



Quality Measure Tip Sheet: Indwelling Catheter—Long Stay

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Quality Measure Overview

- 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)

Exclusions:

- This measure will not be triggered if the target assessment is a(n):
 - Admission assessment.
 - Medicare prospective payment system 5-day or readmission/return assessment.
 - Indication of indwelling catheter status as missing.
 - Involves a resident with a diagnosis of neurogenic bladder and/or obstructive neuropathy, and these diagnoses are coded on the MDS.
- This QM covariates, see QM manual for full list.

MDS Coding Requirements

In the MDS, refer to section H:

- 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.



Consider These Questions ...

- Was the MDS coded as per the *Resident Assessment Instrument* requirements?
- Did the resident have a diagnosis of neurogenic bladder and/or obstructive neuropathy, and was this checked in Section I 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?

For guidance on quality measures, reach out to Health Services Advisory Group (HSAG).

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