

# Catheter Inserted and Left in Bladder (Long-Stay) Quality Measure (QM) MDS Coding Tip Sheet

## Quality Measure Overview

This measure reports the percentage of long-stay residents who have had an indwelling catheter in the last 7 days. If a resident has had an indwelling catheter inserted and left in the bladder for any amount of time on any of the 7 days in the look-back period, it will trigger the measure, unless there is an exclusion.

<b>Section H</b>	<b>Bladder and Bowel</b>
<b>H0100. Appliances</b>	
↓ Check all that apply	
<input checked="" type="checkbox"/>	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)

**H0100A = √**

For guidance on completing the MDS appropriately, refer to the RAI Manual Section H & Section I:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

This measure is used in the Five Star Quality Rating System:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>

## Exclusions:

1. Target assessment is an admissions assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]).
2. Target assessment indicates that indwelling catheter status is missing (H0100a – [-])
3. Target assessment indicates neurogenic bladder (I1550 = [01]) or neurogenic bladder status is missing (I1550 = [-])
4. Target assessment indicates obstructive uropathy (I1650 = [01]) or obstructive uropathy status is missing [-])

<b>Section I</b>	<b>Active Diagnoses</b>
<b>Active Diagnoses in the last 7 days - Check all that apply</b>	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
<b>Genitourinary</b>	
<input type="checkbox"/>	I1400. Benign Prostatic Hyperplasia (BPH)
<input type="checkbox"/>	I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
<input type="checkbox"/>	I1550. Neurogenic Bladder
<input type="checkbox"/>	I1650. Obstructive Uropathy

## To explore QAPI opportunities at the system-wide, facility level:

At least monthly, review the Catheter QM with the Inter-Disciplinary Team, keeping alert for improvement opportunities.

When looking at the CASPER Facility Level report, pay special attention to those QMs that are starred in the far-right column, labeled Comparison Group National Percentile. The star indicates the facility's rate for the Quality Measure, in this instance, Catheter Inserted and Left in the Bladder Med QM is greater than 75% of

the skilled facilities in the country. In other words, 75% of the nursing homes in the United States are doing better in this measure than your facility and therefore, you should work on trying to improve this QM.

Also, on the CASPER Facility Level Report, review the columns that show the Comparison State and National Average Rates to compare your facility's status to the rest of the state and the nation. Again, if your rates are higher than those rates, this might indicate an area in need of improvement. Of special note for this quality measure, you should be looking at the Facility Adjusted Percent to compare against the state and national rates as this takes the covariates into account.

**To explore QAPI opportunities at the resident level:**

Review your CASPER Resident Level Reports. Do the reports match up with your awareness of residents with an indwelling catheter? If someone appears on the list that you do not think meets the criteria of "Indwelling Catheter Inserted and Left in the Bladder" as outlined in the MDS 3.0 Quality Measure User Manual, look at the coding of Section I in the resident's MDS – is there an error? Is the catheter an indwelling, suprapubic catheter, or nephrostomy tube? Only these catheters should be included in the measure. Condom catheters are not included as this is an external catheter.

Residents may be admitted with catheters that were managed in the hospital or at home. Unless there is an underlying, documented condition that necessitates continuing the catheter, an attempt should be made to remove it for a trial period to evaluate bladder function. Under physician guidance, other long-term residents who have catheters may also benefit from a trial removal period.

A common pitfall is a missing diagnosis on the MDS in section I. It may be worthwhile to review residents with either a cerebral or spinal diagnosis, such as cerebrovascular accident (CVA), multiple sclerosis (MS), or stenosis, as they may have a neurogenic bladder but are missing this additional diagnosis in Section I. Also, review residents with benign prostatic hyperplasia (BPH) and/or prostate or bladder cancer, as they may have the side effect of obstructive uropathy but, again, are missing the diagnosis. Speak to the provider to see if one of these diagnoses applies to the resident's condition and need for the indwelling catheter so this can be documented in the MDS.

Refer to the current MDS 3.0 Quality Measures User's Manual (v. 14) for additional details:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

**For guidance on quality measures and support in making improvements, reach out to Great Plains Quality Innovation Network Quality Improvement Advisors:**

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**- Quality Measure Tip Sheet information and resources up to date as of July 15, 2021**



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