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

- 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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<th>Quality Improvement Organizations</th>
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**% of Residents Who Have/Had a Catheter Inserted & Left in Their Bladder (Long Stay QM)**

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

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

**MEASURE DESCRIPTION**

- **Numerator:** Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H010A = [1]).
- **Denominator:** All long-stay residents with a selected target assessment, except those with exclusions.

**MEASURE SPECIFICATIONS**

1. Frequent bowel incontinence on prior assessment (H4000 = [2, 3]).
2. Target assessment indicates no catheter use (H0100 = [1]).
3. Target assessment indicates obstructive uropathy (H0500 = [1]) or obstructive uropathy status is missing (H0500 = [-]).
4. The Resident can triggers the QM when H0100 A  is checked.

**COVARIATES**

- M0100B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] or M0100C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] or M0100D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9].
- MM00B1 = [0, 1] and MM00C1 = [0, 1] and MM00D1 = [0, 1].

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

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**

- Indwelling catheter (including suprapubic catheter and repeat catheterization)
- External catheter
- Ostomy (including anastomosis, stoma, and enterostomy)
- Interstitial catheterization
- None of the above

The Resident can triggers the QM when H0100 A is checked.
% of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder (Long Stay QM)

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 11550 [= checked] or Obstructive Uropathy 11650 [= 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]
% of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder (Long Stay QM)

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.

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

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

Implement QI programs
To enhance appropriate use of indwelling catheters.

Examples:
- Alerts or reminders
- Stop orders
- Protocols for nurse-directed removal of unnecessary catheters
% of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder (Long Stay QM)

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

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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