BRR Insiders–2026 Summer Series

UTI Quality Measure

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BROAD RIVER

8/14/2026

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week

Resources

- Quality Measures | CMS
- Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide July 2026
- Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.20.1
- Nursing Homes | CMS
- State Operations Manual Appendix PP
- Urinary Catheter or Urinary Tract Infection Critical Element Pathway

Learning Objectives

Understand the UTI Quality Measure Numerator and Denominator	01
Identify exclusions for the UTI Quality Measure	02
Understand what constitutes an active infection for MDS reporting	03

UTI – Measure Specific Information

Long Stay Measure:

Residents who have been admitted for 101+ cumulative days in facility can trigger this measure – **note* days out of facility are not counted toward the 101+ days*

Table 2-21
Percent of Residents with a Urinary Tract Infection (LS)
(CMS ID: N024.02) (CMIT Measure ID: 532)[14]

Measure Description
The measure reports the percentage of long-stay residents who have a urinary tract infection.
Measure Specifications
Numerator Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]). *Denominator* All long-stay residents with a selected target assessment, except those with exclusions. *Exclusions* 1. Target assessment is an admission assessment (A0310A = [01]) *or* a PPS 5-Day assessment (A0310B = [01]). 2. Urinary tract infection value is missing (I2300 = [-]).
Covariates
Not applicable.

UTI QM Measure Breakdown

Numerator

- Long stay residents with selected target assessment that indicates urinary tract infection within the past 30 days

Denominator

- All long stay residents with a selected target assessment, except those with exclusions

Covariates – there are no covariates for this measure

Exclusions

UTI Quality Measure

There are 2 exclusions for this measure:

Target assessment is an admission assessment (A0310A = [01]) *or* a PPS 5-Day assessment (A0310B = [01])

Urinary Tract infection value is missing (I2300 = [-])

How is this QM triggered from the MDS?

Triggered from coding I2300 on MDS

Section I: This measure is captured from coding in Section I of the MDS. This measure differs due to the lookback period. For active UTI diagnosis the lookback is 30 days from ARD.

	Infections	
☐	I1700.	**Multidrug-Resistant Organism (MDRO)**
☐	I2000.	**Pneumonia**
☐	I2100.	**Septicemia**
☐	I2200.	**Tuberculosis**
☐	I2300.	**Urinary Tract Infection (UTI) (LAST 30 DAYS)**
☐	I2400.	**Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E)
☐	I2500.	**Wound Infection** (other than foot)

What makes a UTI active?

UTI is coded active when *both* criteria are present in the last 30 days

Criteria #1

It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days.

Criteria #2

A physician documented UTI diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days.

Code UTI

Infection Criteria – Loeb's and McGeer

Loeb's Minimum Criteria for Initiating Antibiotic Therapy [Facility Logo]

Patient Name: _____ MRN: _____ Location: _____

Date of Infection: _____ Date of Review: _____ Reviewed by: _____

UTI: ☐ evaluated ☐ criteria met LRTI: ☐ evaluated ☐ criteria met SSTI: ☐ evaluated ☐ criteria met FUO: ☐ evaluated ☐ criteria met

Suspected Infection Syndrome	Minimum Criteria for Starting Antibiotic Therapy
Urinary tract infection	
without catheter	Either one of the following criteria ☐ Acute dysuria, OR ☐ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline, AND ≥1 of the following new or worsening symptoms ☐ Urgency ☐ Frequency ☐ Suprapubic pain ☐ Gross hematuria ☐ Urinary incontinence ☐ Costovertebral angle tenderness
with catheter	At least one of the following criteria ☐ Rigors ☐ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline ☐ New onset delirium ☐ New costovertebral angle tenderness
Note: *Residents with intermittent catheterization or condom catheter should be categorized as 'without catheter'* *Urine culture should be sent prior to starting antibiotics* *Antibiotics should not be started for cloudy or foul smelling urine*	
Lower respiratory tract infection *with temp >38.9 °C (102 °F)*	At least one of the following criteria ☐ Productive cough ☐ Respiratory rate >25 breaths / minute
with temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline	Both of the following criteria ☐ Cough, AND ☐ At least one of the following criteria ☐ Pulse >100 beats / minutes ☐ Delirium ☐ Rigors ☐ Respiratory rate >25 breaths / minute
afebrile with COPD and >65 years old	Both of the following criteria ☐ New or increased cough ☐ Purulent sputum production
afebrile without COPD	All of the following criteria ☐ New cough ☐ Purulent sputum production ☐ At least one of the following criteria ☐ Delirium ☐ Respiratory rate >25 breaths / minute
with new infiltrate on chest X-ray consistent with pneumonia	At least one of the following criteria ☐ Productive cough ☐ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline ☐ Respiratory rate >25 breaths / minute
Note: *Consider ordering chest X-ray and CBC with differential for febrile residents with cough and any of these criteria (HR >100, worsening mental status, or rigors)* *Antibiotics should not be used for up to 24 h after large-volume aspiration in those without COPD but with temp ≤38.9°C (102 °F) and non-productive cough*	
Skin and soft-tissue infection	Either one of the following criteria ☐ New or increasing purulent drainage, OR ☐ At least two of the following criteria ☐ Redness (erythema) ☐ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline ☐ Tenderness ☐ New or increasing swelling at affected site ☐ Warmth
Note: *These criteria do not apply to residents with burns* *Surgical consultation and hospitalization are required for certain soft-tissue infections (e.g., necrotizing fasciitis or gas gangrene)*	
Fever where the Focus of Infection is Unknown	Both of the following criteria ☐ Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline, AND ☐ At least one of the following criteria ☐ Rigors ☐ Delirium
Note: *Antibiotic should not be started in residents with fever and altered mental status that does not meet delirium criteria (e.g., reduced functional activities, withdrawal, loss of appetite)*	

Reference: Loeb M, *et al.* Infect Control Hosp Epidemiol 2001;22:120-4.

Revised McGeer Criteria for Infection Surveillance Checklist [Facility Logo]

Patient Name: _____ MRN: _____ Location: _____

Date of Infection: _____ Date of Review: _____ Reviewed by: _____

UTI: ☐ evaluated ☐ criteria met RTI: ☐ evaluated ☐ criteria met SSTI: ☐ evaluated ☐ criteria met GITI: ☐ evaluated ☐ criteria met

Table 1. Constitutional Criteria for Infection

Fever	Leukocytosis	Acute Mental Status Change	Acute Functional Decline
Single oral temp >37.8 °C (100 °F), *OR* Repeated oral temp >37.2 °C (99 °F), *OR* Repeated rectal temp >37.5 °C (99.5 °F), *OR* Single temp >1.1 °C (2 °F) from baseline from any site	>14,000 WBC / mm³, *OR* >6% band, *OR* ≥1,500 bands / mm³	Acute onset, *AND* Fluctuating course, *AND* Inattention, *AND* Either disorganized thinking, OR altered level of consciousness	3-point increase in baseline ADL score according to the following items: 1. Bed mobility 2. Transfer 3. Locomotion within LTCF 4. Dressing 5. Toilet use 6. Personal hygiene 7. Eating [Each scored from 0 (independent) to 4 (total dependence)]

Table 2. Urinary Tract Infection (UTI) Surveillance Definitions

Syndrome	Criteria	Selected Comments*
UTI without indwelling catheter	***Must fulfill both 1 AND 2.*** ☐ 1. At least one of the following sign or symptom ☐ Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate ☐ Fever or leukocytosis, and ≥ 1 of the following: ☐ Acute costovertebral angle pain or tenderness ☐ Suprapubic pain ☐ Gross hematuria ☐ New or marked increase in incontinence ☐ New or marked increase in urgency ☐ New or marked increase in frequency ☐ If no fever or leukocytosis, then ≥ 2 of the following: ☐ Suprapubic pain ☐ Gross hematuria ☐ New or marked increase in incontinence ☐ New or marked increase in urgency ☐ New or marked increase in frequency ☐ 2. At least one of the following microbiologic criteria ☐ ≥ 10^5 cfu/mL of no more than 2 species of organisms in a voided urine sample ☐ ≥ 10^5 cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter	The following 2 comments apply to both UTI with or without catheter: • UTI can be diagnosed without localizing symptoms if a blood isolate is the same as the organism isolated from urine and there is no alternate site of infection • In the absence of a clear alternate source of infection, fever or rigors with a positive urine culture result in the non-catheterized resident or acute confusion in the catheterized resident will often be treated as UTI. However, evidence suggests that most of these episodes are likely not due to infection of a urinary source. • Urine specimens for culture should be processed as soon as possible, preferably within 1-2 h • If urine specimens cannot be processed within 30 min of collection, they should be refrigerated and used for culture within 24 h
UTI with indwelling catheter	***Must fulfill both 1 AND 2.*** ☐ 1. At least one of the following sign or symptom ☐ Fever, rigors, or new-onset hypotension, with no alternate site of infection ☐ Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis ☐ New-onset suprapubic pain or costovertebral angle pain or tenderness ☐ Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate ☐ 2. Urinary catheter specimen culture with ≥ 10^5 cfu/mL of any organism(s)	• Recent catheter trauma, catheter obstruction, or new onset hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis • Urinary catheter specimens for culture should be collected after replacement of the catheter if it has been in place >14 d
☐ **UTI criteria met**		☐ **UTI criteria <u>NOT</u> met**

* Refer to original article (Stone ND, *et al.* Infect Control Hosp Epidemiol 2012;33:965-77) for full comments

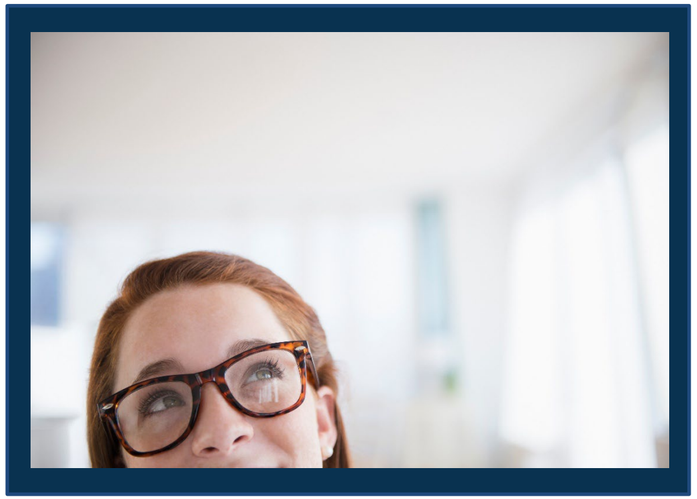
Resources for evidence -based UTI criteria

Loeb's criteria:
https://www.researchgate.net/publication/12098745_Development_of_Minimum_Criteria_for_the_Initiation_of_Antibiotics_in_Residents_of_Long-Term-Care_Facilities_Results_of_a_Consensus_Conference

McGeer criteria:
https://pmc.ncbi.nlm.nih.gov/articles/PMC3538836/

National Healthcare Safety Network (NHSN):
https://www.cdc.gov/nhsn/ltc/uti/index.html

Other Considerations



- In accordance with requirements at §483.80(a) Infection Prevention and Control Program, the facility must establish routine, ongoing and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections. The facility's surveillance system must include a data collection tool and the use of nationally recognized surveillance criteria. Facilities are expected to use the same nationally recognized criteria chosen for use in their Infection Prevention and Control Program to determine the presence of a UTI in a resident.
- Example: if a facility chooses to use the Surveillance Definitions of Infections (updated McGeer criteria) as part of the facility's Infection Prevention and Control Program, then the facility should also use the same criteria to determine whether or not a resident has a UTI.
- If the diagnosis of UTI was made prior to the resident's admission, entry, or reentry into the facility, it is **not** necessary to obtain or evaluate the evidence-based criteria used to make the diagnosis in the prior setting. A documented physician diagnosis of UTI prior to admission is acceptable. This information may be included in the hospital transfer summary or other paperwork.
- When the resident is transferred, but not admitted, to a hospital (e.g., emergency room visit, observation stay) the facility must use evidence-based criteria to evaluate the resident and determine if the criteria for UTI are met AND verify that there is a physician-documented UTI diagnosis when completing I2300 Urinary Tract Infection (UTI).

Questions?

2026 CUSTOMER EDUCATION

2026 Monthly Broad River *Reflections* Series

- Jan 15th – New Long-Stay Antipsychotic Quality Measure
- Feb 19th – A Quality Measure Refresher
- Mar 12th – QMs and 5-Star
- Apr 16th – QMs the QRP and VBP
- May 21st – SNF PPS FY 2027 Proposed Rule
- Jun 18th – PDPM Refresher/Nursing Category
- Jul 16th – PDPM Refresher/NTA Category
- Aug 20th – SNF PPS FY 2027 Final Rule
- Sept 17th – FY 2027 RAI Updates
- Oct 15th – Medicare Part A Benefit Period/Spell of Illness
- Nov 19th – Physician Cert and Recert Refresh
- Dec 17th – Consolidated Billing Refresh

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WHAT'S AHEAD: 2026 CUSTOMER EDUCATION

Summer Series (MDS-Based Quality Measures)

- Jun 12th – Long Stay and Short Stay Antipsychotic Measures
- Jun 26th – Long Stay Falls with Major Injury
- Jul 10th – Discharge Function Score
- Jul 24th – Skin Integrity Post Acute Pressure Ulcer Injury (Pressure Ulcer New or Worsening)
- Aug 14th Urinary Tract Infection
- Aug 21st ADL Declines

BROAD RIVER REHAB insiders

Thank you!

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