Objectives

1. Identify the regulatory requirements related to Bowel/Bladder Incontinence, Catheter, and UTI
2. Identify survey procedures that describe how Bowel/Bladder Incontinence, Catheter, and UTI requirements are reviewed for compliance during the annual survey process
3. Identify examples of how F-Tags related to Bowel/Bladder Incontinence, Catheter, and UTI are commonly cited in the new LTCSP
4. Identify tools for the leadership team to use for monitoring compliance with Bowel/Bladder Incontinence, Catheter, and UTI requirements
5. Explain strategies for incorporating survey preparedness related to Bowel/Bladder Incontinence, Catheter, and UTI into facility QAPI processes
Housekeeping Announcements

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- Technical problems during the webinar
  - Contact Proactive Medical Review Office at 812-471-7777 or
  - Contact the State Association with whom you registered
  - All phone lines are muted
- All questions will be held until the end of the session
  - If you have a question/comment type your question using the Go-To webinar toolbar
- Contact the association with whom you registered for any questions regarding continuing education credits & certificates.

Bowel/Bladder Incontinence, Catheter, & UTI
Overview of F-Tag Regulations & Interpretive Guidance
F690 – Bowel/Bladder Incontinence, Catheter, UTI

F690 - Regulatory Language

• §483.25(e) Incontinence.
  – §483.25(e)(1) The facility must ensure that a resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.
  – §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that—
    • (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
    • (ii) 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
    • (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.
F690 - Regulatory Language

• §483.25(e)(3) For a resident with fecal incontinence, based on the resident’s comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Bacteremia</td>
<td>Presence of bacteria in the bloodstream</td>
</tr>
<tr>
<td>Bacteriuria</td>
<td>Presence of bacteria in the urine</td>
</tr>
<tr>
<td>Continence</td>
<td>Any void that occurs voluntarily, or as the result of prompted, assisted, or scheduled use of the bathroom</td>
</tr>
<tr>
<td>Sepsis</td>
<td>The body’s overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death</td>
</tr>
<tr>
<td>Urinary Incontinence</td>
<td>The involuntary loss or leakage of urine</td>
</tr>
<tr>
<td>Urinary Retention</td>
<td>The inability to completely empty the urinary bladder by micturition</td>
</tr>
<tr>
<td>Urinary Tract Infection (UTI)</td>
<td>A clinically detectable condition associated with invasion by disease causing microorganisms of some part of the urinary tract, including the urethra (urethritis), bladder (cystitis), ureters (ureteritis), and/or kidney (pyelonephritis). An infection of the urethra or bladder is classified as a lower tract UTI and infection involving the ureter or kidney is classified as an upper tract UTI.</td>
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</tbody>
</table>
F690 Interpretive Guidance

- Urinary incontinence involves transitory or progressive factors that affect the bladder or urethral sphincter
- Any condition, medication, or factor that affects lower urinary tract function, bladder capacity, urination, or ability to toilet can predispose resident to incontinence
### F690 Interpretive Guidance

#### Types of Incontinence

<table>
<thead>
<tr>
<th>Urge</th>
<th>Stress</th>
<th>Mixed</th>
<th>Overflow</th>
<th>Functional</th>
<th>Transient</th>
</tr>
</thead>
</table>
| • Detrusor muscle over activity  
• Abrupt urgency  
• Frequency  
• Nocturia  
• Most common cause in elderly | • Impaired urethral closure  
• Small amounts urine leakage  
• 2nd most common type in women | • Combination of urge & stress incontinence | • Leakage when bladder reaches maximum capacity  
• PVR > 200 ml  
• May mimic urge or stress incontinence | • Related to external factors other than abnormal urinary tract function | • Temporary/occasional incontinence related to potentially improvable or reversible cause |

#### Interventions

- Address modifiable factors
  - Managing pain
  - Adaptive equipment
  - Environmental modifications
  - Treating underlying conditions
  - Adjusting medications
  - Fluid program
  - Bowel management program
- Intermittent Catheterization
- Medication Therapy
- Pessary
- Absorbent Products, Devices, & External Collection Devices
- Skin protection
F690 Interpretive Guidance
Behavioral Programs

Bladder Retraining → Pelvic Floor Muscle Rehabilitation → Prompted Voiding → Scheduled/Habit Voiding → Require Resident Cooperation & Motivation

F690 Interpretive Guidance
Catheterization

• Clinical condition must demonstrate catheterization necessary
• If admitted with catheter, assess for removal as soon as possible
• Intermittent catheterization may benefit those with new onset incontinence from a transient, hypotonic/atonic bladder until bladder tone returns
F690 Interpretive Guidance
Catheter Assessment

• Underlying factors that support need for catheter
  – Which can be modified or reduced
• Risks and benefits of catheter
• Potential for removal
  – Develop plan for removal
• Considerations of complications resulting from catheter use

F690 Interpretive Guidance
Indwelling Urinary Catheter Use

• Policy & Procedures must address:
  – Documentation of involvement of resident/rep in discussion of risks/benefits of catheter use, removal or catheter when criteria or indication for use no longer present, & right to decline use of catheter
  – Timely & appropriate assessments r/t indication for use
  – Identification & documentation of clinical indications for use
  – Criteria for discontinuance of catheter when indication for use no longer present
  – Insertion, ongoing care & catheter removal protocols
  – Response of resident during use of catheter
  – Ongoing monitoring for changes in condition r/t potential CAUTI’s, recognizing, reporting, & addressing such changes.
F690 Interpretive Guidance
Indications for Use

- Acute urinary retention or bladder outlet obstruction
- Need for accurate measurements of urinary output
- To assist in healing open sacral or perineal wounds in incontinent residents
- Requires prolonged immobilization
- To improve comfort for end of life care

F690 Interpretive Guidance
Catheterization Care Practices

- Recognize & assess for complications & their causes
- Attempt to remove catheter as soon as possible when no indications exist for continued use
- Monitor for excessive post void residual, after removing catheter that was inserted for obstruction or overflow incontinence
- Keep catheter anchored to prevent excessive tension on catheter
- Secure catheter to facilitate flow of urine, prevent kinking in tubing, & position below level of bladder
- CDC Guidance: http://www.cdc.gov/HAI/ca_utii/uti.html
F690 Interpretive Guidance
Catheter-Related Complications

- Bacteremia
- Febrile episodes
- Bladder Stones
- Fistula Formation
- Erosion of Urethra
- Epididymitis
- Chronic Renal Inflammation
- Pyelonephritis
- Sepsis
- Blockage
- Leakage

F690 Interpretive Guidance
Urinary Tract Infections

- Bacteriuria alone in catheterized individual should not be treated with antibiotics
- For non-catheterized residents with UTI symptoms, practitioner should order urine culture prior to initiation of antibiotics to help guide treatment
  - Urine culture should be collected by clean catch or mid-stream specimen
- Establish criteria for use of antibiotics for UTIs
F690 Interpretive Guidance
Follow-Up of UTIs

• Post-treatment urine culture not necessary, but may be useful if UTI signs & symptoms continue or don’t respond to antibiotic treatment
• Continued bacteriuria without residual symptoms does not warrant repeat or continued antibiotic therapy
• Recurrent UTIs in non-catheterized individual may warrant additional evaluation to rule out structural abnormalities
• Recurrent UTIs in catheterized individual should prompt to look for possible impairment of free urine flow through catheter, to re-evaluate catheter care techniques, & reconsider risks/benefits of continuing to use catheter

F690 Interpretive Guidance
Fecal Incontinence

• Risk Factors
  – Aging & dependency in daily activities
  – Smoking & pulmonary disease
  – Arthritis
  – Rectal cancer
  – Comorbidities
  – Functional dependency
  – Poor general health
  – Dementia
F690 Interpretive Guidance
Fecal Incontinence Causes & Treatment

**Potential Causes**
- Diarrhea
- Constipation Muscle Damage or Weakness
- Trauma, childbirth injuries, cancer surgery, and hemorrhoid surgery
- Nerve Damage
- Loss of Stretch in the Rectum
- Childbirth by Vaginal Delivery
- Hemorrhoids and Rectal Prolapse
- Rectocele
- Inactivity

**Treatment/Interventions**
- Increase fiber intake
- Sufficient fluids
- Medications
- Pelvic Floor Exercises and Biofeedback
- Surgery
- Electrical Stimulation

Bowel/Bladder Incontinence, Catheter, & UTI
LTC Survey Procedures
Survey procedures for assessing compliance with the F-Tag and citation examples
New LTC Survey Initial Pool Process
Resident/Representative Interviews

Catheters
- Only ask for a resident who has a urinary catheter:
  - Do you know why you have the catheter?
  - How long have you had it?
  - Have you had any problems with your catheter?
  - Have you had any problems such as infections or pain related to the catheter?

UTIs
- Do you have easy access to a sink with soap to wash your hands?
- Do staff assist you with washing your hands, if needed?
- Have you had a UTI recently?
  - Tell me about the infection?
  - Are you currently having any symptoms?
  - How was it treated?
  - Are you still being treated?

New LTC Survey Initial Pool Process
Resident/Representative Interviews

• B&B Incontinence
  - Are you incontinent?
    • When did you become incontinent?
    • Do you know why you are incontinent?
    • What is the facility doing to try and help you become more continent?
  - Do you use incontinence briefs? If so, have you ever been instructed to urinate in your briefs and the staff will change you later?
  - Are you on a program (e.g., scheduled toileting) to help you maintain your level of continence? How is it going? Are there things they could be doing that might help?
New LTC Survey Initial Pool Process
Resident Observations - Catheter

• Does the resident have a urinary catheter in place?
  – Is the catheter tubing properly secured, unobstructed and free of kinks?
  – Is the catheter drainage bag maintained below the level of the bladder?
  – Is the catheter drainage bag off the floor at all times (i.e., do not place directly on the floor without protection from the floor surface)?
• Are there signs and symptoms of infection (e.g., foul smelling urine, sediment, blood or mucus)?
• If the situation presents itself, is the catheter drainage bag emptied using a separate, clean collection container for each resident, and does the drainage spigot touches the collection container?

New LTC Survey Initial Pool Process
Resident Observations

• Incontinence
  – Does the resident have a urine or BM odor?
    • Is the resident wet?
  – Does the resident have soiled clothes or linens with urine or BM?
  – Is the resident provided incontinence care timely?
  – Are staff implementing maintenance programs (e.g., prompted or scheduled voiding) appropriately, if known?
• UTI
  – Does the resident have signs or symptoms of an infection (e.g., confusion, delirium)?
New LTC Survey Initial Pool Process
Limited Record Review

- For any resident marked as non-interviewable, refused, unavailable or out of facility the following will be reviewed in the record regardless of whether the area is an indicator for the resident.
  - Does the resident currently have a UTI?
  - Is the resident incontinent of bowel or bladder and not at a high risk for incontinence issues?

Urinary Catheter or UTI CE Pathway (CMS-2008)

- Triggered Pathway
- Observations
- Resident/Representative Interviews
- Staff Interviews
- Record Reviews
Bladder or Bowel Incontinence
CE Pathway (CMS-20125)

- Triggered Pathway
- Observations
- Resident/Representative Interviews
- Staff Interviews
- Record Reviews

F690 Survey Trends

- #13 most frequently cited F-tag (STD)
- 1,872 citations
  - Complaint Surveys = 390
  - Standard Surveys = 1,482
- Scope & Severity
  - D level = 1,492
  - E level = 321
  - G level = 51
  - H level = 3
  - J level = 1
  - K level = 4

The is valid for the subset of providers for which there are survey records in CASPER as of 11/26/18

Source: S&C QCOR (12/04/2018)
F690 IJ Example - KY

- Failed to ensure one resident received appropriate care to prevent a UTI from worsening, leading to hospitalization.
  - UA C&S ordered after resident presented with UTI symptoms
  - UA results sent to MD, who noted he was waiting for C&S before prescribing treatment
  - C&S results were faxed to facility, but no results were in chart & no evidence MD was notified of results or that nurse contacted lab for results
  - Resident continued to complain of symptoms, but no documented on-going assessment by nurses
  - 16 days after symptoms of UTI noted, resident found non-verbal & required hospitalization r/t the infection

F690 IJ Example - FL

- Failed to provide care & services to identify & treat constipation for 5 residents that required assistance with bowel incontinence.
  - Staff inaccurately & incompletely documented bowel movements which caused one resident not to receive timely treatment for constipation & placed four residents at risk for constipation
  - Failed to administer standard MD ordered bowel protocol when resident was absent of bowel movements
    - Resident sent to hospital & death summary indicated resident was severely constipated & this resulted in bowel perforation & subsequent death
F690 IJ Example - TX

- Failed to ensure one resident who is incontinent of bladder received appropriate treatment & services to prevent UTI
  - Nurse incorrectly inserted a suprapubic catheter & threaded almost 6.5 inches too far & inflated the catheter bulb in resident’s penis. Resident required transfer to local ER for treatment & admission r/t bleeding & infection

F690 IJ Example - AR

- Failed to ensure necessary assessments, monitoring, treatment, & services were provided for the management of bowel incontinence for one resident
  - Failed to ensure that before a rectal tube with fecal bag was initiated that staff was knowledgeable & fully competent with doing so.
  - Failed to ensure staff monitored the Flexi-seal system & fecal output, promptly addressed leakage of fecal material, kinks or blockage of the tubing, evaluated the positioning of the rectal tube for correct positioning in rectum when the system continued to experience leakage of fecal material, & failed to consult with MD when system failed to prevent Stage IV from being contaminated with fecal material
  - Failed to ensure staff were aware of when to change the Flexi-seal bag & who was responsible for doing so
QAPI
Strategies for monitoring compliance and incorporating survey preparedness into facility QAPI processes

Incorporating Survey Prep into QAPI Processes

- **Risk Assessment**
  - Routine resident interviews & observations
  - Use of Critical Element Pathways
  - Routine review of Matrix & QMs
  - Formal system review processes
    - Incontinence
    - Catheters
    - UTIs
  - Mock Surveys

- **Performance Improvement**
  - QAPI system focused teams
  - Competency Evaluations
  - Education & Training
  - Routine Data Monitoring
  - Performance Improvement Plans
  - On-going evaluation
References


Questions?

*Type your questions using tool bar on right of your screen.*

Thank You for Participating in the 2018 F-Tag Webinar Series!

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