

Urinary Tract Infection (UTI) Long Stay Quality Measure (QM)

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Urinary Tract Infection QM

Objectives:

- Become familiar with the QM specifications
- Understand how MDS coding triggers the QM
- Model for Improvement / Next Steps



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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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UTI 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

Urinary Tract Infection QM

MDS 3.0 Measure: Percent of Residents With a Urinary Tract Infection (Long Stay)

| MEASURE DESCRIPTION | MEASURE SPECIFICATIONS | COVARIATES |
|---|--|-----------------|
| <p>CMS: N024.01 NQF: 0684</p> <p>The measure reports the percentage of long stay residents who have a urinary tract infection</p> | <p>Numerator Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [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. Urinary tract infection value is missing (I2300 = [-]). | Not applicable. |

MDS 3.0 Quality Measures USER'S MANUAL (v8.0 04-15-2013) RTI International



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SECTION I: ACTIVE DIAGNOSES

Intent: The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.

I: Active Diagnoses in the Last 7 Days

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Sections listed Alphabetically: Cancer; Heart/Circulation; Gastrointestinal; Genitourinary; Infections; Metabolic; Musculoskeletal; Neurological; Nutritional; Psychiatric/Mood Disorder; Pulmonary; Vision;

Under Infections:

| Infections | |
|--------------------------|--|
| <input type="checkbox"/> | I1700. Multidrug-Resistant Organism (MDRO) |
| <input type="checkbox"/> | I2000. Pneumonia |
| <input type="checkbox"/> | I2100. Septicemia |
| <input type="checkbox"/> | I2200. Tuberculosis |
| <input type="checkbox"/> | I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS) |
| <input type="checkbox"/> | I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) |
| <input type="checkbox"/> | I2500. Wound Infection (other than foot) |

Checking 12300 will trigger the QM



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MDS 3.0 Item I2300 Urinary Tract Infection (UTI):

The UTI has a look-back period of 30 days for active disease instead of 7 days.

CODE ONLY IF ALL THE FOLLOWING 4 REQUIREMENTS ARE MET :

1. Diagnosis of a UTI in last 30 days
2. Signs or Symptoms of UTI
3. “Significant laboratory findings”
4. Current medication or treatment for a UTI in the last 30 days.

[CMS's RAI Version 3.0 Manual CH 3: MDS Items I (Page I-8+9)]

Urinary Tract Infection QM

CASPER Report MDS 3.0 Facility Level Quality Measure Report

| Measure Description | CMS | | Num | Denom | Facility Observed Percent | Facility Adjusted Percent | Comparison | | |
|---------------------|---------|------|-----|-------|---------------------------|---------------------------|---------------------|------------------------|---------------------------|
| | ID | Data | | | | | Group State Average | Group National Average | Group National Percentile |
| UTI (L) | N024.01 | | 3 | 64 | 4.7% | 4.7% | 5.6% | 5.6% | 51 |

On the Casper Report:

Numerator: Residents that triggered UTI

Denominator: all Long Stay Residents with Target Assessment accept for

Exclusions: Missing Coding or Admission or 5 Day MDS

No Adjustment: Observed = Adjusted rate

Compared against the State average and the National average.

The last column is National Percentile Ranking.

[for additional information view CASPER webinar]

Urinary Tract Infection QM

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

| Resident Name | Resident ID | AD310A/B/F | SR Mod/Severe Pain (S) | SR Mod/Severe Pain (L) | Hr Risk Pres Ulcer (L) | New/orse Pres Ulcer (S) | Phys restraints (L) | Pile (L) | Falls w/Maj Injury (L) | Antipsych Med (S) | Antipsych Med (L) | Antianxiety/Hypnotic (L) | Behav Sx Affect Others (L) | Depress Sx (L) | UTI (L) | Cath Insertion/Bladder (L) | Lo-Risk Loe BB Con (L) | Enosis Wt Loss (L) | Incr ADL Help (L) | Quality Measure Count |
|-------------------------|-------------|------------|------------------------|------------------------|------------------------|-------------------------|---------------------|----------|------------------------|-------------------|-------------------|--------------------------|----------------------------|----------------|---------|----------------------------|------------------------|--------------------|-------------------|-----------------------|
| | | A0310A/B/F | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | |
| Active Residents | | | | | | | | | | | | | | | | | | | | |
| | 02/99/99 | | | | | | | X | X | | X | X | X | | X | | | | | 5 |
| | 03/99/99 | | | | | | | X | | | | | X | | X | | | X | | 4 |

Urinary Tract Infection QM

UTI Prevention Strategy:

- 1 Ensure proper hydration and nutrition
- 2 Promote mobility
- 3 Promote healthy voiding habits
- 4 Provide good perineal hygiene

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Model for Improvement - Next Steps

Use QM reports to:

Drill the information down to the resident level and assess the residents that are triggering UTIs

Check for MDS coding errors (point and click)

Assess MDS Coding accuracy/inaccuracy

Assess the effect of staff stability/consistent assignment practice with providing care to resident

Develop individualized care plans

Measure overall effectiveness of QI interventions

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RESOURCES:

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

Quality Measure User Manual

Centers for Disease Control (CDC)

American Medical Directors Association (AMDA)

For more information

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