

Quality Measure Tip Sheet

Urinary Tract Infection (Long Stay)

MDS Coding Requirements

- Code UTI if there is a documented diagnosis in the last 60 days and it has a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring or risk of death during the 30-day look-back period.
- The UTI has a look-back period of 30 days for active disease instead of 7 days.
- When a resident is transferred, but not admitted, to a hospital (e.g., emergency room visit, observation stay) the facility must use evidence-based criteria to evaluate the resident to determine if the criteria for UTI are met AND verify that there is a physician-documented UTI diagnosis.

Code only if BOTH the following are met in the last 30 days

- It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN or Loeb in the last 30 days.
- A physician documented the UTI diagnosis (or by a nurse practitioner, physician assistant or clinical nurse specialist, if allowable under state licensure laws) in the last 30 days.

Best Practices

In accordance with requirements of §483.80(a) Infection Prevention and Control Program, the facility must establish routine, ongoing and systematic collection, analysis, interpretation and dissemination of surveillance data to identify infections. The facility's surveillance system must include a data collection tool and the use of nationally recognized surveillance criteria. Facilities are expected to use the same nationally recognized criteria chosen for use in their Infection Prevention and Control Program to determine the presence of a UTI in a resident.

Resources for evidence-based UTI criteria:

- Loeb criteria: <http://bit.ly/2xaHaPZ>
- Surveillance Definitions of Infections in LTC (updated McGeer criteria): <http://bit.ly/2xaY2pE>
- National Healthcare Safety Network (NHSN): <https://www.cdc.gov/nhsn/ltc/uti/index.html>
- Example: If a facility chooses to use the Surveillance Definitions of Infections (updated McGeer criteria) as part of the facility's Infection Prevention and Control Program, then the facility should also use the same criteria to determine whether or not a resident has a UTI.

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Ask These Questions

MDS

- Was the MDS coded per the RAI manual guidelines?
- Have the two MDS coding criteria for UTI been met?
- Can the ARD be adjusted?
- If a UTI is no longer active and the 30-day look-back window has passed, is UTI being removed from the list of “active” diagnoses in Section I?

Prevention

- Are chronic conditions treated?
- Are staff members monitored for proficiency in perineal/catheter care and handwashing?
- Is water accessible at all times and offered to residents with dementia?
- If a resident has chronic UTIs, are they receiving preventative treatment?

Assessing and Treating

- Which evidence-based criteria are you utilizing for your facility’s Infection Prevention and Control Program? Are you applying the same criteria to UTIs?
- Does the resident need to be on a hydration program?
- Does the clinical staff understand the difference between symptomatic and asymptomatic bacteriuria?
- Are facility nurses using a standardized protocol to assist with prescriber decision-making? AHRQ’s SBAR for Suspected UTI is an effective research-based form that can be used to facilitate gathering critical information to communicate to prescribing physicians.

This Tip Sheet contains information from the MDS 3.0 RAI Manual and MDS 3.0 Quality Measure User’s Manual accessed in October 2023. The information presented is intended to enhance understanding of Quality Measures. The content does not take the place of, and is not at all inclusive of the comprehensive information and instructions provided by the MDS 3.0 RAI Manual and the MDS 3.0 Quality Measure User’s Manual. Any updates to both the RAI and QM manual will supersede this content. Reader should utilize the most current manuals at all times.

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