Pathway Health Services

Clinical Care Path for UTI (Urinary Tract Infections)

Date: _____

Problem Statement and Goal Urinary Tract Infection	Monitor for Signs and Symptoms of UTI Q shift x 2 hrs	Take VS- Notify MD if not WNL	Consider MD Orders for Lab	Interventions
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 s/sx of UTI ❑ Resident will not have a UTI within 30 days. ❑ Resident will be treated for UTI without complications ❑Resident will _____ _____ _____	**Monitor and Document:** ❑ Frequency of urination ❑ Dysuria (painful urination) ❑ Foul Odor ❑ Decreased urinary output ❑ Hematuria ❑ Fever ❑ Change in color of urine ❑ Monitor consistency of urine ❑ Rapid onset of incontinence ❑ Mental status change ❑ Flank or suprapubic pain ❑ Recent catheter ❑ Increased urination at night ❑ Nausea, abdominal pain and decreased appetite ❑ Increased fatigue	Temp. > 100 Pulse>100 RR>30 BP<90 systolic Finger stick Glucose <70 or >350 Chills Retention accompanied by hypertension	❑ UA ❑ UC if UA positive ❑ CBC ❑ ❑ ***Inform MD/NP if worsening Clinical Condition**	❑ Encourage fluids ❑ IV hydration ❑ Monitor VS Q 4hr ❑ Intake and Output ❑ Re-instruct independent residents on cleansing front to back, ❑ Meticulous peri-care if dependent ❑ Antibiotics per MD ❑ If catheter, ensure closed system used ❑ Monitor for pain and discomfort ❑ Notify MD with any change in condition ❑ Utilize new catheter when obtaining a UA/UC ❑ Document and report new onset of pain or discomfort

Client Name:_____ MR:_____ Room#_____

Recommend Steps for Ending Unnecessary Hospital Re-admissions from Long-Term Care

Supportive Specialties, Powered by Pathway

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.

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