

Urinary Tract Infection (Long-Stay) Quality Measure (QM) MDS Coding Tip Sheet

Quality Measure Overview

This measure reports the percentage of long-stay residents who have/had a urinary tract infection within the last 30 days. If a resident has had a urinary tract infection for any amount of time on any of the 30 days in the look-back period, it will trigger the measure, unless there is an exclusion.

Section I	Active Diagnoses
Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Infections	
<input type="checkbox"/>	I1700. Multidrug-Resistant Organism (MDRO)
<input type="checkbox"/>	I2000. Pneumonia
<input type="checkbox"/>	I2100. Septicemia
<input type="checkbox"/>	I2200. Tuberculosis
<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
<input type="checkbox"/>	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
<input type="checkbox"/>	I2500. Wound Infection (other than foot)

For more guidance on completing the MDS appropriately, refer to the RAI Manual 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. Urinary tract infection value is missing (I2300 = [-])

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

Review the Urinary Tract Infection QM with the Inter-Disciplinary Team monthly, keeping alert for improvement opportunities.

Pay special attention to those QMs that are starred in the far-right column, labeled Comparison Group National Percentile on the CASPER Facility Level report. The star indicates that the facility's rate for the Quality Measure, in this instance, Urinary Tract Infection QM is greater than 75% of the skilled facilities in the United States. In other words, 75% of the nursing homes in the nation are doing better in this measure than your facility and therefore, you should work on to improve this QM.

Also, on the CASPER Facility Level Report, the Comparison State and National Average Rates columns is where you can see how your rates compare on a state and national level. If your rates are higher than state and national rates, this might indicate an area in need of improvement.

From the MDS 3.0 RAI Manual (October 2019, page I-13), "In accordance with requirements at §483.80(a) Infection Prevention and Control Program, the facility must have established 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 a nationally recognized criteria." Using the data collection

and tracking tools, explore trends in your building related to locations within in your building or caregivers that may be contributing to spread.

Provide education facility wide to staff, residents and families regarding UTIs and appropriate antibiotic use. Sample handout: “Not All ‘Infections’ Need Antibiotics:”

https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/4_TK1_T3-Not_all_Infections_need_antibiotics-final.pdf

To explore QAPI opportunities at the resident level:

Review the CASPER Resident Level Reports monthly. Do the reports match up with your infection data collection of UTIs over the past 30 days (including UTI that were reported before admission or reentry to your facility?) If someone appears on the list that you do not think meets the criteria of “Urinary Tract Infection” 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? Are both criteria met as required by the RAI manual? These criteria include:

1. diagnosis of UTI is determined using evidence-based criteria such as McGeer, NHSN, or Loeb **AND**
2. there must be a physician documented UTI diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist, if allowable under state licensure laws) in the last 30 days.

Provide education to and support critical thinking in nursing staff regarding concerns about suspected UTIs to encourage monitoring status, encouraging hydration and improved perineal care through resources like the AHRQ Suspected UTI SBAR Toolkit: <https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit1-suspected-uti-sbar.html>. Assure communication between all shifts to provide consistent care.

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 2021



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