Urinary Tract Infection (UTI) and the Survey Process

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Objectives

- Understand how urinary tract infection (UTI) is evaluated during the survey process
- Recognize the difference between asymptomatic bacteriuria and UTI
- Identify the most common federal deficiency issued related to inappropriate antibiotic use to treat UTI

Public Reporting
CMS Quality Measure - UTI
Minimum Data Set (MDS) 3.0

Coding MDS Item I2300
Urinary Tract Infection (UTI)

- Code only if all (4) of the following are met:
  1. MD or other authorized provider diagnosis of UTI in last 30 days
  2. S/S attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria)
Coding MDS Item I2300
Urinary Tract Infection (UTI)

- Code only if all (4) of the following are met:
  3. “Significant laboratory findings” (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained), and
  4. Current medication or treatment for a UTI in the last 30 days

Use of Interpretive Guidance

- Contain authoritative interpretations and clarifications of statutory and regulatory requirements
- Does not replace or supersede the regulation
- May not be used for basis of a citation
- Should not be used as basis for policies / procedures

F315 – §483.25(d)(1) and (2)
Urinary Incontinence & Catheters

- CMS released F315 updated guidance in 2005
  - Refers to 1991 McGeer criteria
  - “No one lab test alone proves that a UTI is present. For example, a positive urine culture will show bacteriuria alone but that is not enough to diagnose a symptomatic UTI, …”*

F329 - §483.25(l)
Unnecessary Drugs

- An unnecessary drug is any drug when used:
  1. In excessive dose
  2. For excessive duration
  3. Without adequate monitoring
  4. Without adequate indications for its use; or
  5. In the presence of adverse consequences which indicates the dose should be reduced or discontinued; or
  6. Any combinations of the reasons above

F329 - Antibiotic (Abx) Issues

- No evidence of signs/symptoms to support a diagnosis of infection
- Failure to modify Abx therapy:
  - When culture results are negative
  - When culture results are positive and the organism is resistant to the empirically prescribed Abx
- Administering Abx to treat UTI without any urine testing (U/A or culture)
- Prophylactic use of Abx to prevent UTI

F428 - §483.60(c)(1) & (2)
Drug Regimen Review

1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

2) The pharmacist must report any irregularities to the attending physician and director of nursing, and these reports must be acted upon.
Pharmacy Interventions to Improve Antibiotic Use*

- Review Abx prescriptions as part of the drug regimen review (F428)
  - Have system in place for short stay residents and for transitions of care
- Elements of review to include:
  - Dosing and administration data
  - Verification that Abxs used in accordance with facility-specific treatment guidelines
  - Review of microbiology culture results

(CDC - The Core Elements of Antibiotic Stewardship for Nursing Homes, Appendix A)

F441– §483.65(a)
Infection Control Program

- The facility must establish an Infection Control Program under which it –
  1. Investigates, controls and prevents infections in the facility;
  2. Decides what procedures such as isolation, should be applied to an individual resident; and
  3. Maintains a record of incidents and corrective actions related to infections

Components of an Infection Prevention & Control Program

- Program Development & Oversight
- **Policies & Procedures**
- Infection Preventionist
- Surveillance
- Documentation
- **Monitoring**
- Data Analysis
- Communicable Disease Reporting
- Education
- Antibiotic Review
Components of an Infection Prevention and Control Program

- Policies, procedures, and practices which promote consistent adherence to evidence-based infection control practices;

- Surveillance, including process and outcome surveillance, monitoring, data analysis, documentation and communicable diseases reporting (as required by State and Federal law and regulation)

F441 – Guidance to Surveyors

F441 – Surveillance

- Use surveillance definitions
  - 2012 McGeer Criteria are NHSN* Criteria

- Process
  - Collect/document symptoms of infection and compare it to case definition

National Healthcare Safety Network

F441 – Monitoring

- Residents at risk for infection
- Residents with infections
- Antibiotic use
- Program implementation
- Program effectiveness
F441 - Antibiotic Review

- "Because of increases in MDROs, review of the use of antibiotics (including comparing prescribed antibiotics with available susceptibility reports) is a vital aspect of an infection prevention and control program. It is the physician's or other authorized prescriber's responsibility to prescribe appropriate antibiotics and establish the indication for use of specific medications…"
  - F441 - Guidance to Surveyors

F441 - Program / System Issues

- Lack of policies and procedures that establish minimum criteria for initiating antibiotics
- Policies and procedures not consistent with current standards of practice
- Failure to follow and/or implement policies and procedures

F441 - Deficiency Categorization

- Severity Level 3 Considerations: Actual Harm that is not Immediate Jeopardy
  - The facility routinely sent urine cultures of asymptomatic residents with indwelling catheters, putting residents at risk with positive cultures on antibiotics, resulting in two residents acquiring antibiotic-related colitis and significant weight loss.
F441 - Deficiency Categorization

Severity Level 2 Considerations:
- The facility failed to implement a surveillance program including the investigation of infections or attempt to distinguish facility-acquired infections from community-acquired infections
- The facility identified issues related to staff infection control practices… but did not follow up to identify the cause and institute measures to correct the problem

F501 - § 483.75(i)(1) & (2)
Medical Director

1. The facility must designate a physician to serve as medical director
2. The medical director is responsible for:
   i. Implementation of resident care policies; and
   ii. The coordination of medical care in the facility

Medical Director

“Empower the medical director to set standards for antibiotic prescribing practices for all clinical providers credentialed to deliver care in a nursing home and be accountable for overseeing adherence. To be effective in this role, the medical director should review antibiotic use data (see Tracking and Reporting section) and ensure best practices are followed in the medical care of residents in the facility.*

*CDC - The Core Elements of Antibiotic Stewardship for Nursing Homes
F520- § 483.75(o)(2) Quality Assessment & Assurance

2. The Quality Assessment & Assurance (QAA) committee –
   1. Meets at least quarterly to identify issues with respect to which QAA activities are necessary; and
   2. Develops and implements appropriate plans of action to correct identified quality deficiencies

Antibiotic Use in Nursing Homes Position Paper

- “Since UTIs are recognized as the most common infection in LTC and drive antibiotic use and CMS Quality Measures include a measure for UTI that is used for both public reporting and during the survey process, each nursing home should track UTI management as part of their quality assurance / process improvement program.”


Questions?