

Stage II – Critical Elements for Bowel or Bladder Function/Use of an Indwelling Catheter

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
Care Area(s): _____

Use

Use this protocol for a sampled resident who is incontinent of urine, has a symptomatic UTI or has an indwelling catheter.

NOTE: If concerns with cleanliness and grooming are identified then the ADL CE will also be completed.

Procedure

- Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

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Observations (if the resident is still in the facility)	
<p><input type="checkbox"/> Observe whether staff consistently implement the care plan over time and across various shifts. For residents with urinary incontinence or a condition, which may contribute to incontinence or the presence of an indwelling urinary catheter (including newly admitted residents), the staff are expected to assess and provide appropriate care from the day of admission.</p> <p><input type="checkbox"/> During observations of the interventions, note and/or follow up on deviations from the care plan, deviations from current standards of practice, as well as potential negative outcomes.</p> <p><input type="checkbox"/> Observe whether accommodation of need has been provided in accord with the assessment, such as:</p> <ul style="list-style-type: none">▪ The call bell within reach and timely staff response to the call bell;▪ Unobstructed pathway and access to facilities;▪ Elevated toilet seats, grab bars, adequate lighting; and▪ The availability of, and the assistance needed for, the use of the devices, such as urinals, bedpans and commodes. <p><input type="checkbox"/> If assistance (e.g. prompting, transfer, stand-by assist to ambulate) is required for toileting and/or the resident is on a program to restore continence, a scheduled toileting program, or is generally continent, observe whether assistance has been provided to prevent incontinence episodes.</p> <p><input type="checkbox"/> Note the frequency of breakthrough incontinence, the staff response to the incontinence episodes, and the provision of care in accord with standards of practice (including infection control practices) and with respect and dignity for the resident.</p>	<p>Notes:</p>

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Observations (if the resident is still in the facility)

For a resident who has been determined by clinical assessment to be unable to participate in a program to restore continence or a scheduled toileting program and who requires care due to incontinence of urine, observe:

- Whether the resident is on a scheduled check and change program;
and
- Staff timely check and change the resident.

Notes:

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Observations (if the resident is still in the facility)	
For the resident who has experienced an incontinent episode, observe:	
<input type="checkbox"/> The condition of the pads/sheets/clothing (brown rings/circles, saturated linens/clothing, odors, etc.); <input type="checkbox"/> The resident's physical condition (such as skin clarity or maceration, erythema, erosion); <input type="checkbox"/> The resident's psychosocial outcomes (such as embarrassment for involuntary micturation or expressions of humiliation); <input type="checkbox"/> Whether staff implemented appropriate hygiene measures, (e.g. cleansing, rinsing, drying and applying protective moisture barriers or barrier films as indicated) to prevent skin breakdown from prolonged exposure of the skin to urine; and <input type="checkbox"/> The staff response to incontinence episodes, and the provision of care in accord with standards of practice (including infection control practices) and with respect and dignity for the resident.	Notes:
For the resident with an indwelling catheter, observe the delivery of care to evaluate:	
<input type="checkbox"/> Whether staff use appropriate infection control practices, with regard to hand washing; care for the catheter, tubing, and the collection bag; <input type="checkbox"/> Whether staff recognize and assess potential signs and symptoms of symptomatic UTI or other changes in urine condition (such as onset of bloody urine, cloudiness, oliguria, deepening/concentrating urine color, if present); <input type="checkbox"/> How staff manage and assess urinary leakage from the point of catheter insertion to the bag, if present; <input type="checkbox"/> If the resident has catheter related pain, how staff assess and manage the pain; and <input type="checkbox"/> What interventions, (such as anchoring the catheter; avoiding tugging on the catheter during transfer and care delivery) are being used to prevent inadvertent catheter removal or tissue injury from dislodging the catheter.	Notes:

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Observations (if the resident is still in the facility)	
For each resident who is incontinent or has an indwelling or intermittent catheter, observe:	
<input type="checkbox"/> Whether the resident is provided and encouraged to consume sufficient hydration to meet the resident's needs and to address, e.g., risks of UTI and constipation (approximately 30ml/kg/day or as indicated based on the resident's clinical condition). <input type="checkbox"/> If the resident consumes less fluid than is indicated, note whether staff implement alternative approaches to encourage fluid intake (such as frozen products, gelatins, soups, etc.).	Notes:
Resident/Representative Interview	
<p>Interview the resident, family or responsible party to the degree possible to identify:</p> <input type="checkbox"/> The resident's/representative's involvement in the development of the care plan, defining the approaches and goals, and if interventions reflect choices and preferences; <input type="checkbox"/> The resident's/representative's awareness of the continence program in use and how to use devices or equipment; <input type="checkbox"/> Whether timely assistance is provided as needed for toileting needs, hydration and personal hygiene and whether continence care and/or catheter care is provided according to the care plan; <input type="checkbox"/> Whether the resident comprehends and applies information and instructions to help improve or maintain continence (where cognition permits); <input type="checkbox"/> Presence of pain, location, cause, if any and how it is managed; <input type="checkbox"/> If interventions were refused, whether counseling on alternatives, consequences, and/or other alternative approaches to address the incontinence was offered; and <input type="checkbox"/> Awareness of any current UTI, history of UTIs, or perineal skin problems.	Notes:

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Staff Interviews	
<p>Interview staff on various shifts to determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> How the nurse monitors for the implementation of the care plan, changes in continence, skin condition, and the status of UTIs;<input type="checkbox"/> If the resident resists toileting, how staff have been taught to respond;<input type="checkbox"/> Types of interventions that have been attempted to promote continence (i.e. special clothing, devices, types and frequency of assistance, change in toileting schedule, change in diet/hydration, environmental modifications); and<input type="checkbox"/> If the resident is not on a restorative program, how the determination was made that the resident could not benefit from a program or scheduled toileting program.	<p>Notes:</p>
For the resident on a program of toileting, determine whether the nurse is familiar with:	
<ul style="list-style-type: none"><input type="checkbox"/> The type of incontinence;<input type="checkbox"/> The interventions to address that specific type;<input type="checkbox"/> How the determination is made that the schedule and program is effective, i.e. how continence is maintained or if there have been declines or improvement in continence how the program is revised to address the changes; and<input type="checkbox"/> Whether the resident has any physical or cognitive limitations present that impact improvement of the resident's continence.	<p>Notes:</p>

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Staff Interviews	
For residents with urinary catheters, determine whether the nurse has knowledge of:	
<input type="checkbox"/> The justification for the use of the catheter; <input type="checkbox"/> Attempts made to remove a catheter; and <input type="checkbox"/> History of UTIs, whether present, recurring, persistent or chronic, and interventions to prevent UTIs.	Notes:
If the resident has a skin problem that may be related to incontinence or staff are not following the resident's care plan (continence or catheter care program), interview the nursing assistants to determine, if they:	
<input type="checkbox"/> Are aware of and understand the interventions specific to this resident such as the bladder or bowel restorative/management programs; <input type="checkbox"/> Have been trained and know how to handle catheters, tubing and drainage bags and other devices used during the provision of care; and <input type="checkbox"/> Know what, when, and to whom to report changes in status regarding constipation, hydration/concentrated urine, impaction, and complaints of potential UTI symptoms.	Notes:
Assessment	
<input type="checkbox"/> Review the RAI, the history and physical, and other documents such as physician orders, progress notes, nurses' notes, pharmacist reports, lab reports and any flow sheets or forms the facility uses to document the resident's voiding history which would include: <ul style="list-style-type: none"> ▪ The assessment of the resident's overall condition, ▪ Risk factors and information about the resident's continence status, ▪ Rationale for using a catheter, 	Notes:

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Assessment

- Environmental concerns related to continence programs, and
- The resident's responses to a catheter and continence services.

Determine whether the facility assessment accurately and comprehensively reflects the status of the resident for:

- Patterns of incontinent episodes, daily voiding patterns or prior routines;
- Fluid intake and hydration status;
- Risks or conditions that may affect urinary continence (e.g., impaired neurological, cognitive or physical functioning; inability to recognize the urge to void; behaviors such as resisting care that might interfere with continence; diagnosis such as depression, stroke, diabetes mellitus, Parkinsonism, UTIs, prolapsed uterus, prostatic hypertrophy, obesity, urinary retention; use of a pessary; fecal impaction; pain; end of life);
- Medication use and effect on continence, potential adverse drug reactions or impact on maintaining continence;
- Type of incontinence (stress, urge, overflow, functional, or transient incontinence) and contributing factors;
- Environmental factors that might impede or facilitate ability to maintain bladder continence (such as access to the toilet, call bell, type of clothing and/or continence products, ambulation devices, [walkers, canes] use of restraints, side rails);
- Type and frequency of physical assistance necessary to facilitate toileting;
- Clinical rationale for use of an indwelling catheter (e.g. Stage III or IV pressure ulcer on the sacrum);
- Alternatives to extended use of an indwelling catheter (if possible); and

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Assessment	
<ul style="list-style-type: none"> ▪ Evaluation of factors possibly contributing to recurring, persistent, or chronic UTIs. <p>1. Was a comprehensive assessment completed for a resident with an indwelling catheter, a resident experiencing incontinence, and/or a resident with a symptomatic urinary tract infection? <input type="checkbox"/> Yes <input type="checkbox"/> No F272</p> <p><i>The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident’s needs should be addressed under F281.</i></p> <p><i>NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.</i></p>	
Care Planning	
<p><input type="checkbox"/> If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements. If care plan interventions that address aspects of continence and skin care related to incontinence are integrated within the overall care plan, the interventions do not need to be repeated.</p> <p><input type="checkbox"/> Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment.</p> <p><input type="checkbox"/> Determine whether the plan:</p> <ul style="list-style-type: none"> ▪ Identifies quantifiable, measurable objectives with timeframes to be able to assess whether the objectives have been met; 	<p>Notes:</p>

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Care Planning

- Identifies interventions with sufficient specificity to guide the provision of services and treatment (e.g., toilet within an hour prior to each meal and within 30 minutes after meals or check for episodes of incontinence within 30 minutes after each meal);
- Is based upon resident choices and preferences and interdisciplinary expertise;
- Promotes maintenance of dignity;
- Addresses potential psychosocial complications of incontinence or catheterization such as social withdrawal, embarrassment, humiliation, isolation;
- Includes an educational component providing ongoing information to the resident and/or representative on the risks and benefits of catheter use, on the continence program being used, and/or medications selected, etc.;
- Addresses measures to assure the provision of sufficient fluid intake, including alternatives such as food substitutes that have a high liquid content, if there is reduced fluid intake;
- Defines interventions to prevent skin breakdown from prolonged exposure to urine and stool;
- Identifies and addresses the potential impact of medication and irritants (e.g., caffeine) in foods and beverages on continence;
- Identifies approaches to minimize risk of infection (personal hygiene measures and catheter/tubing/bag care); and
- Defines environmental approaches and devices needed to promote independence in toileting and to maintain continence, and to maximize independent functioning.

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Care Planning	
For the resident who is not on a scheduled toileting program or a program to restore normal bladder function to the extent possible:	
<input type="checkbox"/> Determine whether the care plan provides specific approaches for a check and change program.	Notes:
For the resident who is on a scheduled toileting or restorative program (e.g., retraining, habit training, scheduled elimination, prompted voiding, absorbent products, toileting devices):	
Determine whether the care plan: <input type="checkbox"/> Identifies the type of urinary incontinence and bases the program on the resident's voiding/elimination patterns; <input type="checkbox"/> Has been developed with consideration of the cognitive and functional ability for participation in a relevant continence program; and <input type="checkbox"/> Identifies the degree of assistance needed based upon the resident's medical/health condition and level of functioning.	Notes:

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Care Planning	
For the resident with a catheter:	
<p>Determine whether the care plan:</p> <p><input type="checkbox"/> Defines the catheter, tubing and bag care, including indications, according to facility protocol, for the need to change the catheter, tubing or bag;</p> <p><input type="checkbox"/> Provides for assessment and removal of the indwelling catheter when no longer needed; and</p> <p><input type="checkbox"/> Establishes interventions to prevent catheter-related injury, pain, encrustation, excessive urethral tension, accidental removal, or obstruction of urine outflow.</p> <p><input type="checkbox"/> If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.</p>	<p>Notes:</p>
<p>2. Did the facility develop a care plan that addresses provision of care for the resident with an indwelling catheter; a resident experiencing incontinence; and/or a resident with a symptomatic urinary tract infection? <input type="checkbox"/> Yes <input type="checkbox"/> No F279</p>	<p>Notes:</p>
<p><i>The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under F281.</i></p> <p><i>Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under F271.</i></p>	

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Care and Services that Meet Professional Standards of Quality	
<p>Interviews with Health Care Practitioners and Professionals: If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's condition or problem. If the attending physician is unavailable, interview the medical director, as appropriate.</p> <p>Depending on the issue, ask about:</p> <ul style="list-style-type: none"><input type="checkbox"/> The medical justification of the use of a urinary catheter;<input type="checkbox"/> History of UTIs, whether present, recurring, persistent or chronic and interventions to prevent UTIs;<input type="checkbox"/> How it was determined that chosen interventions were appropriate;<input type="checkbox"/> Risks identified for which there were no interventions;<input type="checkbox"/> Changes in condition that may justify additional or different interventions; or<input type="checkbox"/> How they validated the effectiveness of current interventions; and<input type="checkbox"/> How they monitor the approaches for continence programs (for example, policies/procedures, staffing requirements, how staff identify problems, assess the toileting pattern of the resident and develop and implement action plans, how staff monitor and evaluate resident's responses, etc.). <p>3. Did the facility implement practices that meet professional standards of quality? <input type="checkbox"/> Yes <input type="checkbox"/> No F281</p> <p><i>NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.</i></p>	<p>Notes:</p>

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Care Plan Revision

- Determine whether the resident's condition and effectiveness of the care plan interventions have been monitored and care plan revisions were made based upon the following:
- The outcome and/or effects of goals and interventions;
 - A decline or lack of improvement in continence status;
 - Complications with catheter usage;
 - Failure to comply with a continence program and alternative approaches for maintaining or improving continence, counseling regarding the potential consequences of not following the program;
 - Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems;
 - Input by the resident and/or the responsible person;
 - An evaluation of the resident's level of participation with and response to the continence program; and
 - If refuses or is resistant to services, alternative means are identified to address continence needs and/or catheter usage.

4. Did the facility revise the plan of care as needed?

Yes No **F280**

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Provision of Care and Services

Compliance with F315, Urinary Incontinence

- For a resident who was admitted with an indwelling urinary catheter or who had one placed after admission, the facility is in compliance with F315, if staff have identified the clinical rationale for use of a catheter and have:
 - Recognized and assessed factors affecting the resident’s urinary function, including incontinence and/or retention;
 - Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to:
 - Address factors contributing to impaired bladder function and to prevent or address urinary incontinence/retention in an effort to avoid initiating or continuing indwelling catheterization and to remove the catheter as soon as clinically indicated; and
 - Minimize complications from an indwelling urinary catheter.
 - Monitored and evaluated the resident’s response to interventions; and
 - Revised the approaches as appropriate.
- For a resident who is incontinent of bladder, the facility is in compliance with this requirement if it:
 - Recognized and assessed factors affecting the risk of symptomatic urinary tract infections and impaired urinary function;
 - Defined and implemented interventions to address correctable underlying causes of urinary incontinence and minimize the occurrence of symptomatic urinary tract infections in accordance with resident needs, goals, and recognized standards of practice;
 - Monitored and evaluated the resident’s response to preventive efforts and treatment interventions; and
 - Revised the approaches as appropriate.

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Provision of Care and Services

If not, the development of urinary incontinence and unjustified use of an indwelling urinary catheter is avoidable: cite F315.

Non-compliance with F315, Urinary Incontinence

Analyze the data in order to determine whether noncompliance with the regulation exists. Non-compliance with F315 may include (but is not limited to) one or more of the following, including failure to:

- Accurately or consistently assess a resident's continence status on admission and as indicated thereafter;
- Identify and address risk factors for developing urinary incontinence or symptomatic urinary tract infections, or explain adequately why they could not or should not do so;
- Implement preventive interventions in accord with the resident's need and current standards of practice;
- Provide clinical justification for the unavoidable development of urinary incontinence, failure of existing urinary incontinence to improve, or use of an indwelling urinary catheter;
- Provide appropriate interventions, care and treatment for existing urinary incontinence, an existing symptomatic urinary tract infection and existing use of an indwelling urinary catheter;
- Implement pertinent approaches to managing an indwelling urinary catheter and bladder rehabilitative programs;
- Identify or know how to apply relevant policies and procedures for managing urinary incontinence and symptomatic urinary tract infections; and
- Notify the physician of the resident's condition or changes in the resident's continence status or development of symptoms that may represent a UTI.

5. Did the facility provide a medical justification for the use of the catheter; provide care/services to improve and/or prevent decline in normal bladder function; and prevent infections, as much as possible? Yes No **F315**

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

During the investigation of bowel and bladder function, the surveyor may have identified concerns with related structure, process, and/or outcome requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):

- F157, Notification of Changes** — Determine whether staff notified the physician of significant changes in the resident's continence; or notified the resident's representative (if known) of significant changes in the resident's continence.
- F241, Dignity** — Determine whether staff provide continence care and assistance to the resident in a manner that prevents the resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated, isolated, interference with activity and social programs, etc.
- F309, Quality of Care** — Determine whether staff identified and implemented appropriate measures for the management of pain, as indicated, related to the use of an indwelling urinary catheter or skin complications, or bowel management programs.
- F312, Activities of Daily Living** — Determine whether staff provided personal hygiene/grooming services (washing and drying of the perineum) to residents on a check-and-change monitoring program in a timely fashion.
- F353, Sufficient Staff** — Determine whether the facility had qualified staff in sufficient numbers to provide necessary care and services, based upon the comprehensive assessment and care plan, to try to prevent or manage urinary incontinence.
- F385, Physician Supervision** — Determine whether the physician has evaluated and addressed, as indicated, medical issues related to preventing or managing urinary incontinence.
- F444, Infection Control: Hand Washing** — Determine whether staff wash their hands after providing incontinence or catheter care between residents.

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

- F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the delivery of continence and catheter care to minimize skin breakdown, UTIs, catheter-related injuries, and dislodgment.
- F501, Medical Director** — Determine whether the medical director, in collaboration with facility staff:
 - Provided for the development and use of policies and procedures to try to prevent and manage urinary incontinence,
 - Provide catheter care and try to prevent complications such as UTIs, based on current standards of practice; and
 - Interacts with the physician supervising the care of the resident, if requested by the facility, to intervene on behalf of the resident with urinary incontinence, a urinary catheter or complications, such as UTIs.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.