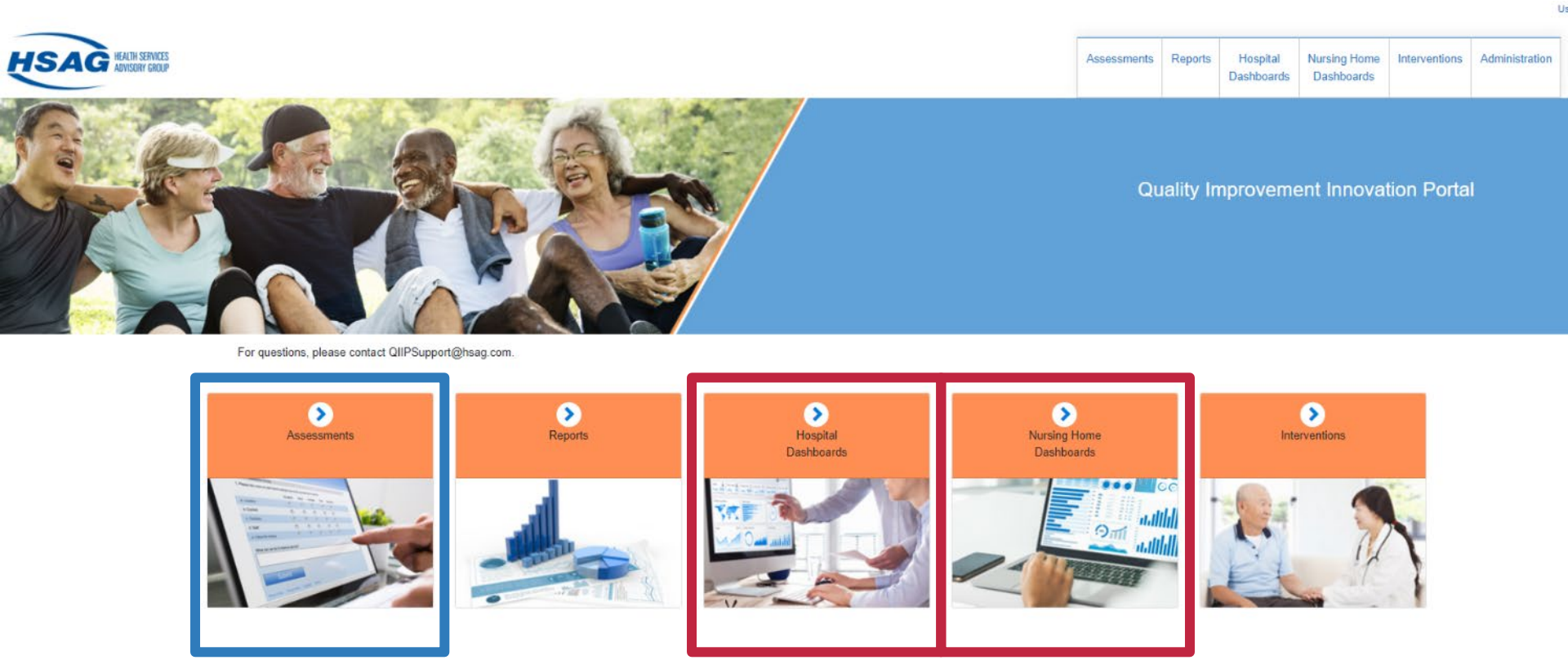



Preventing Urinary Tract Infection (UTI) Readmissions in Skilled Nursing Facilities (SNFs)

Lindsay Holland, MHA, Director, Care Coordination
Karen Verterano, MSN, RN, Quality Improvement Specialist
Health Services Advisory Group (HSAG)

January 9, 2024

Quality Improvement and Innovation Portal (QIIP): Assessments and Data Dashboard



www.hsag.com/qiip-start

QIIP Care Transitions Assessment

SNF Pain/Opioids | SNF Care Transitions | SNF ADE | SNF Quality Score | SNF Antibiotics

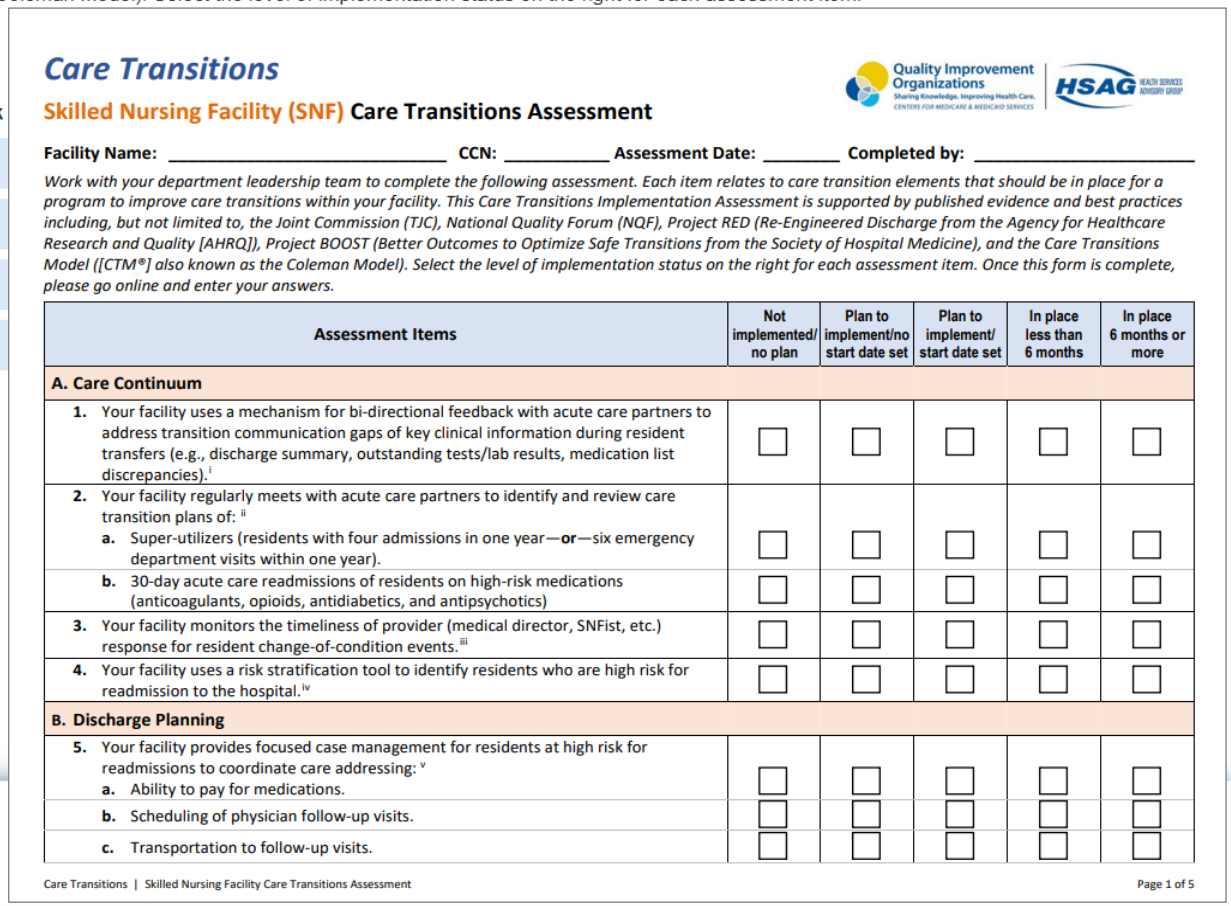
Care Transitions

Work with your department leadership team to complete the following assessment. Each item relates to care transition elements that should be in place for a program to improve care transitions within your facility. This Care Transitions Implementation Assessment is supported by published evidence and best practices including, but not limited to, The Joint Commission (TJC), National Quality Forum (NQF), Project RED (Re-Engineered Discharge from the Agency for Healthcare Research and Quality [AHRQ]), Project BOOST (Better Outcomes to Optimize Safe Transitions from the Society of Hospital Medicine), and the Care Transitions Model ([CTM®] also known as the Coleman Model). Select the level of implementation status on the right for each assessment item.

Download Assessment

To understand the rationale and references for each question, click

- **A. Care Continuum**
- **B. Discharge Planning**
- **C. Quality Improvement of Care Transitions**
- **Open Response**



Care Transitions

Quality Improvement Organizations — Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES | HSAG HEALTH SERVICES ADVISORY GROUP

Skilled Nursing Facility (SNF) Care Transitions Assessment

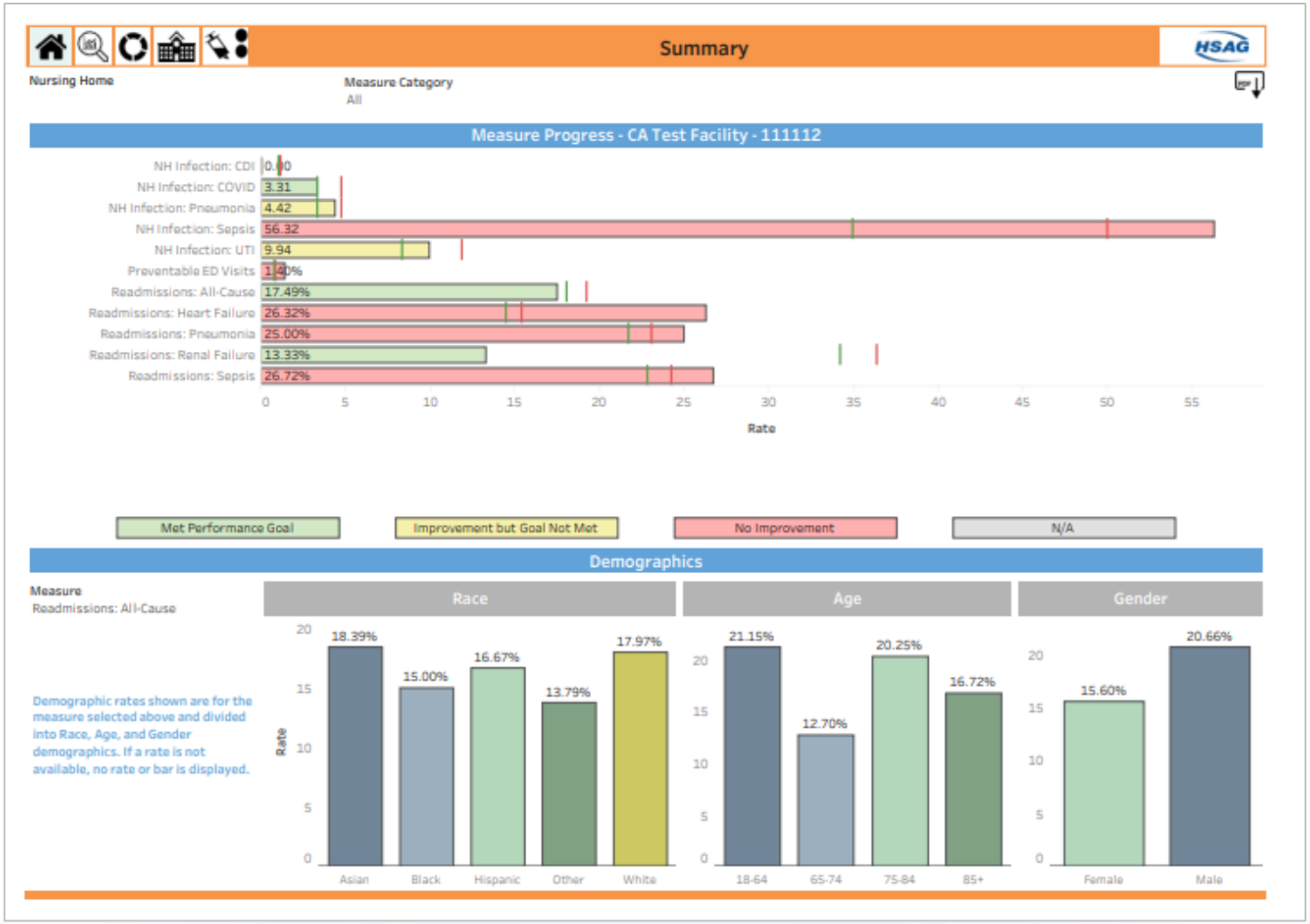
Facility Name: _____ **CCN:** _____ **Assessment Date:** _____ **Completed by:** _____

Work with your department leadership team to complete the following assessment. Each item relates to care transition elements that should be in place for a program to improve care transitions within your facility. This Care Transitions Implementation Assessment is supported by published evidence and best practices including, but not limited to, the Joint Commission (TJC), National Quality Forum (NQF), Project RED (Re-Engineered Discharge from the Agency for Healthcare Research and Quality [AHRQ]), Project BOOST (Better Outcomes to Optimize Safe Transitions from the Society of Hospital Medicine), and the Care Transitions Model ([CTM®] also known as the Coleman Model). Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Care Continuum					
1. Your facility uses a mechanism for bi-directional feedback with acute care partners to address transition communication gaps of key clinical information during resident transfers (e.g., discharge summary, outstanding tests/lab results, medication list discrepancies).[i]	☐	☐	☐	☐	☐
2. Your facility regularly meets with acute care partners to identify and review care transition plans of: [ii]					
a. Super-utilizers (residents with four admissions in one year—**or**—six emergency department visits within one year).	☐	☐	☐	☐	☐
b. 30-day acute care readmissions of residents on high-risk medications (anticoagulants, opioids, antidiabetics, and antipsychotics)	☐	☐	☐	☐	☐
3. Your facility monitors the timeliness of provider (medical director, SNFist, etc.) response for resident change-of-condition events.[iii]	☐	☐	☐	☐	☐
4. Your facility uses a risk stratification tool to identify residents who are high risk for readmission to the hospital.[iv]	☐	☐	☐	☐	☐
B. Discharge Planning					
5. Your facility provides focused case management for residents at high risk for readmissions to coordinate care addressing: [v]					
a. Ability to pay for medications.	☐	☐	☐	☐	☐
b. Scheduling of physician follow-up visits.	☐	☐	☐	☐	☐
c. Transportation to follow-up visits.	☐	☐	☐	☐	☐

Care Transitions | Skilled Nursing Facility Care Transitions Assessment — Page 1 of 5

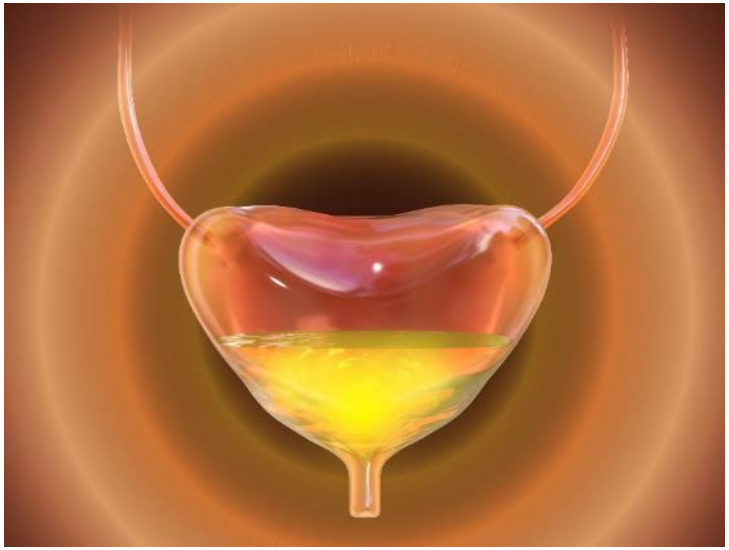
QIIP Infection and Readmission Summary Data



OBJECTIVES

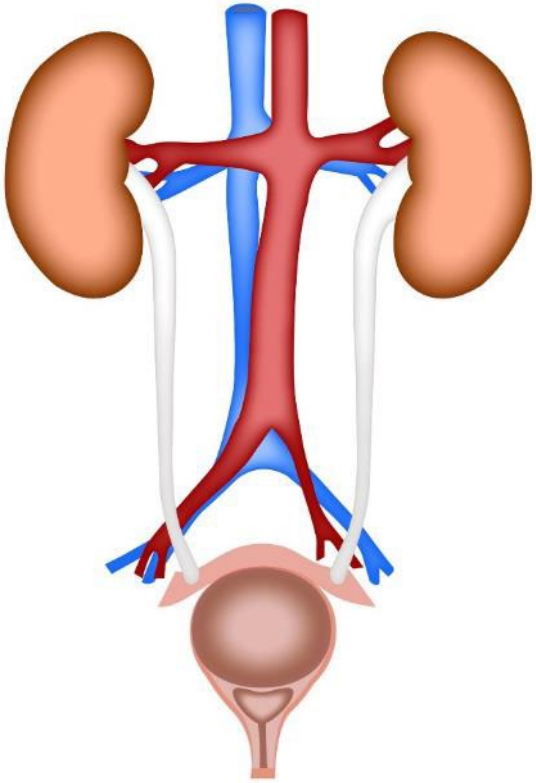
- Describe the risk of healthcare-associated UTIs in SNFs.
- Review the evidence-based clinical practices shown to prevent UTIs and catheter-associated UTIs (CAUTIs).
- Discuss strategies to reduce healthcare-associated UTIs and CAUTIs.
- Discuss adherence monitoring and feedback.
- Review the HSAG UTI Prevention Bundle and Change Package.

Overview of UTIs



Refresher—Pathophysiology of UTIs

- Most common HAI
- Occurs when bacterium invades urinary epithelium cells
- Typically introduced via the urethra
- Mechanisms of development
  - Ability of pathogen to produce infection
  - Strength of individual's defenses/immune system
- Lower UTI (most common)
  - Bladder and/or urethra
  - Cystitis (bladder infection)
- Upper UTI (most serious)
  - Ureters, renal pelvis, or kidney tissue
  - Pyelonephritis*
- Most common in women
  - 60% of women will experience a UTI
  - 10% of men will experience a UTI



HAI = Healthcare-Associated Infection

*Bacterial infection causing inflammation of the kidneys

The Ohio State University. Urinary Tract Infection Case Study. October 2019. u.osu.edu/utieducation/pathophysiology-of-uti

Types and Symptoms of UTIs

CDC Defined UTIs—High-Level Overview

Symptomatic UTI (SUTI)

- Positive culture

Plus

- Signs and symptoms such as dysuria, fever, costovertebral angle pain, hematuria, increased incontinence, urgency, and/or frequency

Asymptomatic Bacteremia UTI (ABUTI)

- Positive culture

But

- **No** signs or symptoms

CAUTI

- Indwelling urinary catheter

Plus

- Positive culture

Plus

- Signs and symptoms such as dysuria, fever, costovertebral angle pain, and/or hematuria

https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

What Is Bacteriuria?

- Bacteria that can be present in the bladder, but not cause infection.
- Present in up to 50% of long-term care (LTC) residents.
- Does **not** increase mortality.
- Does **not** require antibiotics.
- Risk increases with use of indwelling catheters.
  - 3%–10% increase of bacteria for each catheter day.
  - 100% of residents with a catheter for 30 days or more will have bacteriuria.

www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf

Observing Possible Symptoms of UTI

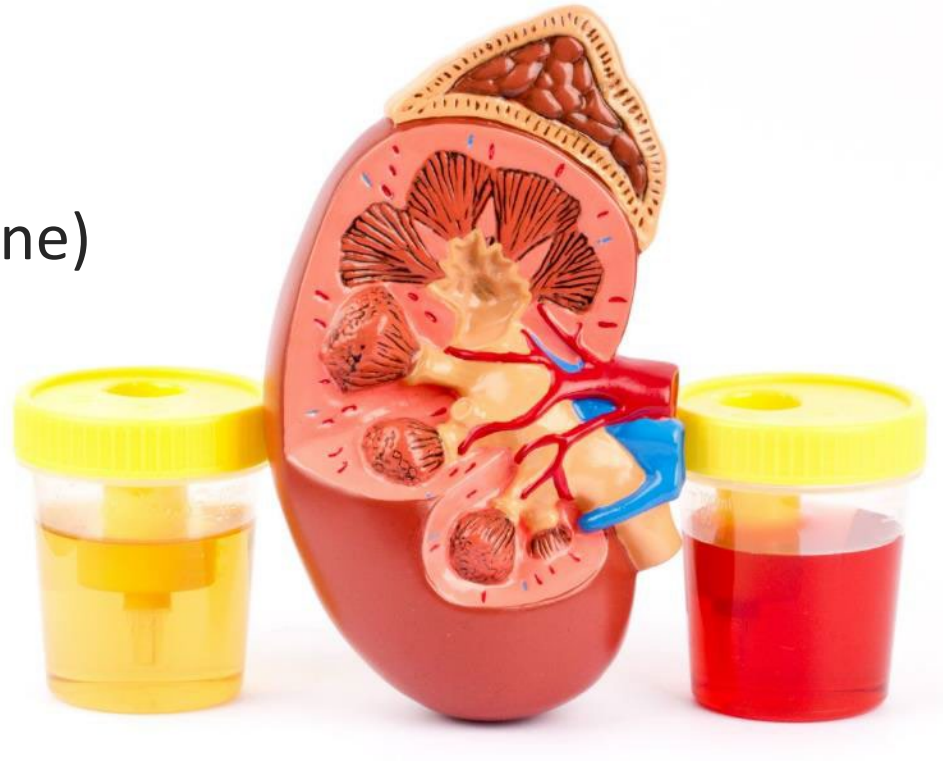
- Flank pain/tenderness
  - Facial grimaces
  - Moans or cries
  - Massages lower back kidney area
- Restlessness, shaking/chills
- Fever
  - >100°F (>37.8°C)
  - >2°F (1.1°C) increase above baseline
- Hypotension*
  - Significant change in baseline blood pressure (BP) or a systolic BP <90

*Much lower than normal blood pressure

https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf. Bates B. Interpretation of urinalysis and urine culture for UTI treatment. USPharm. 2013;38(11):65-68.

Observing Possible Symptoms of UTI (cont.)

- Acute dysuria (painful urination)
- Urinary frequency
- Urinary urgency
- New urinary incontinence
- Gross hematuria (blood in urine)
- Change in mental status
  - Altered mental status independent of other symptoms is not an indication to send a urine culture
- Change in intake or output



https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf
Bates B. Interpretation of urinalysis and urine culture for UTI treatment. USPharm. 2013;38(11):65-68.

Risk Factors for UTI

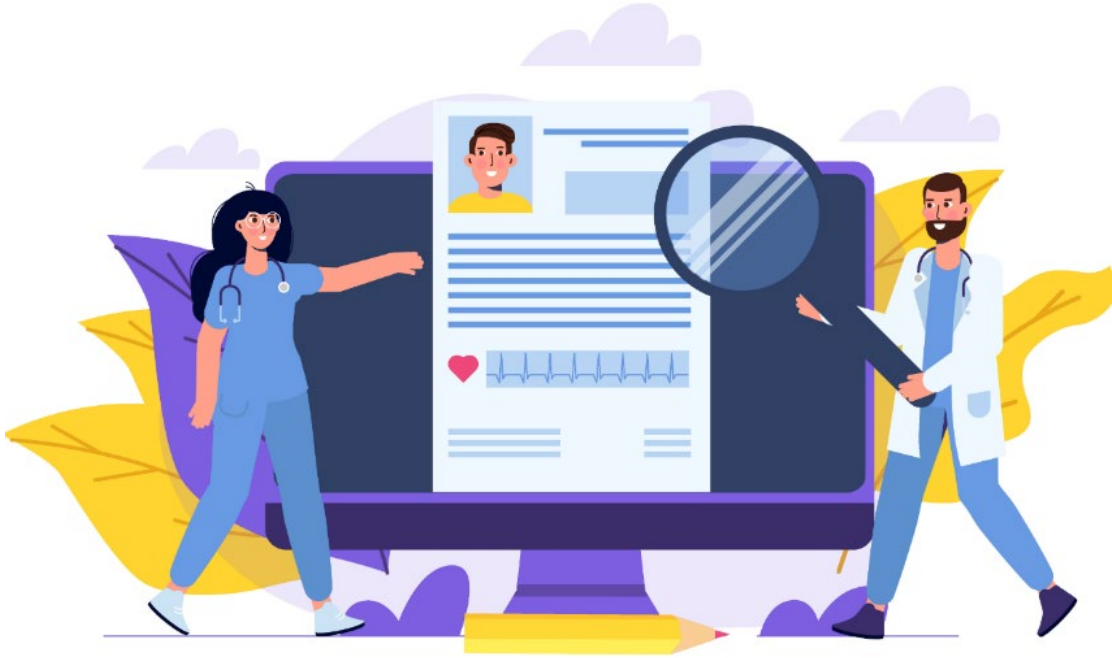
LTC Residents at Risk

- LTC residents at high risk for developing a UTI may have:
  - Challenges with activities of daily living (ADLs)
  - Mobility challenges
  - Chronic conditions
  - Cognitive deterioration

CDC. LTCF UTI Protocols. Available at: www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

Risk Factors—Comorbidities

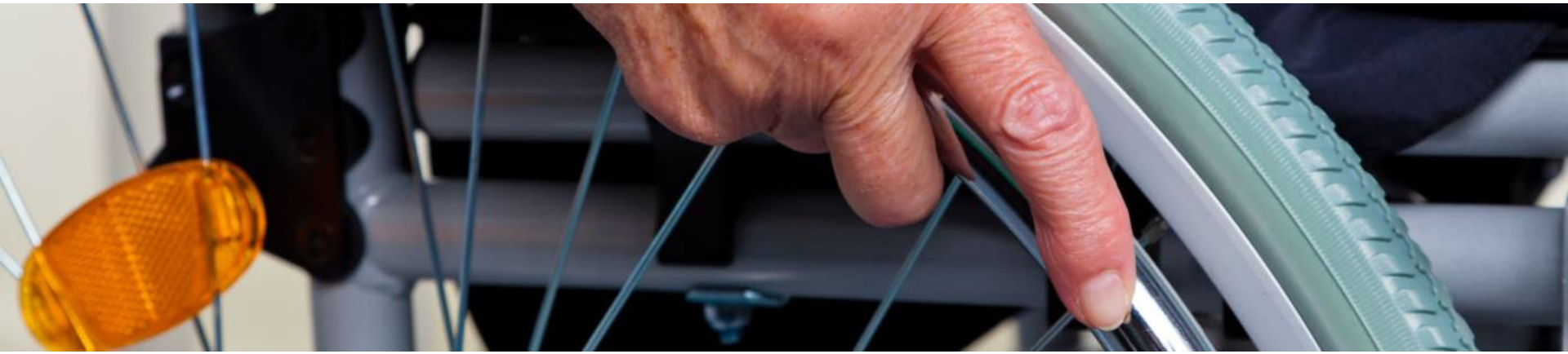
- Diabetes
- Heart disease
- Renal disease
- Immunocompromised
- Dementia/Alzheimer's
- History of UTIs



CDC. LTCF UTI Protocols. Available at: www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

Risk Factors—Aging Related

- Age-related changes to genitourinary* tract
- Neurogenic bladder**
- Bladder and bowel incontinence
- Mobility issues
- Poor fluid intake



* Relating to the genital and urinary organs.
** A number of urinary conditions in people who lack bladder control due to a brain, spinal cord, or nerve problem.
CDC. LTCF UTI Protocols. Available at: www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

Risk Factors—Device Associated

- Improper **insertion technique**
  - Straight catheter
  - Intermittent catheterization
  - Indwelling urinary catheter
- Use of an indwelling urinary catheter
- Improper maintenance

CDC. LTCF UTI Protocols. Available at: www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

UTIs and Beyond

Complications of UTIs

- Persistent/chronic UTIs
- Chronic urinary incontinence
- Urinary calculi*
- Pyelonephritis**
- Renal abscess
- Chronic prostatitis***
- Prostatic abscess
- Renal failure
- Functional decline
- Sepsis
- Hospitalization
- Death

* Solid particles in the urinary system (e.g., kidney stones)
** Inflammation of the kidneys
*** Inflammation of the prostate
CDC. LTCF UTI Protocols. Available at: www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

UTIs Progression to Urosepsis

- Sepsis caused by a UTI is known as urosepsis.
- Urosepsis is an infection of the urinary tract that leads to a systemic response to the infection.
- ~ 25% of sepsis cases are caused by a UTI.
- Early diagnosis and treatment for UTI is critical.
- Monitor all residents with UTI for early signs of sepsis.
  - Temperature >38.3° C/>100.4° F
  - Heart rate ≥90/minute (or 2 standard deviations above normal)
  - Altered mental status
  - Respiratory rate ≥22
  - Systolic blood pressure ≤100

onlinelibrary.wiley.com/doi/10.1111/iju.12200#:~:text=Urosepsis%20in%20adults%20comprises%20approximately,10%E2%80%9330%25%20of%20cases

Preventing UTIs

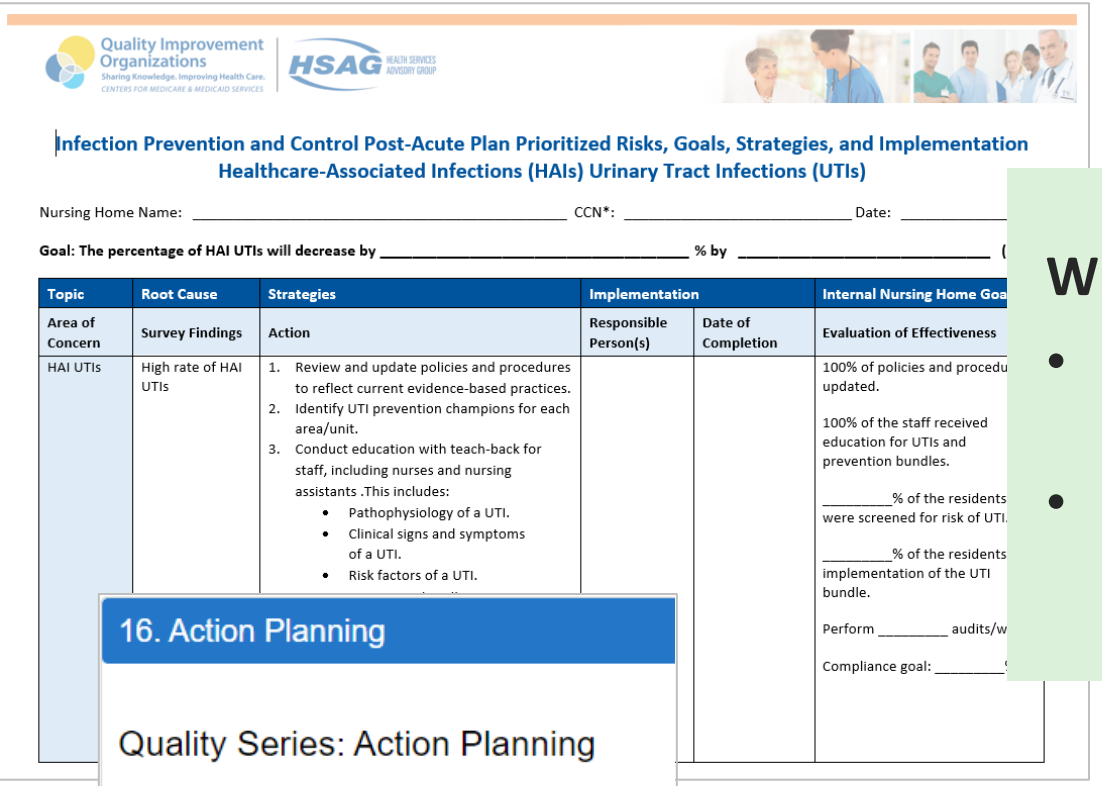
General Prevention Strategies

- Frequent and consistent hand hygiene
  - Staff and residents
  - Before and after toileting
- Purposeful rounding
  - Offer toileting
- Frequent changing of incontinent pads
  - Avoid prolonged exposure to soiled pads
- Proper perineal care
  - Morning and HS (bedtime)
- Encourage fluids (unless restriction)
  - Water within reach
  - Avoid caffeine

HS = hora somni (Latin)

CDC. LTCF UTI Protocols. www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf

HSAG UTI Prevention Toolkit—Action Plan



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Infection Prevention and Control Post-Acute Plan Prioritized Risks, Goals, Strategies, and Implementation
Healthcare-Associated Infections (HAIs) Urinary Tract Infections (UTIs)

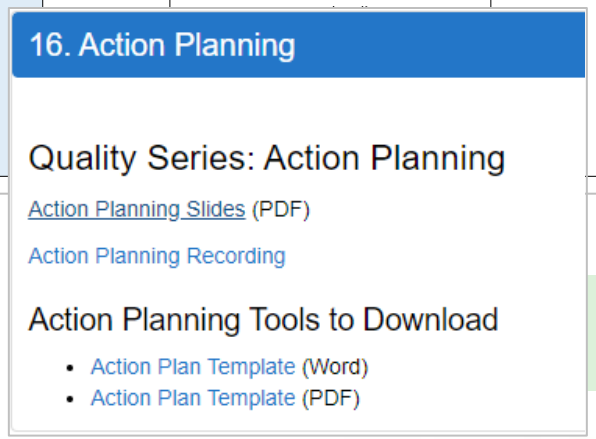
Nursing Home Name: _____ CCN*: _____ Date: _____

Goal: The percentage of HAI UTIs will decrease by _____ % by _____ (

Topic	Root Cause	Strategies	Implementation		Internal Nursing Home Goa
Area of Concern	Survey Findings	Action	Responsible Person(s)	Date of Completion	Evaluation of Effectiveness
HAI UTIs	High rate of HAI UTIs	1. Review and update policies and procedures to reflect current evidence-based practices. 2. Identify UTI prevention champions for each area/unit. 3. Conduct education with teach-back for staff, including nurses and nursing assistants .This includes: • Pathophysiology of a UTI. • Clinical signs and symptoms of a UTI. • Risk factors of a UTI.			100% of policies and procedu updated. 100% of the staff received education for UTIs and prevention bundles. _____% of the residents were screened for risk of UTI. _____% of the residents implementation of the UTI bundle. Perform _____ audits/w Compliance goal: _____

Why is an action plan important?

- Step-by-step plan to achieve a goal
- Tool to design, assign, and track implementation of an initiative



16. Action Planning

Quality Series: Action Planning

Action Planning Slides (PDF)

Action Planning Recording

Action Planning Tools to Download

- Action Plan Template (Word)
- Action Plan Template (PDF)

www.hsag.com/hqic-quality-series

HSAG Action Plan. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

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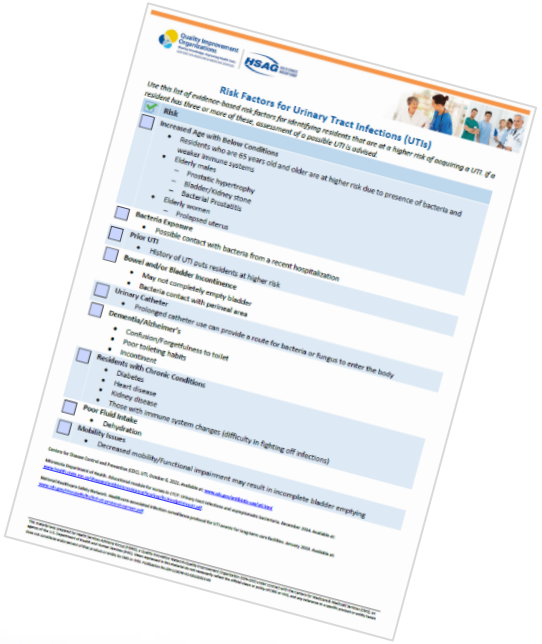
HSAG UTI Prevention Toolkit—Screen

Risk Factors for Urinary Tract Infections (UTIs)

Use this list of evidence-based risk factors for identifying residents that are at a higher risk of acquiring a UTI. If a resident has three or more of these, assessment of a possible UTI is advised.

✓	Risk
☐	**Increased Age with Below Conditions** • Residents who are 65 years old and older are at higher risk due to presence of bacteria and weaker immune systems • Elderly males – Prostatic hypertrophy – Bladder/Kidney stone – Bacterial Prostatitis • Elderly women – Prolapsed uterus
☐	**Bacteria Exposure** • Possible contact with bacteria from a recent hospitalization
☐	**Prior UTI** • History of UTI puts residents at higher risk
☐	**Bowel and/or Bladder Incontinence** • May not completely empty bladder • Bacteria contact with perineal area
☐	**Urinary Catheter** • Prolonged catheter use can provide a route for bacteria or fungus to enter the body
☐	**Dementia/Alzheimer's** • Confusion/Forgetfulness to toilet • Poor toileting habits • Incontinent
☐	**Residents with Chronic Conditions** • Diabetes • Heart disease • Kidney disease • Those with immune system changes (difficulty in fighting off infections)
☐	**Poor Fluid Intake** • Dehydration
☐	**Mobility Issues** • Decreased mobility/Functional impairment may result in incomplete bladder emptying

One-page screening tool to identify residents **most** at risk for developing a UTI



HSAG UTI Risk Assessment. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

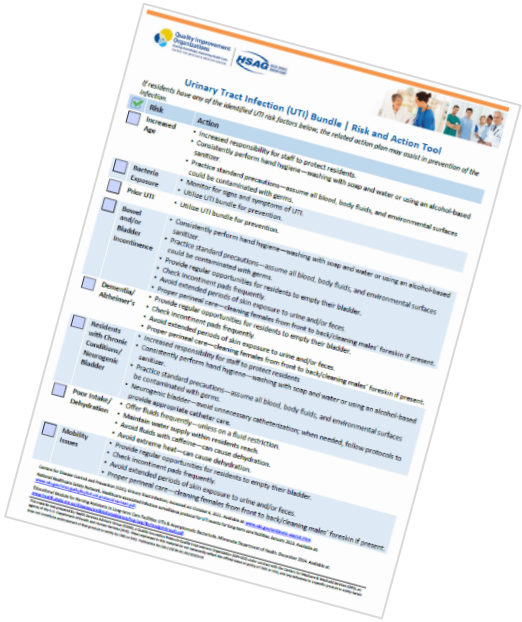
HSAG UTI Prevention Toolkit—Prevent

Urinary Tract Infection (UTI) Bundle | Risk and Action Tool

If residents have any of the identified UTI risk factors below, the related action plan may assist in prevention of the infection.

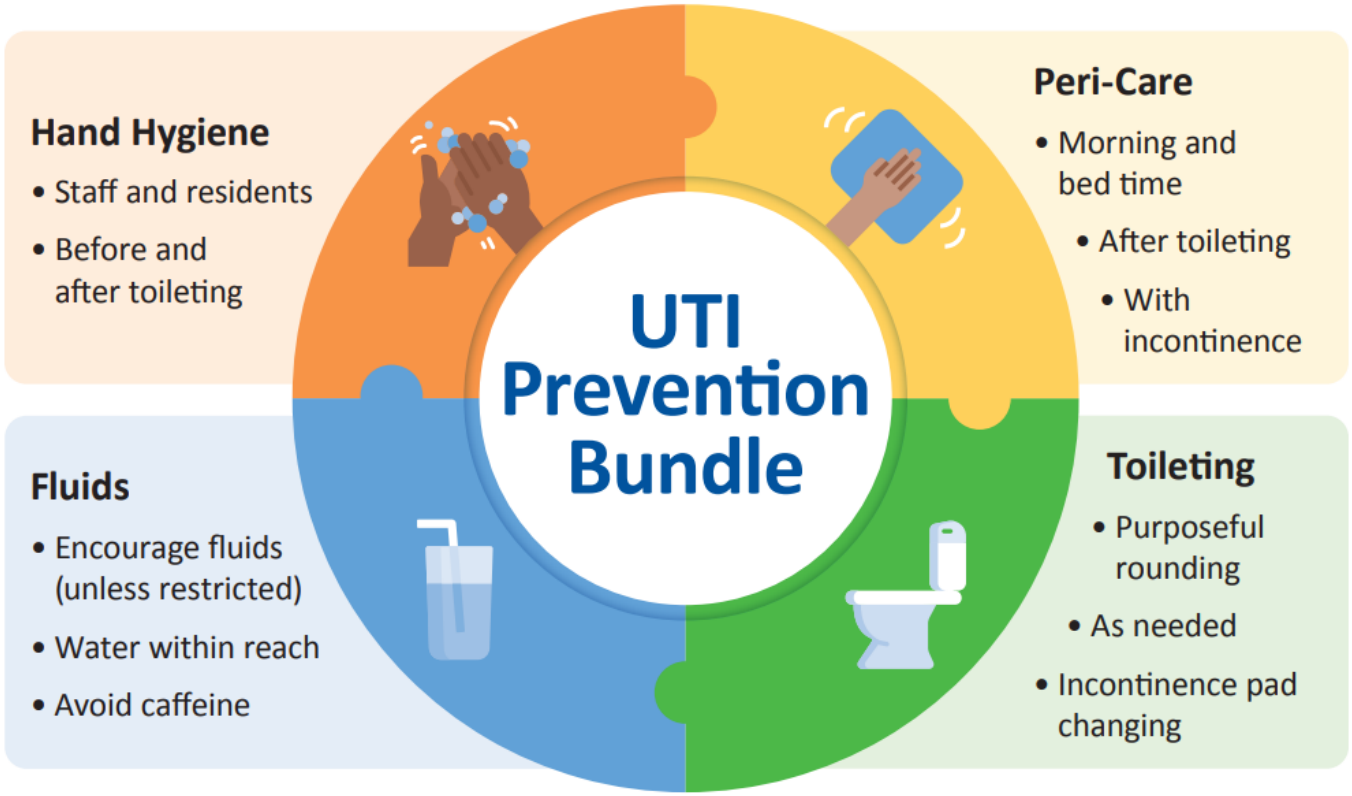
☑	Risk	Action
☐	Increased Age	• Increased responsibility for staff to protect residents. • Consistently perform hand hygiene—washing with soap and water or using an alcohol-based sanitizer. • Practice standard precautions—assume all blood, body fluids, and environmental surfaces could be contaminated with germs.
☐	Bacteria Exposure	• Monitor for signs and symptoms of UTI. • Utilize UTI bundle for prevention.
☐	Prior UTI	• Utilize UTI bundle for prevention.
☐	Bowel and/or Bladder Incontinence	• Consistently perform hand hygiene—washing with soap and water or using an alcohol-based sanitizer. • Practice standard precautions—assume all blood, body fluids, and environmental surfaces could be contaminated with germs. • Provide regular opportunities for residents to empty their bladder. • Check incontinent pads frequently. • Avoid extended periods of skin exposure to urine and/or feces. • Proper perineal care—cleaning females from front to back/cleaning males' foreskin if present.
☐	Dementia/ Alzheimer's	• Provide regular opportunities for residents to empty their bladder. • Check incontinent pads frequently. • Avoid extended periods of skin exposure to urine and/or feces. • Proper perineal care—cleaning females from front to back/cleaning males' foreskin if present.
☐	Residents with Chronic Conditions/ Neurogenic Bladder	• Increased responsibility for staff to protect residents • Consistently perform hand hygiene—washing with soap and water or using an alcohol-based sanitizer. • Practice standard precautions—assume all blood, body fluids, and environmental surfaces be contaminated with germs. • Neurogenic bladder—avoid unnecessary catheterization; when needed, follow protocols to provide appropriate catheter care.
☐	Poor Intake/ Dehydration	• Offer fluids frequently—unless on a fluid restriction. • Maintain water supply within residents reach. • Avoid fluids with caffeine—can cause dehydration. • Avoid extreme heat—can cause dehydration.
☐	Mobility Issues	• Provide regular opportunities for residents to empty their bladder. • Check incontinent pads frequently. • Avoid extended periods of skin exposure to urine and/or feces. • Proper perineal care—cleaning females from front to back/cleaning males' foreskin if present.

UTI Prevention Bundle Strategies Tool



HSAG UTI Bundle Risk and Action Tool. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

HSAG UTI Prevention Toolkit—Bundle Poster



Visual cue poster to remind staff, residents, and families about the importance of UTI prevention strategies.

HSAG UTI Prevention Bundle Poster. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

HSAG UTI Prevention Toolkit—Identify

Urinary Tract Infection (UTI) Signs and Symptoms Assessment

Use this list of UTI signs and symptoms to assess if a resident may need further testing to identify if a UTI is present. There may be one or more signs or symptoms. If any signs or symptoms are identified, the next step is to report, as further testing is recommended.

Any Change in the Resident's Condition Should Be Reported Immediately

- ☑ **Sign/Symptom**
- ☐ **Acute dysuria (painful urination)**
  Observe for:
  - Facial grimaces or winces.
  - Vocalization of pain (moans, cries, gasps, groans).
  - Bracing of furniture or room equipment.
- ☐ **Fever >100°F (>37.8°C) or >2°F (>1.1°C) Increase Above Baseline**

New or worsening:

- ☐ Urinary frequency or urgency
- ☐ Urinary dribbling (unable to empty bladder)
- ☐ Urinary incontinence
- ☐ Gross hematuria (blood in the urine)
- ☐ Flank pain/tenderness
- ☐ Facial grimaces or winces
- ☐ Vocalization of pain (moans, cries, gasps, groans)
- ☐ Massaging or rubbing of lower back at kidney area
- ☐ Restlessness (difficulty keeping still, constant shifting of position, rocking side-to-side)
- ☐ Change in mental status
- ☐ **Shaking/Chills**
- ☐ **Hypotension (Significant Decrease in Baseline BP or a Systolic BP<90)**
- ☐ **Changes in Intake or Output**

Reminder:
Conditions such as dementia or Alzheimer's, as well as medications can mask some of the above symptoms.

One-page assessment checklist to assist in identifying possible UTIs

HSAG UTI Signs and Symptoms Assessment. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

HSAG UTI Prevention Toolkit—Compliance

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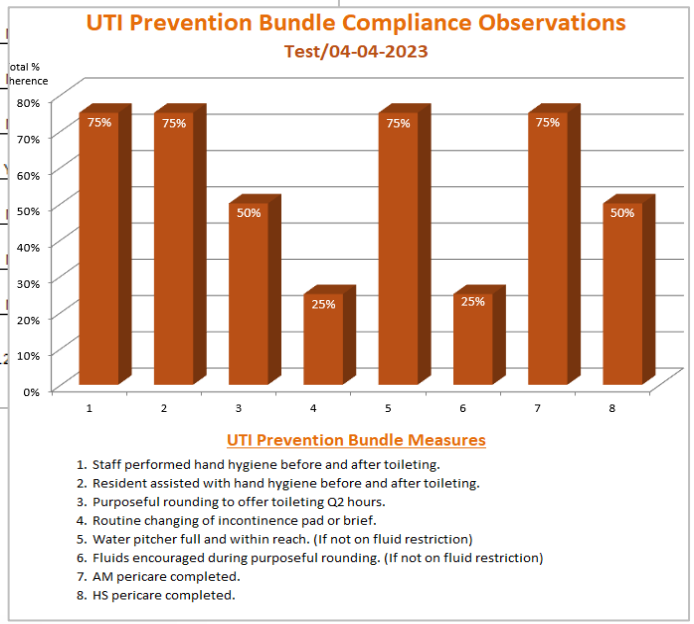
UTI Prevention Bundle Observation and Quality Tool

Date: 4/4/2023
Unit: Test

Patient Census:

Complete for Each Resident With UTI Prevention Bundle Implemented:	Resident 1	Resident 2	Resident 3	Resident 4
Comments				
Direct Observation — Room #				
1. Staff performed hand hygiene before and after toileting.	Yes	Yes	No	Yes
2. Resident assisted with hand hygiene before and after toileting.	Yes	Yes		
3. Purposeful rounding to offer toileting Q2 hours.	Yes	No		
4. Routine changing of incontinence pad or brief.	Yes	No		
5. Water pitcher full and within reach. (If not on fluid restriction)	Yes	Yes		
6. Fluids encouraged during purposeful rounding. (If not on fluid restriction)	Yes	No		
7. AM pericare completed.	Yes	Yes		
8. HS pericare completed.	Yes	No		
Total Positive Per Patient	**8**	**4**		
Total % Adherence Per Patient	100.0%	50.0%	12	



"What gets measured gets managed."
– P. Drucker

www.goodreads.com/author/quotes/12008.Peter_F_Drucker

HSAG UTI Audit Tool. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

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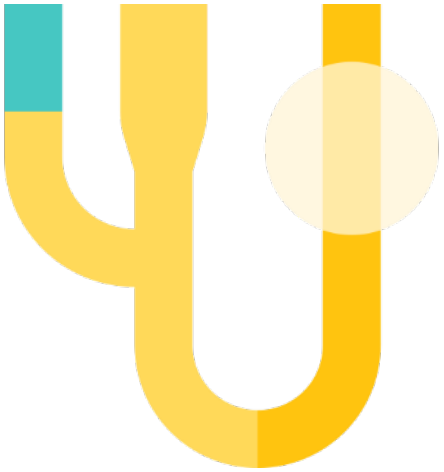
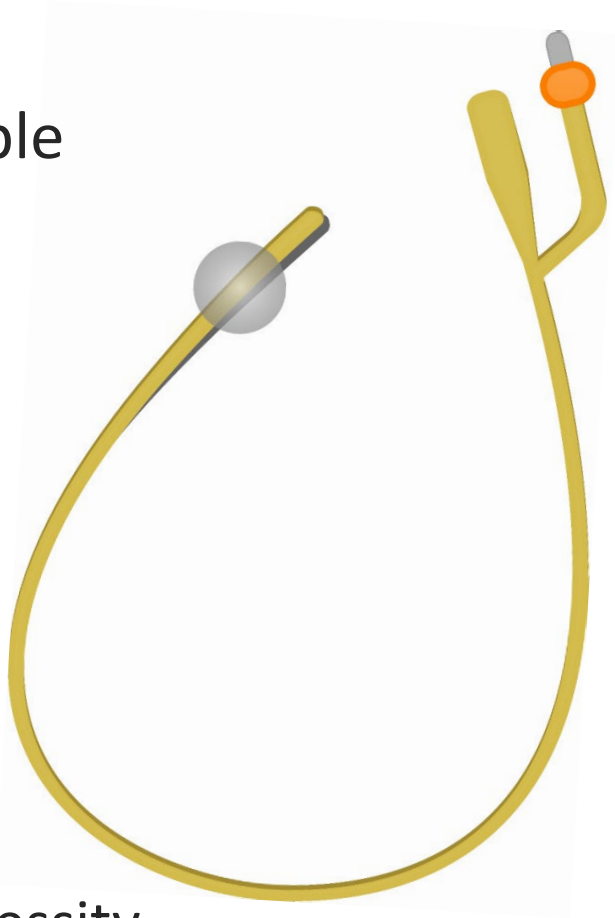
Indwelling Urinary Catheters



Appropriate Indications for Urinary Catheters

- Acute urinary retention or obstruction
- Prolonged immobilization due to unstable spine or pelvic fracture
- Neurogenic bladder
- Healing of perineal and sacral wounds in incontinent patients
  - Stage III and IV wounds
- Hospice, comfort care, palliative care for end of life
- Chronic indwelling urinary catheter on admission
  - Evaluate when admitted to confirm necessity

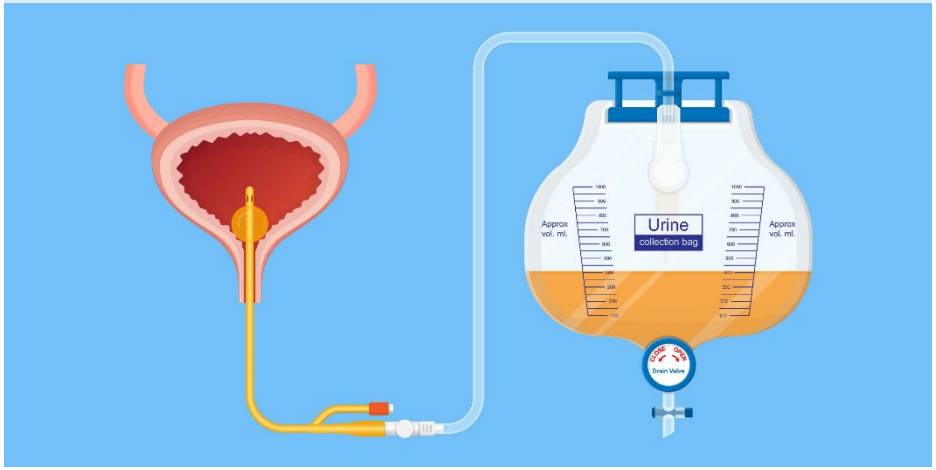


CDC. CAUTI Guidelines. Available at: www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf

CAUTI Prevention Practices

- Insert catheters only for appropriate indications.
- Leave in place only as long as needed.
- Ensure catheters are inserted and maintained by properly trained staff.
- Perform hand hygiene.
- Use aseptic technique and sterile equipment for insertion.
- Maintain closed drainage system and unobstructed urine flow.

- Use portable ultrasound devices (bladder scanners) to assess urinary retention to reduce unnecessary catheterizations.
- Implement an improvement program to achieve appropriate use of catheters.



CDC. CAUTI Guidelines. Available at: www.cdc.gov/infectioncontrol/guidelines/cauti/index.html/CAUTIguideline2009final.pdf

HSAG CAUTI Audit Tool

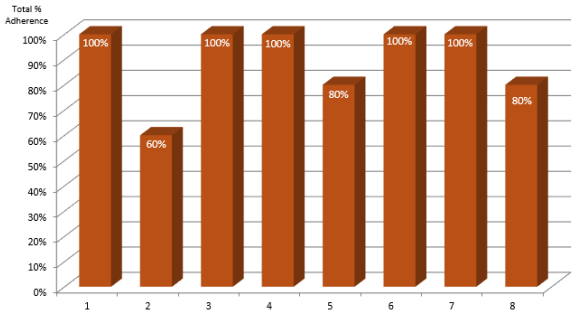
Foley Catheter Observation and Quality Tool

Date: 4/1/2023 Resident Census: 22 NPC= Not placed correctly

Unit: North Wing Number of Resident with Devices: 5

Complete for each Indwelling Catheter Foley in use:		Foley 1	Foley 2
	COMMENTS		
Direct observation	ROOM #	101	105
1. Is a closed system being maintained?		Yes	Yes
2. Is the Foley secured to the resident's body to prevent urethral tension?		Yes	No
3. Is the bag below the level of the Resident's bladder?		Yes	Yes
4. Is the tubing from the catheter to the bag free of dependent loops?		Yes	Yes
5. Is the tubing secured to the bed or chair to prevent pulling on the entire system?		Yes	No
6. Is the bag hanging free without touching the floor?		Yes	Yes
7. Does the resident have an individual measuring device marked with his/her name and room number?		Yes	Yes
8. Does the resident have a "dignity bag" in place?		Yes	Yes

Direct Observation - Foley Catheter Maintenance



Maintenance Indicators

1. Is a closed system being maintained?
2. Is the Foley secured to the resident's body to prevent urethral tension?
3. Is the bag below the level of the resident's bladder?
4. Is the tubing from the catheter to the bag free of dependent loops?
5. Is the tubing secured to the bed or chair to prevent pulling on the entire system?
6. Is the bag hanging free without touching the floor?
7. Does the resident have an individual measuring device marked with his/her name and room number?
8. Does the resident have a "dignity bag" in place?

Chart Review--Foley Catheter

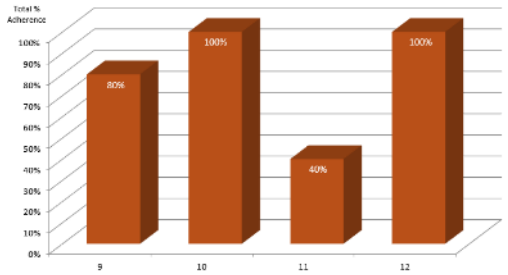


Chart Review Indicators

9. Is there documentation available indicating which department inserted the Foley and is perineal care performed daily?
10. Is there documentation available indicating Foley necessity?
11. Is there documentation available for completion of the insertion bundle?
12. Has there been a check for Foley catheter necessity today?

HSAG LTC AUTI Audit Tool. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

Treatment of UTIs

Treatment Decisions for UTIs

- Avoid culturing urine of asymptomatic persons unless other signs and symptoms are present.
  - Cultures are not needed for cloudy or foul-smelling urine unless symptomatic.
- **Avoid antibiotics for asymptomatic bacteriuria**.
- Symptoms that suggest culture of urine and treatment is indicated:
  - Fever
  - Pain (costovertebral angle, suprapubic)
  - Hematuria
  - For non-catheterized residents:
    - Dysuria, urgency, and frequency

www.ahrq.gov/sites/default/files/wysiwyg/antibiotic-use/long-term-care/poster-8x11-UTI.pdf

Common UTI Myths

These signs/symptoms **do not** necessarily indicate a UTI:

- Urine is cloudy and smells bad
- Urine has bacteria
- Urine has a positive leukocyte esterase (for WBCs)
- Urine contains WBCs
- Urine has nitrates (for bacteria)
- Bacteria in a catheterized urine sample
- Asymptomatic bacteriuria will progress to a UTI
- Falls and acute altered mental status change

HSAG Myths Diagnosis UTIs. https://www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Urinary_Tract_Infections

www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/reliability-of-nonlocalizing-signs-and-symptoms-as-indicators-of-the-presence-of-infection-in-nursinghome-residents/7293386E2E61A4224C7F71C66D48B835

Key Take-Aways

- A UTI in nursing home residents can be serious, but it is a preventable condition.
- If left untreated, a UTI can progress to urosepsis.
  - High morality rate
- It is critical to recognize and act upon the symptoms associated with UTIs.
- Indwelling urinary catheters significantly increase the risk of UTIs, known as CAUTIs.
- Improper testing for UTIs can lead to overuse of antibiotics to treat ABUTIs.
- Using preventive bundles is a critical step in preventing UTIs.

Our Next Care Coordination Quickinar

Readmissions and End of Life

Tuesday, February 6, 2024 | 11 a.m. PT

bit.ly/cc-quickinars3

Questions?

Thank you!

Lindsay Holland
lholland@hsag.com

Karen Verterano
kverterano@hsag.com

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