



Urinary Tract Infections (UTI) Toolkit for Skilled Nursing Facilities (SNFs) Part IV

Health Services Advisory Group (HSAG)

Your Speaker



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Objectives

- Review the HSAG UTI Prevention Bundle and Change Package.
- Review the HSAG CAUTI Audit Tool.

HSAG UTI-Prevention Toolkit—Action Plan






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 _____ (date)

| Topic | Root Cause | Strategies | Implementation | | Internal Nursing Home Goals |
|-----------------|-----------------------|--|-----------------------|--------------------|---|
| Area of Concern | Survey Findings | Action | Responsible Person(s) | Date of Completion | Evaluation of Effectiveness |
| HAI UTIs | High rate of HAI UTIs | <ol style="list-style-type: none"> Review and update policies and procedures to reflect current evidence-based practices. Identify UTI prevention champions for each area/unit. Conduct education with teach-back for staff, including nurses and nursing assistants .This includes: <ul style="list-style-type: none"> Pathophysiology of a UTI. Clinical signs and symptoms of a UTI. Risk factors of a UTI. Prevention bundles. Use the UTI Risk Form to identify residents that are high risk. Implement the prevention bundle for UTI for residents identified as high risk. Use the HSAG UTI bundle compliance tool to assess adherence to prevention strategies. | | | 100% of policies and procedures updated. 100% of the staff received education for UTIs and prevention bundles. _____% of the residents were screened for risk of UTI. _____% of the residents had implementation of the UTI bundle. Perform _____ audits/week. Compliance goal: _____% |

HSAG UTI-Prevention Toolkit—Screening



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

Centers for Disease Control and Prevention (CDC). UTI. October 6, 2021. Available at: www.cdc.gov/antibiotic-use/uti.html


Minnesota Department of Health. Educational module for nurses in LTCF: Urinary tract infections and asymptomatic bacteriuria. December 2014. Available at: www.health.state.mn.us/diseases/antibioticresistance/ho/asp/ho/1/modprintnaul.pdf

National Healthcare Safety Network. Healthcare-associated infection surveillance protocol for UTI events for long-term care facilities. January 2023. Available at: www.cdc.gov/nhsn/pdf/ho/3/uf-off-protocol-current.pdf



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

HSAG UTI-Prevention Toolkit—Prevent



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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 |
|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | Increased Age | <ul style="list-style-type: none"> • 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. |
| <input type="checkbox"/> | Bacteria Exposure | <ul style="list-style-type: none"> • Monitor for signs and symptoms of UTI. • Utilize UTI bundle for prevention. |
| <input type="checkbox"/> | Prior UTI | <ul style="list-style-type: none"> • Utilize UTI bundle for prevention. |
| <input type="checkbox"/> | Bowel and/or Bladder Incontinence | <ul style="list-style-type: none"> • 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. |
| <input type="checkbox"/> | Dementia/Alzheimer's | <ul style="list-style-type: none"> • 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. |
| <input type="checkbox"/> | Residents with Chronic Conditions/Neurogenic Bladder | <ul style="list-style-type: none"> • 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. |
| <input type="checkbox"/> | Poor Intake/Dehydration | <ul style="list-style-type: none"> • 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. |
| <input type="checkbox"/> | Mobility Issues | <ul style="list-style-type: none"> • 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. |

Centers for Disease Control and Prevention (CDC). Urinary Tract Infection. Accessed on: October 6, 2021. Available at: www.cdc.gov/antibiotic-use/uti.html

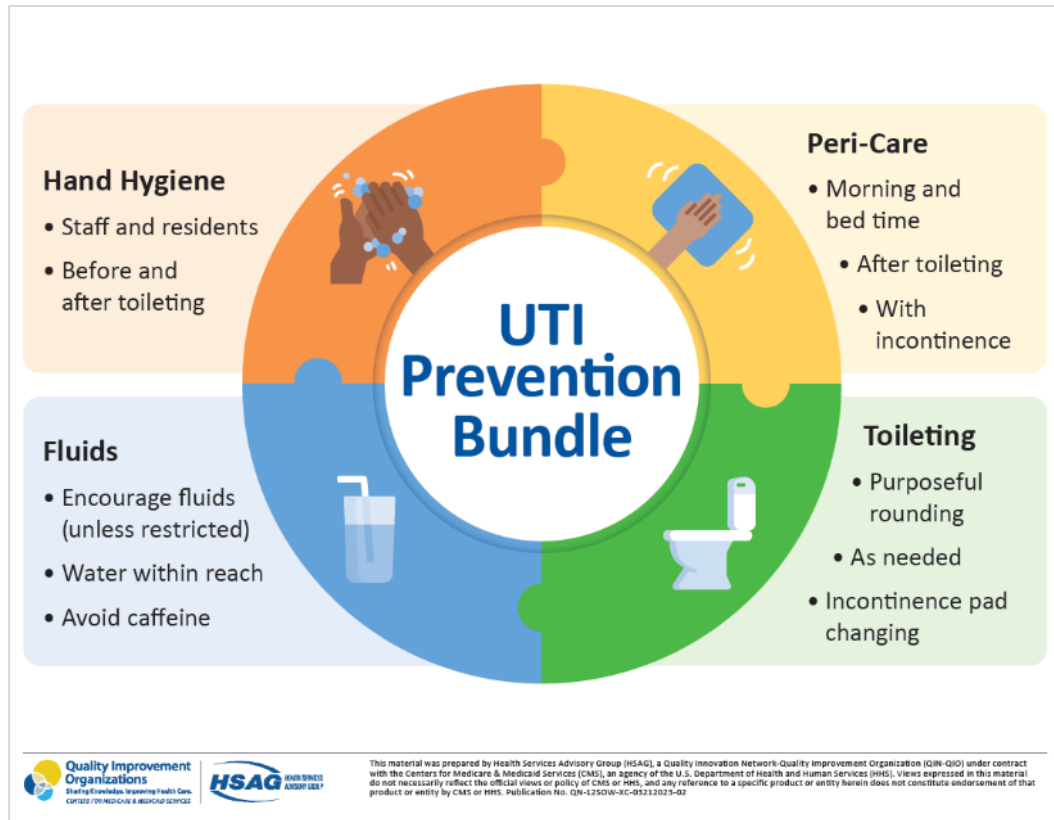
National Healthcare Safety Network. Healthcare-associated infection surveillance protocol for UTI events for long-term care facilities. January 2023. Available at: www.cdc.gov/nhsn/pdfs/n3c2/hai-uti-protocol-current.pdf

Educational Module for Nursing Assistants in Long-term Care Facilities: UTIs & Asymptomatic Bacteriuria. Minnesota Department of Health. December 2014. Available at: www.health.state.mn.us/diseases/antibioticresistance/nap/nap/uti/naputi.html

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UTI Prevention Bundle
Strategies Tool

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 Toolkit—Identifying



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 $>100^{\circ}\text{F}$ ($>37.8^{\circ}\text{C}$) or $>2^{\circ}\text{F}$ ($>1.1^{\circ}\text{C}$) 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.

National Healthcare Safety Network. Healthcare-associated infection surveillance protocol for UTI events for long-term care facilities. Accessed on January 2023. Available at: www.cdc.gov/nhsn/pdft/htcf-uti-protocol-current.pdf.

Bates B. Interpretation of urinalysis and urine culture for UTI treatment. USPharm. 2013;38(1):65-68.

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One page assessment checklist to assist in identifying possible UTIs

HSAG UTI-Prevention Toolkit—Compliance



UTI Prevention Bundle Observation and Quality Tool

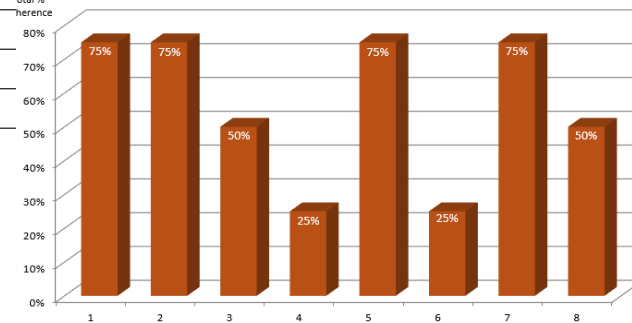
Date: 4/4/2023
Unit: Test

Patient Census:

Complete for Each Resident With UTI Prevention Bundle Implemented:

| Comments | Resident 1 | Resident 2 | Resident 3 | Resident 4 |
|---|---------------|--------------|--------------|------------|
| <u>Direct Observation</u> | | | | |
| 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 | No | Yes |
| 3. Purposeful rounding to offer toileting Q2 hours. | Yes | No | No | Yes |
| 4. Routine changing of incontinence pad or brief. | Yes | No | No | |
| 5. Water pitcher full and within reach. (If not on fluid restriction) | Yes | Yes | Yes | |
| 6. Fluids encouraged during purposeful rounding. (If not on fluid restriction) | Yes | No | No | |
| 7. AM pericare completed. | Yes | Yes | No | |
| 8. HS pericare completed. | Yes | No | No | |
| Total Positive Per Patient | 8 | 4 | 1 | |
| Total % Adherence Per Patient | 100.0% | 50.0% | 12.5% | |

UTI Prevention Bundle Compliance Observations
Test/04-04-2023



UTI Prevention Bundle Measures

1. Staff performed hand hygiene before and after toileting.
2. Resident assisted with hand hygiene before and after toileting.
3. Purposeful rounding to offer toileting Q2 hours.
4. Routine changing of incontinence pad or brief.
5. Water pitcher full and within reach. (If not on fluid restriction)
6. Fluids encouraged during purposeful rounding. (If not on fluid restriction)
7. AM pericare completed.
8. HS pericare completed.

“What gets measured gets managed.”
– P. Drucker



HSAG CAUTI Audit Tool



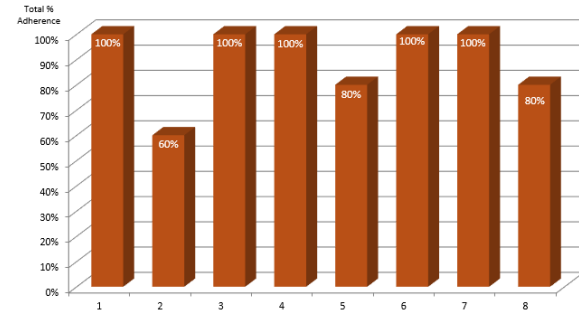
Foley Catheter Observation and Quality Tool

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 | Foley 3 |
|--|---------|---------|---------|
| COMMENTS | | | |
| <u>Direct observation</u> | | | |
| ROOM # | 101 | 105 | 106 |
| 1. Is a closed system being maintained? | Yes | Yes | Yes |
| 2. Is the Foley secured to the resident's body to prevent urethral tension? | Yes | No | Yes |
| 3. Is the bag below the level of the Resident's bladder? | Yes | Yes | Yes |
| 4. Is the tubing from the catheter to the bag free of dependent loops? | Yes | Yes | Yes |
| 5. Is the tubing secured to the bed or chair to prevent pulling on the entire system? | Yes | No | Yes |
| 6. Is the bag hanging free without touching the floor? | Yes | Yes | Yes |
| 7. Does the resident have an individual measuring device marked with his/her name and room number? | Yes | Yes | Yes |
| 8. Does the resident have a "dignity bag" in place? | Yes | 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

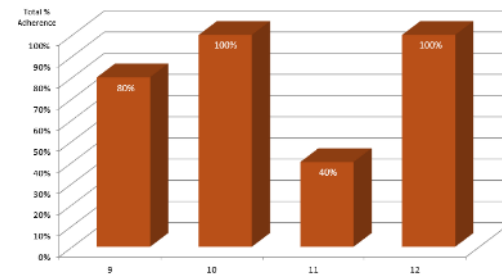


Chart Review Indicators

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?



Thank you!

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