



Urinary Tract Infections: Prevent, Identify, Document

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Quality
Insights

QIN-QIO

Quality Innovation Network -
Quality Improvement Organizations

CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

UTIs – The Lowdown

- Urinary tract infection (UTI) is a common infection caused by bacteria entering the urethra and infecting the urinary tract.
 - Bladder infection
 - Kidney infection

Is There a Difference?

Bladder Infection Symptoms

- Pain or burning on urination
- Frequent urination
- Feeling need to urinate when bladder is empty
- Bloody urine
- Pressure in the lower abdomen

Kidney Infection Symptoms

- Fever
- Chills
- Lower back pain or flank pain
- Nausea or vomiting

Prevention – Empowering Staff

- Encourage two-way communication between management and staff
- Provide a clear venue for all staff to share their achievements
- Create procedures for staff to safely share concerns
- Recognize staff and their contributions
- Celebrate success

Empowerment

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

- | | |
|----------|--|
| S | Seems different than usual |
| | Talks or communicates less |
| | Overall needs more help |
| | Pain – new or worsening; Participated less in activities |
| T | Ate less |
| | No bowel movement in 3 days; or diarrhea |
| | Drank less |
| W | Weight change |
| | Agitated or nervous more than usual |
| | Tired, weak, confused, or drowsy |
| | Change in skin color or condition |
| A | Help with walking, transferring, toileting more than usual |

Name of Resident _____

Your Name _____

Reported to _____ Date and Time (am/pm) _____

Nurse Response _____ Date and Time (am/pm) _____

Nurse's Name _____

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I am **C** ONCERNED!

I am **U** NCOMFORTABLE!

This is a **S** AFETY ISSUE!

Prevention

- “Adults should drink between six and eight glasses of fluid a day and drink alcohol only in moderation. Encourage the person with dementia to drink by finding out their preferences and making drinks readily available and visible. Using a brightly coloured glass or cup can help with this.”

Prevention

- “Monitor fluid intake for people who are less mobile and at risk of dehydration. If someone is not drinking enough and/or has difficulty with swallowing, consider asking for an assessment by a speech and language therapist. Dehydration may cause the person to pass darker, more concentrated urine which may also cause pain on urination.”

Prevention

- “Do not hold urine in the bladder for too long. People with dementia should be prompted to use the toilet on a regular basis. Make sure the location of the toilet is clear. A sign on the door, with a picture, may help. Consider changing the colour of the toilet seat – a black or red seat with a white pan can make it easier to see.”

Prevention

- “Try to avoid becoming constipated as this can prevent the bladder from emptying properly, which in turn can cause a UTI. Eating foods high in fibre, drinking plenty of liquids and exercising can help to prevent constipation.”

Prevention – Dementia

- “Maintain good hygiene – wash the genitals at least once a day using unperfumed soap and do not use talcum powder.”

Prevention

- “When a urinary catheter is being used, follow good infection prevention measures – your healthcare professional will be able to advise.”

2023 NHSN Urinary Tract Infection (UTI) Checklist

Urinary Tract Infection (UTI) Summary		
Criterion	Criterion Met	Date of Event (DOE)
SUTI 1a	<input type="checkbox"/>	
SUTI 1b	<input type="checkbox"/>	
SUTI 2 Catheter Associated	<input type="checkbox"/>	
SUTI 2 Non-Catheter Associated	<input type="checkbox"/>	
ABUTI Catheter Associated	<input type="checkbox"/>	
ABUTI Non-Catheter Associated	<input type="checkbox"/>	

Please refer to [Chapter 7 Urinary Tract Infection \(UTI\) Event](#) of the Patient Safety Manual for additional information.

Documentation Review Checklist		
Urinary Tract Infection Symptomatic UTI (SUTI)		
SUTI 1a Catheter-associated Urinary Tract Infection (CAUTI)—Any Age Patient		
Element	Element Met	Date
Patient must meet 1, 2, and 3 below:		
1. Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the date of event AND was either:		
• Present for any portion of the calendar day on the date of event ¹	<input type="checkbox"/>	
OR		
• Removed the day before the date of event ²	<input type="checkbox"/>	
2. Patient has at least one of the following signs or symptoms:		
• Fever (>38°C)	<input type="checkbox"/>	
• Suprapubic tenderness*	<input type="checkbox"/>	
• Costovertebral angle pain or tenderness*	<input type="checkbox"/>	
• Urinary urgency [^]	<input type="checkbox"/>	
• Urinary frequency [^]	<input type="checkbox"/>	
• Dysuria [^]	<input type="checkbox"/>	
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml (see Comments). All elements of the SUTI criterion must occur during the IWP. (See IWP Definition Chapter 2 Identifying HAIs for NHSN Surveillance .)	<input type="checkbox"/>	
Comments/Notes:		

January 2023



CAUTI

Symptomatic UTI with Catheter

Non-CAUTI

Symptomatic UTI

Documentation Review Checklist				
Urinary Tract Infection Symptomatic UTI (SUTI)				
SUTI 1b Non-Catheter-associated Urinary Tract Infection (Non-CAUTI)---Any Age Patient				
Element	Element Met	Date		
Patient must meet 1, 2, and 3 below:				
1. One of the following is true:				
<ul style="list-style-type: none"> Patient has/had an indwelling urinary catheter, but it has/had not been in place for more than 2 consecutive days in an inpatient location on the date of event[‡] OR Patient did not have an indwelling urinary catheter in place on the date of event nor the day before the date of event[‡] 	<input type="checkbox"/>			
2. Patient has at least <u>one</u> of the following signs or symptoms:				
<ul style="list-style-type: none"> Fever (>38°C) Suprapubic tenderness* Costovertebral angle pain or tenderness* Urinary urgency [^] Urinary frequency[^] Dysuria [^] 	<input type="checkbox"/>			
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml (see Comments). All elements of the SUTI criterion must occur during the IWP. (See IWP Definition Chapter 2 Identifying HAIs for NHSN Surveillance .)			<input type="checkbox"/>	
<p>Apply this Reporting Guidance for SUTI 1a and SUTI 1b:</p> <p>† When entering event into NHSN choose "INPLACE" for Risk Factor for IUC ‡ When entering event into NHSN choose "REMOVE" for Risk Factor for IUC § When entering event into NHSN choose "NEITHER" for Risk Factor for IUC * With no other recognized cause documented by physician (see Comments) ^ These symptoms cannot be used when IUC is in place. An IUC in place could cause patient complaints of "frequency" "urgency" or "dysuria".</p> <p>Note: Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause.</p> <p>Comments/Notes:</p>				

January 2023

National Center for Emerging and Zoonotic Infectious Diseases
 Division of Healthcare Quality Promotion



Documentation Review Checklist				
Urinary Tract Infection Symptomatic UTI (SUTI)				
SUTI 1b Non-Catheter-associated Urinary Tract Infection (Non-CAUTI)---Any Age Patient				
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1. One of the following is true:				
<ul style="list-style-type: none"> Patient has/had an indwelling urinary catheter, but it has/had not been in place for more than 2 consecutive days in an inpatient location on the date of event[§] OR Patient did not have an indwelling urinary catheter in place on the date of event nor the day before the date of event[§] 	<input type="checkbox"/>			
2. Patient has at least <u>one</u> of the following signs or symptoms:				
<ul style="list-style-type: none"> Fever (>38°C) Suprapubic tenderness* Costovertebral angle pain or tenderness* Urinary urgency [^] Urinary frequency[^] Dysuria [^] 	<input type="checkbox"/>			
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml (see Comments). All elements of the SUTI criterion must occur during the IWP. (See IWP Definition Chapter 2 Identifying HAIs for NHSN Surveillance .)			<input type="checkbox"/>	
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ABUTI

Asymptomatic Bacteremic UTI

With or Without Catheter

January 2023

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MDS Coding

- **Item I2300 Urinary tract infection (UTI):**
 - The UTI has a look-back period of 30 days for active disease instead of 7 days.
 - **Code only if both of the following are met in the last 30 days:**
 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, **AND**
 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.
- 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).

Quality Measure Long Stay

- Percentage of residents with a urinary tract infection:
- This measure reports the percentage of long-stay residents who have had a urinary tract infection within the past 30 days. Urinary tract infections can often be prevented through hygiene and drinking enough fluid. Urinary tract infections are relatively urinary minor but can lead to more serious problems and cause complications like delirium if not treated.

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
<i>Numerator</i> Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]).
<i>Denominator</i> All long-stay residents with a selected target assessment, except those with exclusions.
<i>Exclusions</i> <ol style="list-style-type: none"> 1. Target assessment is an admission assessment (A0310A = [01]) <i>or</i> a PPS 5-Day assessment (A0310B = [01]). 2. Urinary tract infection value is missing (I2300 = [-]).
Covariates
Not applicable.

¹⁴ This measure is used in the Five-Star Quality Rating System.

Communication to Prevent Avoidable Events

- Between facility team members
- Between facility and residents/family
- Between facility and physician
- Between facility and outside providers

How Vital Are Vital Signs?

- Competency staff
- Calibrate equipment
- 100-100-100

Vigilance

- Assess frequently
- Report even minor changes
- Notify and request assessment
- Communicate using SBAR (Situation, Background, Assessment, and Recommendation)
- Know your resident's wishes

Questions?

Contact

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