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

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Objectives:

• Become familiar with the QM specifications

• Understand how MDS coding triggers the QM

• Model for Improvement / Next Steps
Urinary Tract Infection 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.

Urinary Tract Infection QM

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)

<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE SPECIFICATIONS</th>
<th>COVARIATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS: HC04-01</td>
<td>Numerator: Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (Q2600 = 1).</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>NQF: 0664</td>
<td>Denominator: All long-stay residents with a selected target assessment, except those with exclusions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusions: 1. Target assessment is an admission assessment (A0210A = D11) or a PPS 5-day or readmission-reason assessment (A0310B = D1, 80). 2. Urinary tract infection value is missing (Q2600 = 1).</td>
<td></td>
</tr>
</tbody>
</table>

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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

<table>
<thead>
<tr>
<th>Under Infections:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E1700. Multidrug-Resistant Organism (MDRO)</td>
<td></td>
</tr>
<tr>
<td>I2000. Pneumonia</td>
<td></td>
</tr>
<tr>
<td>I2100. Septicemia</td>
<td></td>
</tr>
<tr>
<td>I2200. Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>I2300. Urinary Tract Infection (UTI) (LAST to DAYS)</td>
<td></td>
</tr>
<tr>
<td>I2400. Viral Hepatitis (e.g., Hepatitis A, C, E, and C.)</td>
<td></td>
</tr>
<tr>
<td>I2500. Wound Infections (other Than C. and L)</td>
<td></td>
</tr>
</tbody>
</table>

**Checking 12300 will trigger the QM**
Urinary Tract Infection

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 1-8+9)]

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Urinary Tract Infection QM

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

UTI Prevention Strategy:

1. Ensure proper hydration and nutrition
2. Promote mobility
3. Promote healthy voiding habits
4. Provide good perineal hygiene
Urinary Tract Infection QM

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

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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