

Urinary Tract Infection Quality Assurance Guidance

Overview

The Centers for Medicare & Medicaid Services (CMS) includes long-stay residents with urinary tract infections (UTIs) within the 30 days prior to the assessment reference date (ARD) of the minimum data set (MDS) in the quality measures. This guidance and associated worksheet can help guide providers as they work to improve quality measure performance and reduce the prevalence of urinary tract infections among residents.

Monitoring Guidance

A1 - Numerator. The numerator in this monitor includes all residents that were diagnosed with a UTI during the 30 days prior to the ARD on the MDS included in the quality measure period. This includes the MDS item set I2300 and is coded as 1.

A3 - Numerator. This numerator represents the number of residents that had a UTI present that met McGeer, National Healthcare Safety Network (NHSN), or Loeb criteria for a UTI. If the percentage is less than 100%, there may be a coding error in the MDS. The only time a resident does not need to meet criteria to be coded with a UTI includes if the resident was admission or readmission and an outside physician diagnosed the UTI.

A5 - Numerator. This numerator represents the number of residents that had a documented diagnosis of a UTI from a practitioner that was coded as a 1 under I2300. The percentage represents the number of residents MDS' that were coded accurately as they must have a diagnosis documented of a UTI.

A7 - Numerator. During observations, staff must:

- Complete hand hygiene before applying gloves, with each glove change, and after removing gloves.
- When wearing gloves, they should not touch items that are considered contaminated without changing their gloves.
- When wearing gloves, they should not touch items with gloves that are contaminated (for example, rails, cream tubes, resident, etc.).
- Change gloves whenever transitioning from a dirty to a clean task.
- Always wipe front to back or away from the urinary meatus.
- Cleanse wherever a resident's incontinent product touched (for example hips and buttocks).
- Use a clean side of a cloth or new cloth with each swipe.

The percentage in this calculation represents the error rate that could result in a deficiency under F690 and/or F880 and increases the risk of a UTI for the residents.

Additionally, you could break this down farther into specific observations to identify where to focus education efforts to correct the concern.

A9 - Numerator. This represents the error percentage when the care planned toileting plan was not followed. Allowing residents to hold urine longer or remain in incontinent briefs increases their UTI risk.

Additional Ideas to Improve UTI Quality Measure Performance:

- Increasing hydration. This can be accomplished by increasing hydration to residents with a history of UTIs or by improving all residents' hydration. Examples may include a hydration cart or a hydration program.
- If a resident exhibits signs of a UTI, providers may push fluids for an identified period of time along with monitoring for the need to obtain a urine specimen.
- Supplements such as cranberry tablets or concentrated cranberry juice may help reduce the prevalence of UTIs. This would be based on input from the medical director and individual resident practitioners.
- Discussing with physical or occupational therapists if they have an incontinence program that could be implemented and which residents may be appropriate.
- Assessing for revision to the resident's toileting program, including possibly increasing the frequency of toileting or changing incontinent products.
- Evaluating if particular cleansers are causing UTIs. This may be resident specific depending on sensitivities or population based.

References:

CMS (Retrieved 2025. Aug 29). *Medicare State Operations Manual Appendix PP*.
<https://www.cms.gov/files/document/appendix-pp-state-operations-manual.pdf>.

CMS (2025. Oct 1). *Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.20.1*. <https://www.cms.gov/files/document/final-mds-3-0-rai-manual-v1-20-1-october-2025.pdf>.