### Clinical Care Path for UTI (Urinary Tract Infections)

**Problem Statement:**
- Resident is at risk for re-hospitalization related to:
  - Diagnosis of UTI
  - Recent catheter use
  - UTI within past 30 days
  - Other:_____________________

**Goal:**
- Resident will be closely monitored for signs/symptoms of UTI
- Resident will not have a UTI within 30 days.
- Resident will be treated for UTI without complications
- Resident will be treated for UTI without complications related to:
  - Increased fatigue
  - Decreased appetite
  - Nausea, abdominal pain, and vomiting
  - Increased urination at night
  - Recent catheter
  - Frank or suprapubic pain
  - Mental status change
  - Rapid onset of incontinence
  - Urine
  - Temperature > 100° F
  - Pulse > 100
  - Rash
  - Hematuria
  - Decreased urinary output
  - Fever
  - Odor
  - Foul odor
  - Decrease in color of urine
  - Change in color of urine
  - Change in consistency of urine
  - Frequent urination
  - Retention accompanied by hypertension

**Interventions:**
- Monitor and document:
  - Frequency of urination
  - Dysuria (painful urination)
  - Foul odor
  - Decreased urination output
  - Hematuria
  - Change in color of urine
  - Change in consistency of urine
  - Frequent urination
  - Retention accompanied by hypertension
  - Encourage fluids
  - Encourage fluids if not on fluids
  - IV hydration
  - Monitor VS Q 4hr
  - Intake and Output
  - Re-instruct independent residents on cleansing front to back, meticulous pericare if dependent
  - Monitor VS Q 4hr
  - IV hydration
  - Encourage fluids

- Consider MD Orders for lab:
  - UA
  - UC if UA positive
  - CBC
  - *Inform MD/NP if worsening clinical condition*

- Honeymoon consultation or re-evaluate: a UTI
  - Urine
  - U/L with rash
  - Decreased urinary output
  - Fever
  - Foul odor
  - Frequent urination
  - Retention accompanied by hypertension

- Monitor and document:
  - Temp. > 100° F
  - Pulse > 100
  - Rash
  - Hematuria
  - Decreased urinary output
  - Fever

- Notify MD with any change in condition

- Utilize new catheter when obtaining a Va/UC

- Use closed system if catheter, ensure closed system

- If catheter is used, monitor for pain and discomfort

- Notify MD if any change in condition

- Encourage fluids

- Monitor and report new onset of pain or discomfort

- Notify MD if any change in condition

| Diagnosis of UTI | Days until next consult
|------------------|-------------------------|

**Clinical Care Path for UTI (Urinary Tract Infections)**
It is estimated that Medicare spends $25 billion per year for unnecessary hospital readmissions.

- On March 23, 2011 the Affordable Care Act was signed into law, cutting Medicare payments to hospitals based on patient readmissions. This change will go into effect October, 2012.
- Repeated hospitalizations have significant negative effects on the elderly population both emotionally and physically. There tends to be a lack of continuity which compounds stress of the elderly transitioning between the two healthcare systems.
- According to the Medicare Payment Advisory Commission (MedPAC), the following conditions are potentially avoidable in nursing homes;
  - Congestive heart failure, respiratory infection, urinary tract infection, sepsis and electrolyte imbalance.

**Steps to affect positive change for at-risk residents**

1. Analyze your hospital readmissions. What was the diagnosis? Why were they sent in? Did the resident or family demand to go back to hospital? Was customer service a factor thus affecting trust level?
2. Identify residents at risk for developing an acute change in condition prior to admission.
3. Obtain and read the information sent from hospital prior to admission. Include labs, test, vitals, medication administration records, progress notes, etc.
4. Admissions team to review pre-admit for underlying co-morbidities, medical complexity, need for diagnostic support services, severity of illness or degree of medical instability to determine if discharge is potentially premature from acute care setting.
5. Try to speak to potential resident representative prior to admission for additional information (based on facility HIPAA policies).
6. Review core competencies of nursing staff.
7. Train on geriatric assessment skills and identification of acute change in condition.
8. Train on documentation skills and reporting of relevant information about resident.
9. Ensure effective interdisciplinary team communication.
10. Review effective communication techniques when calling a physician or nurse practitioner in order to gain the necessary patient information.
11. Review facility practices such as IV administration in the long-term setting and determine need for education and certification.
12. Integrate unplanned hospital transfers into ongoing quality improvement process.
   a. Review unplanned acute care transfers monthly.
   b. Review medical record to determine if avoidable or unavoidable.
   c. Identify patterns through record review to select a process to improve.
   d. Identify opportunities for improvement.
   e. Set goal for decrease in avoidable hospitalizations.
   f. Utilize Plan-Do-Check-Act quality improvement process.
   g. Perform benchmarking for quality outcomes.