

Catheter script

SLIDE 1- My name is Maureen Valvo I am a Sr. Quality Improvement Specialist on the IPRO Nursing Home Team in the Health Care Quality Improvement department. I will review the Long Stay Quality Measure: the Percent of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder.

SLIDE 2

The Objectives: of this webinar are to

- **TO Review + Become familiar with the QM specifications**
- **TO 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**
- **Last I will discuss the Model for Improvement and Next Steps how to use this information**

SLIDE 3 This quality measure is a long stay quality measure, meaning the resident has cumulative days in facility of more than or equal to 101 days. If the resident has been in your facility 101 days or more, and that includes in and out days, but only counts the days actually in the facility, then they are going to be in the long stay quality measure.

There are short stay measures based on a calculation that of 100 days or less. But these are mutually exclusive. A resident on any given report is only considered a long stay resident or a short stay resident, but not both for that report.

SLIDE 4

This Quality Measure is used in the:

- CMS CASPER Quality Measure Report,
 - Nursing Home Compare, the federal public nursing home website
 - 5 STAR Rating: the 11 included Quality Measure
 - Nursing Home Quality Care Collaborative (NHQCC) Composite Measure Score: It is one of the 13 included quality measures
 - Reviewed during the Annual Survey process
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SLIDE 5

This is a SCREEN SHOT OF THE SPECIFICATIONS FOR Percent of Residents Who Have/Had a Catheter Inserted + Left in Their Bladder- to briefly review

Numerator – all long stay target assessments indicating use of a Indwelling catheter

Denominator – all long stay residents with selected target assessment except EXCLUSIONS

Exclusions from the Denominator

1. Target assessment is an admission assessment or a medicare PPS 5-day
2. Target assessment indicates that indwelling catheter status is SKIPPED or missing.

The Coding Instructions for Section H0100 Appliances: appliance that was used at any time in the past 7 days” BE SURE to Select none of the above –To not check none of the above will trigger “status missing”

3. Target assessment indicates neurogenic bladder or neurogenic bladder status is SKIPPED missing
4. Target assessment indicates obstructive uropathy or obstructive uropathy status is SKIPPED/missing

Again is no answer is checked it will trigger missing or skipped.

SLIDE 6 This is a Screen shot of MDS question H0100. The Resident can Triggers the QM when an Indwelling Catheter (Including suprapubic catheter and nephrostomy tube) is checked.

The last items must be checked or status missing/skipped will be triggered. For additional information please view the CASPER webinar on our IPRO website

SLIDE 7 This slide is a screen shot of the casper report highlighting the one QM “Cath insert/left Bladder (long term) On the Casper Report the residents in the numerator triggered the QM - have catheters. The denominator is all long stay target assessments except for the just mention exclusions. The last column is the national percentile ranking, the closer to zero the better.

For additional information please view the CASPER webinar on our IPRO website

SLIDE 8 This is a screen shot of the QM Resident level list highlighting a resident that triggers for catheter. They also trigger behavior symptoms affecting others on the Quarterly MDS. Immediately ask Why is the catheter being used since the resident does not have the diagnosis of neuropathic bladder or obstructive uropathy? The use of the catheter may be uncomfortable and painful. Is that being addressed or is it causing the “behavior symptoms affecting others”? Use this resident list for a record review. Why does the resident have a catheter? Is the MDS coded correctly?

Slide 9 From The RAI manual DEFINITIONS for coding section H

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, when there is an obstruction to urine flow

NEPHROSTOMY TUBE

A catheter inserted through the skin into the kidney in individuals with an abnormality of the ureter or the bladder.

If a resident has used any of these 3 items used in the last 7 days, then indwelling catheter item would be checked

Slide 10

Reviewing the MDS RAI Manual regarding catheters:

It is important to know what appliances are in use and the history and rationale for such use.

Indwelling catheters should not be used unless there is valid medical justification. Assessment should include consideration of the risk and benefits of a catheter, the anticipated duration of use, and consideration of POTENTIAL complications resulting from the use of an indwelling catheter. Complications can include an increased risk of urinary tract infection, blockage of the catheter with associated, leakage around the catheter, expulsion of the catheter, pain, discomfort, and bleeding.

Slide 11 CENTER FOR DISEASE CONTROL Core Prevention Strategies

CDC Background: Urinary - Catheter Use

- 15-25% of hospitalized patients**
- 5-10% (75,000-150,000) Nursing Home residents**
- Often placed for inappropriate indications**
- Physicians frequently unaware how long they remain in place**

CDC suggested Core Prevention Strategies:

***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 as soon as possible**

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

Alternatives to Indwelling Catheterization:

Intermittent catheterization – maybe use of bladder ultrasound scanners to identify urine retention

External (condom) catheters are consider for Cooperative male patients without obstruction or urinary retention

SLIDE 12

Implement QI programs to enhance appropriate use of indwelling catheters

Examples:

*** Alerts or reminders –in Nursing Homes this is usually documented on the Treatment record**

*** Stop orders – usual in nursing homes this is part of the admission assessment to immediately question the need for catheter, and an immediate plan to remove**

*** Protocols for nurse directed removal of unnecessary catheters.**

SLIDE 13

Model for Improvement - Next Steps

Using the resident level list of who triggered the QM

Begin with MDS Accuracy review sections H: Bladder + Bowel, Section I: Active Diagnoses, and Section M: Skin Conditions, specifically pressure ulcers affects Catheter QM.

Review what was presented: Quality Measure specifications; Quality Measure User Manual; and MDS 3.0 RAI Manual.

To know requirements to ensure that coding is accurate.

Electronic medical record (EMR) + electronic MDS completion; are there point and click issues?

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

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

Do Root Cause Analysis; The 5 Whys

Plan for improvement:

So what are we trying to accomplish?

And then what change can we make that will result in an improvement?

How will we know that it changes an improvement?

Use the PLAN DO STUDY ACT model

Was that test of change successful?

Do we need to do something different?

Do we need to test it further?

SLIDE 14

RESOURCES: used for this presentation and available on our website.

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

RAI Care Area Assessment (CAA) Urinary Incontinence + Indwelling

Catheter – provides review guidance

Quality Measure User Manual

Centers for Disease Control (CDC)

SLIDE 15 The last slide has our contact information and web address. Please call or e-mail us with any questions. Thank You.
