

Urinary Catheter or Urinary Tract Infection Critical Element Pathway

Use this pathway for a resident who has a symptomatic urinary tract infection (UTI) and/or an indwelling urinary catheter.

Review the Following in Advance to Guide Observations and Interviews:

- Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, G – Functional Status, H – Bladder and Bowel, I – Active Diagnoses, and M – Skin Conditions.
- Physician's orders (catheter care, UTI, medications).
- Pertinent diagnoses.
- Care plan (e.g., interventions specific enough to guide the provision of services and treatment for an indwelling catheter, or current or recurring UTI or Catheter Associated Urinary Tract Infection (CAUTI), interventions to prevent or address complications of the use of an indwelling catheter, such as UTIs, skin irritation/excoriation, leakage around the catheter, catheter-related injury/pain, encrustation, excessive urethral tension, accidental removal, or obstruction of urine outflow, interventions to maintain the resident and the catheter clean of feces to minimize bacterial migration into the urethra and bladder [e.g., cleaning fecal material away from rather than towards the urinary meatus] and keeping the drainage bag below the level of the bladder), and potential psychosocial issues related to urinary catheter use.

Observations:

- How does staff provide care for a resident with an indwelling urinary catheter (refer to the CDC website for catheter use, management and care):
 - Does staff use appropriate infection control practices with regard to hand hygiene, PPE as needed, urinary catheter maintenance using standard precautions for contact with the catheter, tubing, and the collection bag;
 - Is the urinary catheter tubing free of kinking and secured properly to facilitate unobstructed urine flow? If not, describe;
 - Is the urine collection bag and tubing off the floor at all times? Is the urine collection bag kept below the level of the bladder and emptied using a separate clean collection container for each resident? Ensure the drainage spigot does not touch the collection container. If not, describe;
 - If necessary, how are urine samples obtained (via needleless port and not obtained from the collection bag);
 - How does staff manage/assess urinary leakage, if present, from the point of catheter insertion to the bag;
 - How does staff assess/manage catheter related pain (e.g., bladder spasms) or other complaints (e.g., ongoing feelings of needing to
 - How does staff manage concerns related to the resident's skin, such as urethral tears, maceration, erythema, and erosion;
 - How is the catheter securely anchored to prevent excessive tension on the catheter and how are interventions (such as avoiding tugging on the catheter during transfer and care delivery) used to prevent inadvertent catheter removal or tissue injury from dislodging the catheter;
 - How does staff ensure the resident is provided with and encouraged to take enough fluids to meet the resident's hydration needs, as reflected in various measures of hydration status;
 - How does staff provide care to the resident during catheterization (i.e., appropriate technique), removal, or aspects of catheter care? How does staff afford privacy, reduce embarrassment, and treat the resident with respect and dignity including having a privacy bag for catheters; and
 - What clothing and hygiene products are provided to prevent leakage and enhance socialization?
- Are there signs of a UTI, which would include a fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature), new costovertebral tenderness, rigors (shaking chills) with or without

Urinary Catheter or Urinary Tract Infection Critical Element Pathway

void);

identified cause, or new onset of delirium?

Resident, Resident Representative, or Family Interview:

- How has staff involved you in care plan development including whether interventions reflect preferences and choices and if the risks and benefits of a urinary catheter were discussed prior to insertion, to the extent possible?
- How long has the catheter been in place? Why was the catheter inserted? How long will it be in place?
- Do you have a UTI now or a history of UTIs? How it is being treated?

- How frequently is catheter care provided and by whom? Do you have skin issues (such as maceration, erosion)? If so, what type of care is provided for this?
- Do you have discomfort or pain related to the use of the catheter? Have you reported this to staff? Where is the pain located? What do you think is causing the pain? How is your pain being managed?

Nursing Aide Interviews:

- What type of training did you receive on how to handle catheters, tubing, drainage bags, and other devices during the provision of care?

- What, when, and to whom do you report changes or concerns related to catheter use, including potential symptoms for a UTI, such as acute costovertebral angle pain or tenderness, suprapubic pain, or either an acute change in mental status or acute functional decline?

Licensed Nurse Interviews:

- How do you monitor the implementation of care plan interventions based upon standards of practice including infection control procedures for catheter care, skin integrity, or presence of UTIs?
- Who is allowed to insert, provide care for, and remove indwelling urinary catheters? What type of training has been provided?
- How have you assessed and addressed factors affecting the resident's urinary function and identified the clinical rationale for use of a urinary catheter upon admission and as indicated thereafter?
- What preventive interventions have been implemented to try to minimize complications from a urinary catheter or remove the catheter, if no longer clinically indicated, in accordance with the resident's need and current standards of practice? What were the results of the attempts?
- Does the resident currently have a UTI? If so, for how long and how is it being treated?
- What is the resident risk for UTIs? Does the resident have a history

- What infection assessment tools or management algorithms do you use for antibiotic use for one or more infections (e.g., Situation, Background, Assessment, Recommendation [SBAR] tool for UTI assessment, application of the Loeb minimum criteria for initiation of antibiotics which would include a fever of 100°F or 2.4°F above baseline, suprapubic pain, new costovertebral angle tenderness rigors [shaking chills] with or without identified cause, or new onset of delirium)?
- What preventive interventions have been implemented to try to minimize the occurrence of symptomatic UTIs and address correctable underlying causes to remain consistent with the resident's assessed need and current standards of practice?
- What care and treatment is provided to prevent incontinence or improve urinary continence and restore as much normal bladder function as is possible to minimize the resident's risk for the development of UTIs?
- Was the attending practitioner notified of a change in the resident's

Urinary Catheter or Urinary Tract Infection Critical Element Pathway

of recurring, persistent, or chronic UTIs? If so, describe.

condition or development of symptoms that may represent a symptomatic UTI? If so, what interventions were provided?

Record Review:

- Review the progress notes (nursing, therapy) pharmacist reports, lab reports, and flow sheets/forms that document the resident's continence history, use of an indwelling catheter and/or presence of symptomatic UTIs.
 - If the resident has an indwelling urinary catheter, is there a valid clinical indication consistent with evidence-based guidelines as documented by the attending practitioner for the use of the catheter, which includes ongoing assessment and orders for the removal when the clinical condition demonstrates that catheterization is no longer necessary? If not, describe.
 - What potential alternatives were addressed to prevent the extended use of an indwelling catheter, if possible?
 - Recognize and assess for complications related to the catheter?
 - For a resident who has persistent leakage around the catheter, does the assessment identify factors that may contribute to leakage include irritation by a large balloon or by catheter materials, excessive catheter diameter, fecal impaction, and improper catheter positioning?
 - What risk factors does the resident have for catheter blockage such as alkaline urine, poor urine flow, proteinuria, and/or pre-existing bladder stones?
 - What factors, risks, and history does the resident have with recurring or persistent UTIs?
 - For a resident with an indwelling urinary catheter with recurring UTIs, how does the facility assess for possible impairment of free urine flow through the catheter, assess techniques used for catheter care and for perineal hygiene including the removal of fecal soiling, and to reconsider the relative risks and benefits of continuing the use of an indwelling catheter?
 - What was the assessment for the decision to treat a UTI? Was it based upon a thorough evaluation and assessment of the resident? Is
- If a resident or resident representative has requested the use of or refused to allow the removal of an indwelling urinary catheter, what is the reason? What counseling was provided to assist the resident in understanding the clinical implications and risks associated with the use of a catheter without an indication for continued use? Was the care plan revised to address the education being provided, including interventions to restore as much urinary function as possible without the use of catheter?
 - Is the care plan comprehensive? Does it address identified needs, strengths, and quantifiable measureable goals with timeframes, resident involvement, treatment preferences, and choices? Has the care plan been revised to reflect any changes?
 - What information and education was provided to the resident/representative on the risks and benefits, the clinical indications for the use of an indwelling catheter, how long use is anticipated, and when and why a catheter must be removed?
 - How has the facility addressed potential psychosocial issues related to the use of an indwelling urinary catheter, such as social withdrawal, embarrassment, shame, humiliation, isolation, and promoted treating the resident with respect and dignity?
 - For a resident with a catheter:
 - What type of care is provided for the indwelling catheter? What type of drainage system is used? What steps are taken for maintaining free flowing urine; and
 - What measures are being used to promote sufficient fluid intake, including alternatives such as food substitutes that have a high liquid content, if there is reduced fluid intake?
 - If concerns are identified, review QAA to determine if they are identifying, assessing, and monitoring:
 - For the presence of indwelling urinary catheters;
 - The presence of UTIs and appropriate treatment based upon

Urinary Catheter or Urinary Tract Infection Critical Element Pathway

- there a rationale for the indication of use of antibiotics for treatment?
- If concerns are identified, review resident care policies and procedures related to indwelling urinary catheters.
- After a catheter was removed that was inserted for obstruction or overflow incontinence, what was the assessment for post-void residuals?
- standards of practice;
- Interventions implemented to prevent the unnecessary use of urinary catheters; and Interventions for the prevention, to the extent possible, of UTIs.

Critical Element Decisions:

- 1) Based on observations, interviews, and record review, did the facility provide appropriate and sufficient services, treatment and care, based upon current standards of practice and the resident's comprehensive assessment and care plan to:
- Ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
 - Ensure that a resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
 - Ensure that a resident receives appropriate treatment and services to prevent urinary tract infections to the extent possible.

If No, Cite F690

- 2) Did the facility use appropriate hand hygiene practices and PPE when providing catheter care, and/or handle catheter bag and tubing in accordance with infection control standards of practice?

If No, cite F880

- 3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?

If No, cite F655

NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

- 4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?

If No, cite F636

NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

Urinary Catheter or Urinary Tract Infection Critical Element Pathway

- 5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
If No, cite F637
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
- 6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
If No, cite F641
- 7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
If No, cite F656
NA, the comprehensive assessment was not completed.
- 8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Dignity (CA), Right to be Informed and Make Treatment Decisions F552, Notification of Change F580, Accommodation of Needs (Environment Task), Choices (CA), Right to Refuse F578, Professional Standards F658, Pressure Ulcer (CA), Nutrition (CA), Hydration (CA), Unnecessary Medications (CA), Sufficient and Competent Staffing (Task), Infection Control (Task), Medical Director F841, Resident Records F842, QAA/QAPI (Task).