Quality Measure Tip Sheet: Indwelling Catheter – Long Stay

Quality Measure Overview

Numerator:
• This measure reports the percentage of residents who have had an indwelling catheter at any time during the last seven days.
• This measure will trigger if, on the Minimum Data Set (MDS), the following is checked:
  – Indwelling catheter (including suprapubic and nephrostomy tube)

Denominator:
• All long-stay residents with a selected target assessment, except those with exclusions

Exclusions:
• This measure will not be triggered if the target assessment is a(n):
  – Admission assessment
  – Medicare prospective payment system (PPS) five-day or readmission/return assessment
  – Indication of indwelling catheter status is missing
  – Involves a resident with a diagnosis of neurogenic bladder and/or obstructive uropathy and these diagnoses are coded on the MDS
  – One with covariates (see manual for full list)

MDS Coding Requirements

In the MDS:
• Include look-back period of seven days.
• Code H0100 for indwelling catheter (including suprapubic and nephrostomy tube).
  – Indwelling catheter: A catheter maintained in the bladder for the purpose of continuous drainage of urine
  – Suprapubic catheter: An indwelling catheter placed by a urologist directly into the bladder through the abdomen, usually 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 or bladder

Ask These Questions…

• Was the MDS coded per Resident Assessment Instrument (RAI) requirements?
• Did the resident have a diagnosis of neurogenic bladder and/or obstructive uropathy, and was this checked in Section T, in active diagnoses and appendix c-25 of the MDS?
• Is it possible to obtain an appropriate diagnosis to support the catheter use?
• Is it possible to complete post-void residuals or straight catheterization to eliminate the use of the indwelling catheter?
• How does the facility monitor the healing process and the need to eliminate the catheter if it is used to maintain skin integrity or comfort?
• How are staff members monitored for proficiency in perineal-/catheter-care to avoid urinary tract infections?

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