



Percent of Residents Who Have/Had a Catheter Inserted & Left in Their Bladder Long Stay Quality Measure (QM)

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% of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder (Long Stay QM)

Objectives:

- Become familiar with the QM specifications
- Understand how MDS coding in Sections H: Bladder and Bowel; Section I: Active Diagnoses; and Section M: Skin Conditions convert to the Quality Measure the Percent of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder
- Model for Improvement / Next Steps



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2

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- This is a long stay quality measure
- What qualifies the resident as long stay is the number of cumulative days in the facility
- The long stay measure equates to residents who are in the facility for 101 or greater cumulative days
- Days out of the facility are not calculated in the cumulative day count.

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This Quality Measure is used in the:

- CMS CASPER Quality Measure Report,
- Nursing Home Compare
- 5 STAR Rating
- Nursing Home Quality Care Collaborative (NHQCC) Composite Measure Score
- Reviewed during the Annual Survey process

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MDS 3.0 Measure: Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
<p>CMS: N026.01 NQF: 0686</p> <p>This measure reports the percentage of residents who have had an indwelling catheter in the last 7 days.</p>	<p>Numerator Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H0100A = [1]).</p> <p>Denominator All long-stay residents with a selected target assessment, except those with exclusions.</p> <p>Exclusions</p> <ol style="list-style-type: none"> 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Target assessment indicates that indwelling catheter status is missing (H0100A = [-]). 3. Target assessment indicates neurogenic bladder (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-]). 4. Target assessment indicates obstructive uropathy (I1650 = [1]) or obstructive uropathy status is missing (I1650 = [-]). 	<ol style="list-style-type: none"> 1. Frequent bowel incontinence on prior assessment (H0400 = [2, 3]). Covariate = [1] if H0400 = [2, 3] Covariate = [0] if H0400 = [0, 1, 9, -]. 2. Pressure ulcers at stages II, III, or IV on prior assessment. Covariate = [1] if any of the following are true: a. M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], or b. M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], or c. M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] Covariate = [0] if M0300B1 = [0, ^] and M0300C1 = [0, ^] and M0300D1 = [0, ^]. Covariate = missing if M0300B1 = [-] AND M0300C1 = [-] AND M0300D1 = [-]. 3. All covariates are missing if no prior assessment is available.

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MDS 3.0 Item: Coding Instructions

Check next to each appliance that was used at any time in the past 7 days.
 Select **none of the above (H0100Z)** if none of the appliances A-D were used in the past 7 days.

H0100: Appliances

H0100. Appliances	
↓ Check all that apply	
<input type="checkbox"/>	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
<input type="checkbox"/>	B. External catheter
<input type="checkbox"/>	C. Ostomy (including urostomy, ileostomy, and colostomy)
<input type="checkbox"/>	D. Intermittent catheterization
<input type="checkbox"/>	Z. None of the above

The Resident can trigger the QM when H0100 A is checked

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CASPER Report MDS 3.0 Facility Level Quality Measure Report

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison	Comparison	Comparison
							Group State Average	Group National Average	Group National Percentile
Cath Insert/Left Bladder (L)	N026.01		10	402	2.5%	2.0%	3.0%	3.7%	34

On the Casper Report:

Numerator: Residents that triggered QM

Denominator: all Long Stay Residents with Target Assessment accept for

Exclusions: Admission/5 day MDS, Missing H0100A Coding, Neurogenic Bladder I1550 = [checked] or Obstructive Uropathy I1650 = [checked] or status missing

Adjustment: Adjusted rate < Observed rate

Compared against the State average and the National average.

The last column is National Percentile Ranking.

[for additional information view CASPER webinar]



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CASPER Resident Level QM Report

CASPER Report MDS 3.0 Resident Level Quality Measure Report

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/BF	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	HI-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychotropic Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Active Residents		02/99/99	b	b	b	b	b	b	b	b	b	X	b	b	X	b	b	b	2



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DEFINITIONS:

INDWELLING CATHETER

A catheter that is maintained within the bladder for the purpose of continuous drainage of urine.

SUPRAPUBIC CATHETER

An indwelling catheter that is placed by a urologist directly into the bladder through the abdomen. This type of catheter is frequently used when there is an obstruction of urine flow through the urethra.

NEPHROSTOMY TUBE

A catheter inserted through the skin into the kidney in individuals with an abnormality of the ureter (the fibromuscular tube that carries urine from the kidney to the bladder) or the bladder.

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Review the MDS RAI Manual

Know what appliances are in use and the history and rationale for use.

Indwelling catheters should not be used unless there is valid medical justification.

Assessment should include:

- * consideration of the risk and benefits
- * the anticipated duration of use
- * consideration of complications

Complications can include:

- * risk of urinary tract infection,
- * blockage of the catheter with leakage around catheter
- * expulsion of the catheter,
- * pain/discomfort
- * bleeding.

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CDC Core Prevention Strategy:

*Insert catheters only for appropriate indications:

- acute urinary retention + bladder outlet obstruction
- assist with healing open sacral or perineal wounds

*Leave catheters in place only as long as needed – remove catheters ASAP

*Avoid use in elderly, + Impaired Immunity + Avoid use for management of incontinence

Alternatives to Indwelling Catheterization:

- Intermittent catheterization
- bladder ultrasound scanners
- External (i.e., condom) catheters

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Implement QI programs

To enhance appropriate use of indwelling catheters.

Examples:

Alerts or reminders

Stop orders

Protocols for nurse-directed removal of unnecessary catheters

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Model for Improvement - Next Steps

*MDS Coding Accuracy:

*Review : QM specifications

Quality Measure User Manual, and
MDS 3.0 RAI Manual

*Know requirements to ensure that coding is accurate.

*Be sure that there is not an electronic entry, point and click error.

*Verify medical record documentation supports coding, Related to the Assessment Reference Date (ARD),

*Use QM reports to drill the information down to the resident level and assess the residents triggering “Catheter left in Bladder”

*Assess the effect of staff stability/consistent assignment practice with accurately identifying and developing individualized care plans

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RESOURCES:

Resident Assessment Instrument (RAI) Manual Ch. 3 Sections H + I + M

RAI Care Area Assessment (CAA) Urinary Incontinence+ Indwelling Catheter

Quality Measure User Manual

Centers for Disease Control (CDC)

For more information

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