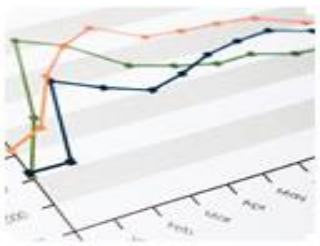
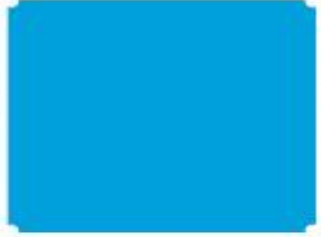


Urinary Tract Infections Quality Measure



Age-Friendly Homes



Facility Level Quality Measure Report



CASPER Report MDS 3.0 Facility Level Quality Measure Report

Page 1 of 1

Facility ID: NH5531
 CCN: 375256
 Facility Name: **check facility name**
 City/State: OKLAHOMA CITY, OK

Report Period: **check the report period**
 Comparison Group: 05/01/2019 - 10/31/2019
 Report Run Date: 01/03/2020
 Data Calculation Date: 12/30/2019
 Report Version Number: 3.02

Note: Dashes represent a value that could not be computed

Note: S = short stay, L = long stay

Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Note: * is an indicator used to identify that the measure is flagged

Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

| Measure Description | CMS ID | Data | Num | Denom | Facility Observed Percent | Facility Adjusted Percent | Comparison Group State Average | Comparison Group National Average | Comparison Group National Percentile |
|------------------------------------|---------|------|-----|-------|---------------------------|---------------------------|--------------------------------|-----------------------------------|--------------------------------------|
| Hi-risk/Unstageable Pres Ulcer (L) | N015.03 | C | 8 | 62 | 12.9% | 12.9% | 9.8% | 8.1% | 81 * |
| Phys restraints (L) | N027.02 | C | 1 | 117 | 0.9% | 0.9% | 0.2% | 0.2% | 92 * |
| Falls (L) | N032.02 | C | 70 | 117 | 59.8% | 59.8% | 52.0% | 45.4% | 86 * |
| Falls w/Maj Injury (L) | N013.02 | C | 12 | 117 | 10.3% | 10.3% | 4.9% | 3.5% | 97 * |
| Antipsych Med (S) | N011.02 | C | 4 | 129 | 3.1% | 3.1% | 2.2% | 2.0% | 81 * |
| Antipsych Med (L) | N031.03 | C | 19 | 116 | 16.4% | 16.4% | 17.4% | 14.2% | 66 |
| Antianxiety/Hypnotic Prev (L) | N033.02 | C | 4 | 78 | 5.1% | 5.1% | 9.4% | 6.5% | 51 |
| Antianxiety/Hypnotic % (L) | N036.02 | C | 31 | 89 | 34.8% | 34.8% | 25.9% | 19.7% | 90 * |
| Behav Sx affect Others (L) | N034.02 | C | 3 | 100 | 3.0% | 3.0% | 18.2% | 20.8% | 8 |
| Depress Sx (L) | N030.02 | C | 0 | 108 | 0.0% | 0.0% | 4.0% | 5.5% | 0 |
| UTI (L) | N024.02 | C | 2 | 112 | 1.8% | 1.8% | 4.8% | 2.8% | 48 |
| Cath Insert/Left Bladder (L) | N026.03 | C | 4 | 111 | 3.6% | 3.6% | 2.9% | 2.2% | 75 * |
| Lo-Risk Lose B/B Con (L) | N025.02 | C | 8 | 39 | 20.5% | 20.5% | 37.8% | 48.2% | 7 |
| Excess Wt Loss (L) | N029.02 | C | 10 | 84 | 11.9% | 11.9% | 5.3% | 5.7% | 89 * |
| Incr ADL Help (L) | N028.02 | C | 9 | 82 | 11.0% | 11.0% | 14.4% | 14.9% | 32 |

Performance Improvement Project (PIP) Documentation

Nursing Home: _____ Start Date: _____

PIP Team Members: (3-5 members)

| Staff Name | Title | | |
|------------|-------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

PIP Team Project:

| Quality Measure of Focus | Baseline Rate of QM | Improvement Goal for QM | Goal Rate | Date to reach the goal rate |
|--------------------------|---------------------|-------------------------|-----------|-----------------------------|
| UTIs | 20.4% | 20% | 16.3% | October |

Goal Monitoring:

| Current Date | Current Rate | Current Date | Current Rate | Current Date | Current Rate |
|--------------|--------------|--------------|--------------|--------------|--------------|
| May | 20.4% | Sept | 16.4% | | |
| July | 20.4 | Nov | 9.4% | | |

Interventions: The following are the interventions implemented:

| Start Date | Intervention Description | Intervention Notes | Outcome/Results |
|------------|--|--|---|
| June | Peri-care in-service for all staff | Most of staff attending peri-care in-service | No noticed change |
| July | Peri-care rounds- DON and ADON working with staff at bedside | Targeting all direct care staff | Staff checked off on following proper peri-care procedure |
| July | PIP team reviewing details of residents with UTIs-not documenting 3 physical signs | Will have staff document at least 3 physical signs before getting UA | Reducing number of UAs |
| August | Increasing hydration for at risk residents by adding 180cc glass for med pass | Trying different amounts of added water at medication administration | Reducing number of residents having UTIs |
| Sept | | | |
| | | | |
| | | | |

Outcomes: Use the table below to document what has worked, what has not worked, or lessons learned.

| Intervention Successes | Intervention Barriers | Lessons learned |
|--|--|-----------------------|
| Having Staff Document 3 physical signs before getting UA | Lack of Staff Training or Availability | Hydration Rounds Work |
| | | |

- Team Members
- Project Focus
- Goal Monitoring
- Interventions
- Outcomes

PIP IT: UTI's

UTI Risk Factors

Risk factors for nursing home residents:

- Indwelling catheters
- Incontinence of bowel and/or bladder
- Urinary overflow
- Dehydration
- Recent hospitalization
- Systemic antibiotic therapy
- Diabetes
- Steroid Therapy
- Renal insufficiency
- Low estrogen
- Prostate Enlargement
- Communication Barriers- Stroke or Dementia



Symptoms (SX) to Report

Revised McGeer Criteria for Infection Surveillance Checklist

[Facility Logo]

Lower UTIs of the urethra and bladder

- Burning with urination
- ↑ frequency of urination but small amount
- Bloody urine
- Cloudy urine
- Urine that looks like cola or tea
- Strong odor to urine
- Pelvic pain (women)
- Rectal pain (men)



Patient Name: _____ MRN: _____ Location: _____
 Date of Infection: _____ Date of Review: _____ Reviewed by: _____

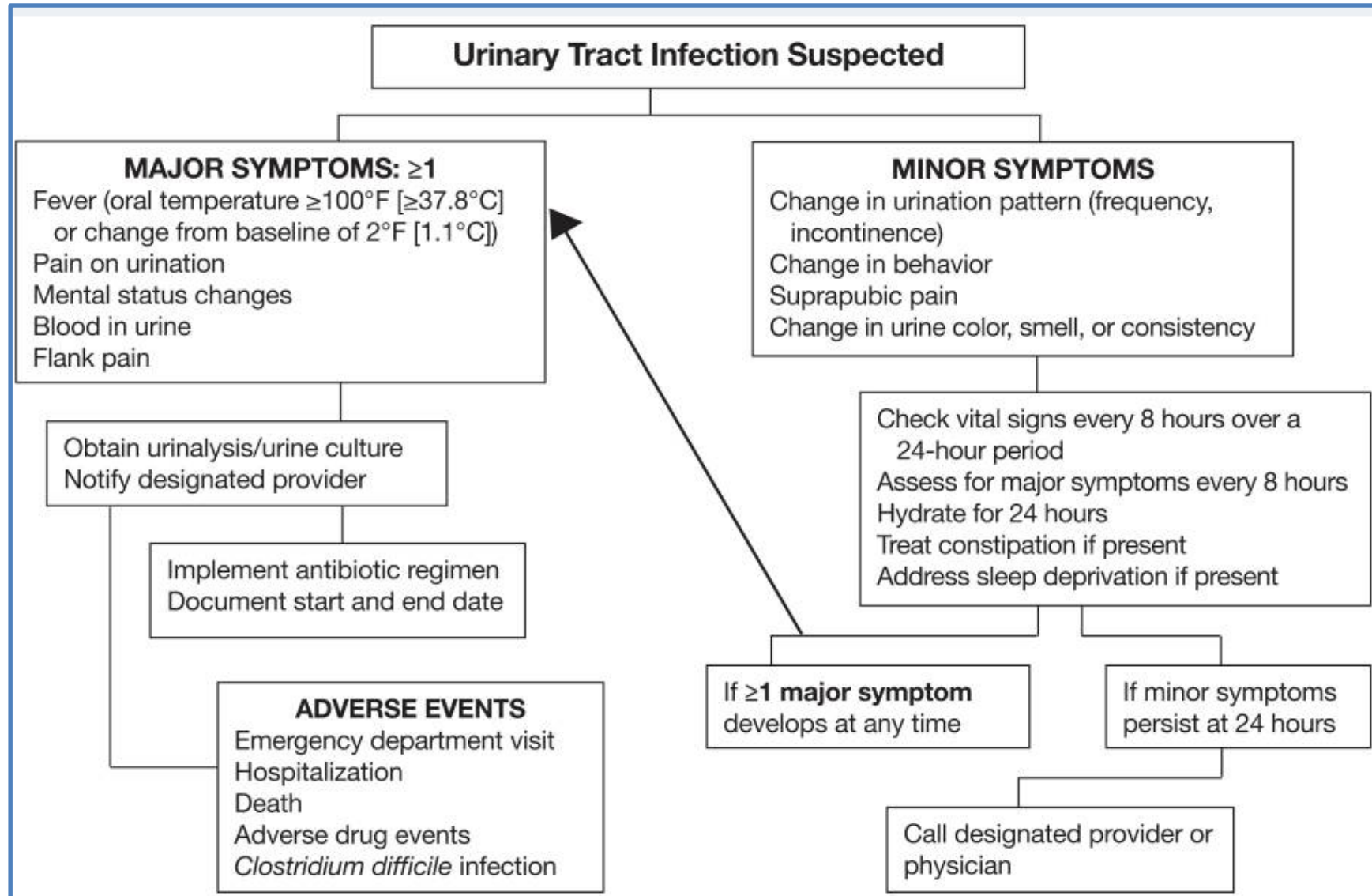
| Table 2. Urinary Tract Infection (UTI) Surveillance Definitions | | |
|---|--|---|
| Syndrome | Criteria | Selected Comments* |
| UTI without indwelling catheter | <p>Must fulfill both 1 AND 2.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. At least one of the following sign or symptom <ul style="list-style-type: none"> <input type="checkbox"/> Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate <input type="checkbox"/> Fever or leukocytosis, and ≥ 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Acute costovertebral angle pain or tenderness <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Gross hematuria <input type="checkbox"/> New or marked increase in incontinence <input type="checkbox"/> New or marked increase in urgency <input type="checkbox"/> New or marked increase in frequency <input type="checkbox"/> If no fever or leukocytosis, then ≥ 2 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Gross hematuria <input type="checkbox"/> New or marked increase in incontinence <input type="checkbox"/> New or marked increase in urgency <input type="checkbox"/> New or marked increase in frequency <input type="checkbox"/> 2. At least one of the following microbiologic criteria <ul style="list-style-type: none"> <input type="checkbox"/> ≥ 10⁵ cfu/mL of no more than 2 species of organisms in a voided urine sample <input type="checkbox"/> ≥ 10³ cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter | <p>The following 2 comments apply to both UTI with or without catheter:</p> <ul style="list-style-type: none"> • UTI can be diagnosed without localizing symptoms if a blood isolate is the same as the organism isolated from urine and there is no alternate site of infection • In the absence of a clear alternate source of infection, fever or rigors with a positive urine culture result in the non-catheterized resident or acute confusion in the catheterized resident will often be treated as UTI. However, evidence suggests that most of these episodes are likely not due to infection of a urinary source. • Urine specimens for culture should be processed as soon as possible, preferably within 1-2 h • If urine specimens cannot be processed within 30 min of collection, they should be refrigerated and used for culture within 24 h |
| UTI with indwelling catheter | <p>Must fulfill both 1 AND 2.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. At least one of the following sign or symptom <ul style="list-style-type: none"> <input type="checkbox"/> Fever, rigors, or new-onset hypotension, with no alternate site of infection <input type="checkbox"/> Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis <input type="checkbox"/> New-onset suprapubic pain or costovertebral angle pain or tenderness <input type="checkbox"/> Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate <input type="checkbox"/> 2. Urinary catheter specimen culture with ≥ 10⁵ cfu/mL of any organism(s) | <ul style="list-style-type: none"> • Recent catheter trauma, catheter obstruction, or new onset hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis • Urinary catheter specimens for culture should be collected after replacement of the catheter if it has been in place >14 d |
| <input type="checkbox"/> UTI criteria met | | <input type="checkbox"/> UTI criteria <u>NOT</u> met |

Symptoms (SX) to Report

Upper UTIs are infections of the kidneys

- Pain and tenderness in the flank & sides
- Hypotension
- Nausea/vomiting
- Acute change in mental status
- Acute functional decline
- Fever
- Chills





Resource: NIH

Prevention Intervention



Manage or eliminate the cause of incontinence:

- Identify the type of incontinence
- Minimize episodes of incontinence
- Provide proper peri-care
- Utilize proper incontinence supplies

Encourage resident to:

- Not hold urine
 - **Set up an individualized toileting program**
- ***Does your facility have established criteria for testing (such as the McGeer Criteria available on the Centers for Disease Control and Prevention website), and are the nurses aware of the criteria?***

Prevention Intervention

Hydration:

- Provide adequate fluid intake
- Small amounts throughout the day
- Limit caffeinated fluids
(irritant and bladder spasms)
- Discourage carbonated beverages
(promotes alkaline urine)
- Hydration Carts
- “Happy Hours”



A UTI prevention program can also improve:

- ❖ Falls
- ❖ *Skin breakdown*
- ❖ *Dehydration*
- ❖ *Delirium*
- ❖ *Behaviors... Reactions*
- ❖ *Pain*
- ❖ *Dignity*



Does Staffing really Effect Quality



Lower your Turnover

- Team Approach
- Not Only Appreciation
- Career Advancement
- Education
- Contracts

Change strategies can be utilized with any system that impacts quality

There are 7 Strategies

1. Lead with a sense of purpose
2. Recruit and retain quality staff
3. Connect with residents in a celebration of their lives
4. Nourish teamwork and communication
5. Be a continuous learning organization
6. Provide exceptional compassionate clinical care that treats the whole person
7. Construct solid business practices that support your purpose



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