Let’s Get STARTed
Managing UTI’s in the RACU Category 7

Prepared by Francine Pirie
Grenfell MPS
Residential Aged Care Unit
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Aim

- To increase nursing staff awareness of the management of asymptomatic Urinary Tract Infections (UTI’s) by use of best practice guidelines.
- To reduce the amount of antibiotic usage by having a clinical pathway for nursing staff to follow for resident’s who have recurrent asymptomatic Urinary Tract Infections (UTI’s).
Nature and Extent of Problem

• No VMO coverage for 4 years
• Relied on RMCS for medical treatment.
• RMCS service rostered by GP’s on call
• Different MO’s prescribing treatments for infections in particular, UTI’s
• A/B’s frequently commenced before any pathology specimens were either sent off site or results and sensitivities had been received.
Strategic importance

Priority 4 of the NSW Health Strategic Planning Framework ensures health systems and services exist to serve patients and their families. Our hospitals are committed to patient focused care and improving patient experiences.
Strategic importance

• The appropriate use and review of antimicrobials is an important element of Standard 3.14 Antimicrobial Stewardship.
  – The use of antibiotic therapy is monitored through our infection control antimicrobial stewardship program.
  – There is a direct link to Patient Safety and Quality and this data is reported through the National Standards Evaluation Program Audits bi annually
  – unit monitoring and reporting to patient Safety and Quality meetings.
Planning & implementing solutions

• Staff became aware of ↑ UTI’s within the unit
  – Monitoring of antibiotic usage
  – IP&C nurse kept stats and reported to Pt Safety & Quality meetings
• Began researching evidence based practise
• Implemented S-T-A-R-T
• Developed training program and commenced staff education via PowerPoint
Outcomes and evaluation

- Monthly/Annually total UTI’s treated with & without antibiotics comparison data
  - Huge improvement in Patient outcomes by use of best practice guidelines
  - Staff now firstly consider alternate options i.e. baseline observations-
  - ↑ fluid intake - ↑ personal hygiene routine
  - Take patients' values and requests into account when making decisions as per their advanced care directive to avoid over-treatment in cases of residents with advanced Dementia.
  - Also consider differential diagnosis
Sustaining change

- START is included in workforce orientation & induction to RACU
- Resource available on all PC’s
- Staff are able to access any time to refresh knowledge
- Urinalysis posters & UTI Flowcharts positioned where testing occurs
- Encourages staff to use best practice guidelines
- Continuing reduction in the incidences of UTI’s within the RACU
Lessons learnt

Antibiotic’s should not be the first port of call when treating asymptomatic UTI’s.
When using Antibiotic make sure the pathology is followed up to reduce resistance.
Use your clinical judgement and observation skills

Visual – Is it normal colour

Smell - Is it offensive

Listen to the family/carer
Future scope

• Ongoing education to new staff
• Researching further evidence based practice
• Ongoing data collection to ensure a reduction in resistant type Urinary Tract Infections in the RACU.
• The educational resource may be shared electronically within all aged care units of the Western NSW Local Health District.
The project

START
The Project

- **S** – Symptoms
- **T** – Testing
- **A** – Assessment
- **R** – Resistance
- **T** – Treatment
2 years comparison data

Western NSW LHD Living Well Together Health Awards
Historic overview on treatment of infections

• 2000 BC: Eat this root
• 1000 AD: Say this prayer
• 1800’s: Take this potion
• 1940’s: Take penicillin, it’s a miracle drug
• 1980’s-2000’s: Take this new A/B, it is even a bigger miracle!
• ?2010 & beyond: Eat this root!!!!!