

Reducing Healthcare Acquired Conditions

OFMQ has consulted with Long Term Care (LTC) facilities in Oklahoma since 2002 and is a trusted resource, providing industry leading experts trained in helping to improve the quality of care for LTC residents. OFMQ is currently working with up to 60 LTC facilities on a project funded through a grant from the Oklahoma State Department of Health (OSDH) to reduce healthcare-acquired conditions. These conditions include: improvement in Falls with Major Injury, improvement in Self-Reported Pain and reduction of Pressure Ulcers and Urinary Tract Infections.

This project began in November of 2014 and is projected to run through June of 2017. Through a Quality Assurance/Process Improvement (QAPI) approach, OFMQ helps nursing home staff identify opportunities for improvement in order to achieve positive outcomes through direct, onsite technical assistance. Using data to drive change, OFMQ meets with and mentors QAPI teams to develop improvement plans and implement proven interventions. OFMQ also provides onsite as well as regional education, an online resource center, and information on tools and resources as part of this project.

This H₂O UTI Prevention Protocol was developed as a part of this grant to help LTC facilities with their UTI Reduction efforts.

To find out more about LTC-related events happening in Oklahoma, visit OFMQ's website at: <http://www.ofmq.com/event-month>



OFMQ UTI Prevention Protocol

OFMQ is here to help ...

If you would like to know more about OFMQ's Nursing Home projects, please contact us!

OFMQ

14000 Quail Springs Pkwy, Ste. 400

Oklahoma City, OK 73134

Phone: 405-840-2891

Fax: 405-840-1343

www.ofmq.com



UTI Prevention

According to the CDC web site the urinary track is one of the most common sites of healthcare-associated infection.¹ Urinary Tract Infections (UTIs) are the most frequent infection in long-term care facilities (LTCFs)² and account for 20-30% of all reported LTCF infections.¹ 25-50% of residents can harbor asymptomatic bacteriuria.¹ While the placement of a catheter is the most common cause of all UTIs, the use of urinary catheters is more common in inpatient settings than in LTCFs. Understanding the age-related differences of the elderly population as well as the unique culture of LTC are important in determining appropriate interventions in your facility.

¹ [CDC Web site](#)

² *Possibly the second-most occurring infection depending upon the reference.*

H₂O At-a-Glance:

Hydration: *Increase intake of liquids*

Hygiene *Improve perineal hygiene*

Output: *Ensure full emptying of bladder*

H₂O Interventions

Before you start intervening, it is important to assess whether or not your residents may be at risk for developing a UTI. While this list of risk factors is not exhaustive, it provides a reference for some of the more common UTI-associated risk factors:

- Diabetes
- Dementia
- Indwelling catheter
- Previous UTIs
- ↓ self-hygiene capabilities
- ↓ full-emptying of bladder
- ↓ estrogen
- ↓ immune response

While there are multiple interventions that nursing homes can do to address the reduction of UTIs, focusing interventions on the following three areas will go a long way to improving outcomes. These can be done in addition to all the other great interventions that you may currently have in place.

Hydration

Our bodies need a continuous supply of fluid in order to carry on essential physiological functions. Unfortunately, the normal thirst mechanism usually diminishes with age, and the need for increased fluids in residents can be easily overlooked. Inadequate hydration leads to a decreased urine output, which can contribute to the incidence of UTIs. Measuring the intake of fluids may not be practical or reliable in determining if a resident is receiving enough hydration. If the resident has lost more than two pounds in one day while complaining that they are thirsty or have a headache, they may be dehydrated. Also look for dark urine, a sign that more fluid may be needed.

To increase hydration, consider making frequent rounds with hydration carts (fluid rounds) or providing hydration stations. You may consider implementing “Happy Hours” or “Tea Time” in special areas that also promote socialization. Consider seasonal options, such as lemonade or popsicles during warm weather months or warm fluids during cold weather months as well as encouraging the intake of high-fluid foods, such as watermelon. Leaving filled, fresh water in resident rooms within easy reach, and noting the resident’s preferences helps to individualize their hydration plan and encourages compliance. Provide additional fluids with medications and encourage residents to drink it all. You might want to add an element of fun by having a “Tasting” and allow residents to guess the flavor of the juice, drink, tea, etc.

Hygiene

Providing, maintaining, and assisting with the personal hygiene of residents is an extremely important part of preventing UTIs. While many want to perform these activities for themselves, degenerative joint diseases, poor balance, sensory issues, and other conditions associated with advanced age challenge their ability to do so.

Perineal care can be enhanced with the use of several products available to promote personal cleanliness. Innovative products are on the market that allow residents to provide better self-care. Among them are portable, disposable sitz baths, low cost bidet units, and several products that assist in cleaning and wiping. Consider ways to return certain self-care responsibilities back to the resident. Also, don’t forget the importance of loose-fitting and breathable under garments.

There is no question regarding the importance of hand washing in infection prevention. It has become second nature for staff members, yet how often are our residents encouraged and/or assisted in following this important practice? It has been discovered that the residents aren’t as diligent in their hand washing practices as their caretakers are. Providing the necessary supplies and equipment is a minor investment if it prevents one infection within your facility.

Output

UTIs develop from bacteria that multiply in the external genital area and then move up through the urinary track. Urination can flush out bacteria. However, if urination is infrequent, whether from medical reasons, reduced hydration or bladder emptying problems, your resident could be at increased risk of developing a UTI. If there are no underlying medical reasons, first address hydration and then encourage your residents to avoid long intervals between urinating. Encourage residents to not “hold it” until a more convenient time. Make sure residents do not feel like they are being an inconvenience by asking for toileting assistance. Encourage them to urinate even if they say they do not need to. Every 4 hours is a good recommendation. If the resident cannot fully empty their bladder due to medical reasons, work closely with your health care team to come up with a plan to address the issue in a way that is least likely to cause a UTI.