underlying causes to remain consistent with the resident's assessed need and current standards of practice;
- Provide care and treatment to prevent incontinence and/or improve urinary continence and restore as much normal bladder function as possible;
- Monitored and evaluated the resident's responses to preventive efforts and treatment interventions;
- Revised the approaches as appropriate; and
- Notify the physician of the resident's condition or changes in the resident's continence status or development of symptoms that may represent a symptomatic UTI (in contrast to asymptomatic bacteriuria).

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**Provision of Care and Services**

**5. Did the facility provide a medical justification for the use of the catheter; provide care/services to improve and/or prevent decline in normal bladder function; and prevent infections, as much as possible?**  Yes  No **F315**

**Notes:**

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of care and services provided regarding catheter use, bladder function, and urinary tract infections, the surveyor may have identified concerns with related structure, process, and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance.

- Choices (The Right to Refuse Treatment)** — If a resident has refused treatment or services, determine whether the facility has assessed the reason for this resident’s refusal, clarified and educated the resident as to the consequences of refusal, offered alternative treatments, and continued to provide all other services.
- F155, Rights Regarding Treatment, Experimental Research and Advance Directives** – For concerns regarding the resident’s right to participate in experimental research, and to formulate an advanced directive.
- Notification of Changes** — Determine whether staff:
  - Consulted with the physician regarding significant changes in the resident’s condition, including the need to alter treatment significantly or failure of the treatment plan; and
  - Notified the resident’s representative (if possible) of significant changes in the resident’s condition.
- Dignity** — Determine whether staff responded to a resident’s request for assistance, monitored or anticipated the resident’s need for assistance, and provided continence or catheter care and assistance to the resident in a manner that met the resident’s needs, respected and enhanced the resident’s dignity and attempted to minimize feelings of embarrassment, humiliation, or isolation related to impaired continence or the presence of an indwelling catheter.

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- F271, Admission Orders** — Determine whether the facility received physician orders for provision of immediate care before conducting the comprehensive assessment and developing an interdisciplinary care plan.
- F278, Accuracy of Assessment** — Determine whether staff are qualified to assess the relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline, conducted an accurate assessment.
- F281, Professional Standards of Quality** — Determine whether the services provided or arranged by the facility met professional standards of quality. Professional standards of quality is defined as services that are provided according to accepted standards of clinical practice.
- F309, Quality of Care** — Determine whether staff have identified and implemented appropriate measures to:
  - Address any pain related to the use of an indwelling urinary catheter or skin complications, such as maceration;
  - Provide the necessary care and services in accordance with the comprehensive assessment plan of care.
- Activities of Daily Living** — Determine whether staff provided personal hygiene services (such as washing and drying of the perineum, especially after episodes of incontinence, and changing wet clothes and linens to prevent skin maceration, rashes, urine burns) to residents who are on a check-and-change monitoring program or who have been assessed as not having the potential for the restoration of normal bladder function.
- Hydration** — Determine whether staff have evaluated the resident's hydration status and provided sufficient fluids to meet the resident's needs, including addressing risks of UTI.
- Sufficient Nursing Staff** — Determine whether the facility had

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

qualified nursing staff in sufficient numbers to provide necessary care and services on a 24 hour basis, based upon the comprehensive assessment and care plan, to restore or improve bladder function, where possible, to prevent the use of urinary catheters without a clinical rationale for use, and to provide hygiene as indicated after episodes of incontinence.

- F385, Physician Supervision** — Determine whether the physician has evaluated and addressed, as indicated, medical issues related to preventing or managing urinary incontinence, catheter usage, symptomatic UTIs, and/or restoration of normal bladder function.
- Infection Control Program** — Determine whether the facility's infection control program identified, investigated, controlled, and prevented infections, such as urinary tract infections or bacteremia associated with UTIs. Determine whether the facility reviewed applicable resident care practices including: whether the handling of catheters, management of the urinary drainage bags, and cleansing of the perineum adhered to clinical standards of practice for infection control; whether the facility recorded and analyzed the distribution and infecting organisms of UTIs within the facility; and whether the facility implemented actions to control the transmission of infections and to address resident care issues associated with the development of UTIs.
- Infection Control: Hand Washing** — Determine whether staff wash their hands after providing incontinence care or before and after catheter care.
- F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the delivery of care and services related to bladder training, skin care, toileting, catheter care, and recognizing abnormal changes in body functioning and reporting such changes to a supervisor.
- F501, Medical Director** — Determine whether the medical

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### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

director, in collaboration with facility staff and consistent with current standards of practice, provided for:

- The development and implementation of resident care policies to prevent and/or manage urinary incontinence, to restore bladder function to the extent possible, to provide catheter care, and to try to prevent complications such as UTIs; and
- If requested by the facility, intervened with the physician supervising the care of the resident related to the management of urinary incontinence, restoration of bladder function, a urinary catheter or complications, such as UTIs.

**F514, Clinical Records** — Determine whether the clinical records:

- Accurately and completely document the resident's status, the care and services provided (e.g., efforts to restore as much normal bladder function as possible, to record the clinical rationale for the use of a urinary catheter or of efforts to discontinue the use of the catheter, and care to prevent, to the extent possible, or treat a symptomatic urinary tract infection in accordance with current professional standards and practices; and
- Provide a basis for determining and managing the resident's progress including response to treatment, change in condition, and changes in treatment.