

# 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

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# Public Reporting CMS Quality Measure - UTI

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

Nursing Home Compare Home About Nursing Home Compare About the data Resources Help

Home [Share](#)

### Find a nursing home

A field with an asterisk (\*) is required.

\* Location  
Example: 45102 or Lima, OH or Ohio

Nursing home name (optional)



Nursing Home Compare has detailed information about every Medicare and Medicaid-certified nursing home in the country. States may collect and post additional information that isn't collected by the federal government. Before you get started, you or your family might also consider [Alternatives to Nursing Homes](#).

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**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

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**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

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CMS S&C Letter 08-10 Use of Interpretive Guidance by Surveyors for Long Term Care Facilities

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**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, ..."<sup>1\*</sup>

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\*Nicolle, L.E. (1999) Urinary Tract Infections in the Elderly

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F329 - §483.25(l)  
Unnecessary Drugs

- An unnecessary drug is any drug when used:
  - I. In excessive dose
  - II. For excessive duration
  - III. Without adequate monitoring
  - IV. Without adequate indications for its use; or
  - V. In the presence of adverse consequences which indicates the dose should be reduced or discontinued; or
  - VI. Any combinations of the reasons above

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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

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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.

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### 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

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

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### 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

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### 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**

15 F441 – Guidance to Surveyors

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## 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

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## 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

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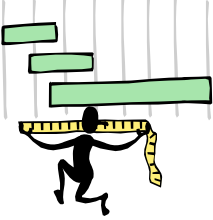
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## F441 – Monitoring

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




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## 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...”

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• F441 – Guidance to Surveyors

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## 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

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## 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.

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## 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

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## 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

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## 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.\*

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\*CDC - The Core Elements of Antibiotic Stewardship for Nursing Homes

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F520- § 483.75(o)(2)  
**Quality Assessment & Assurance**



2. The Quality Assessment & Assurance (QAA) committee –

- I. Meets at least quarterly to identify issues with respect to which QAA activities are necessary; and
- II. Develops and implements appropriate plans of action to correct identified quality deficiencies

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**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.”

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<https://www.dhs.wisconsin.gov/publication/p00886.pdf>

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**Questions?**



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