

Long-Stay Catheter Quality Assurance Guidance

Overview

The use of indwelling urinary catheters without an appropriate medical indication can lead to complications in older adults such as infections and falls. Additionally, some providers may use urinary catheters as a substitute for providing frequent assistance to the restroom or appropriate incontinent care and products.

Nursing homes should use this tool in conjunction with the Long-Stay Catheter Quality Assurance Worksheet to aid in compliance regulations and quality assurance processes. These tools are best used by clinical representation of the Quality Assurance and Process Improvement (QAPI) team. Monitoring frequencies may vary depending on the topic, the identified error percentage, and action plan.

Monitoring Guidance

A1 Numerator. Enter the number of residents who currently have an indwelling urinary catheter present, regardless of the reason. This number only represents the percent of residents with an indwelling urinary catheter and is not an error but more of a baseline calculation.

A3 Numerator. The numerator reflects the number of residents according to the Centers for Medicare & Medicaid Services (CMS) nursing home regulations that have an adequate indication for use. These include:

- Urinary retention
- Bladder Outlet Obstruction
- Need for accurate urinary output measurements
- Assist in healing of open sacral or perineal wounds in incontinent residents.
- Prolonged immobilization in the presence of potentially unstable spinal injuries or multiple traumatic injuries.
- Comfort for end-of-life care.

Note these indications for use are different than the exclusions indicated in the quality measure technical guidance as this only includes obstructive uropathy and neurogenic bladder.

A5 Numerator. This number represents the error rate for residents that didn't have a secure device attached to their leg to prevent the catheter from pulling. Pulling on the catheter is not only painful but could pull the catheter out of the bladder altogether or damage the urinary meatus and internal structures. Additionally, you should have a physician's order or policy established on replacing these devices for infection control purposes (i.e. monthly with foley catheter changes).

A7 Numerator. This number represents the number of residents that didn't have a dignity bag covering their catheter drainage bag. Besides providing resident dignity, the dignity bag also prevents the bag from touching the floor or other surfaces that may increase the risk of infection or introduction of bacteria.

A9 Numerator. This number represents the number of observations when staff didn't perform catheter care according to infection prevention standards. This may include but is not limited to:

- Wiping the catheter tubing from the urinary meatus approximately 2 inches down the tube (ensure wiping away from the body opening).
- Performing hand hygiene appropriately.
- Applying, changing, and removing gloves appropriately.
- Performing perineal care accurately (see the guidance for Urinary Tract Infections for additional information).

A11 Numerator. This number represents the number of observations when staff didn't perform emptying the catheter drainage bag appropriately. This may include but is not limited to:

- Placing a barrier under the graduated cylinder.
- Cleansing the drainage port with an alcohol swab before emptying.
- Emptying the catheter drainage bag while ensuring the drainage port and tube doesn't touch the sides of the graduated cylinder.
- Once emptied, the drainage port must be again cleaned with alcohol and placed back into the holder.
- Applying gloves and completing hand hygiene appropriately.
- Dumping the urine in the appropriate area (i.e. toilet, hopper, etc) and cleansing the graduated cylinder appropriately.

Additionally, policies and procedures should identify the frequency the graduated cylinder used to collect the urine is replaced.

A13 Numerator – This number represents the number of observations when the catheter drainage bag or tubing touched the floor. When this happens, the opportunity for bacteria to be on the bag or tubing increases and also increases the possibility of urinary tract infections.

A15 Numerator – This number represents the number of times the catheter or associated items were not replaced according to the physician's order or facility policy. This information should be documented routinely according to the policy. For example, changing the catheter including the foley size, balloon size, and amount of saline inserted may be included in the EMAR with the documentation of changing it signed off by the nurse completing the task. Whereas the graduated cylinder may be dated on the actual cylinder when it was replaced and it matches the frequency established in the policy.