

Quality Measure Tip Sheet

Catheters (Long Stay)

MDS Coding Requirements

- Look back period is 7 days.
- **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.
- **Nephrostomy tube:** A catheter inserted through the skin into the kidney in individuals with an abnormality of the ureter or bladder.
- Suprapubic catheters and nephrostomy tubes should be coded as an indwelling catheter ONLY and not as an ostomy.

Ask These Questions

- **MDS**
 - Was the MDS coded as per the Resident Assessment Instrument requirements?
 - Does the resident have a diagnosis of neurogenic bladder and/or obstructive uropathy, and was this coded in Section I of the MDS? Catheters for Neurogenic Bladder and Obstructive Uropathy are **EXCLUDED** from the denominator in this Quality Measure.
- **Catheter in Place**
 - Is the catheter in place for urinary retention?
 - Is it possible to obtain an appropriate diagnosis to support the catheter use?
 - Neurogenic bladder can be attributed to certain diagnosis including neurologic trauma, MS, Parkinson's Disease, Stroke, DM, and Alzheimer's Disease
 - Obstructive Uropathy can be attributed to certain diagnosis including BPH, urethral stricture, cancer, renal disease, trauma, and diabetic neuropathy.

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Ask These Questions

- **Catheter in Place, continued**
 - How are staff members monitored for proficiency in perineal/ catheter care to avoid urinary tract infections?
 - Are all residents who trigger for catheter use reviewed at least monthly?
- **Prior to Catheter Removal**
 - 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?
 - Are you using a bladder scanner for residual checks before and during catheter removal to assess the resident's residual volumes?

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