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Pain Free UTI Coding

Objectives

- ◆ Participants will understand:
 - The criteria for coding a UTI on the MDS
 - What the look-back period is for a UTI
 - Clarification on Significant Laboratory Findings



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Urinary Tract Infections

Facility Residents

- ◆ Urinary tract infections (UTIs) account for 20% of health-care acquired infections in LTC
- ◆ Account for 23% of avoidable hospitalizations of residents
- ◆ Management and prevention of urinary tract infections is best practice for all residents



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<http://www.cdc.gov/longtermcare>

Evaluation of Possible UTI

- ◆ Vital signs are essential
- ◆ Fever is the key in decision to treat
- ◆ History and examination to rule out other causes of symptoms
- ◆ U/A and C&S



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Preventing Urinary Tract Infections in the Nursing Home

RAI Guidelines

- ◆ Four criteria must be met to code UTI at I2300:
 - 1) A documented diagnosis of UTI by Physician or NPP in the last 30 days
 - 2) Sign or symptom of UTI
 - 3) Significant laboratory findings
 - 4) Current medication or treatment for UTI in the last 30 days.



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Specific Coding Guidance: Diagnosis

◆ **Diagnosis:**

- Specific documentation in the medical record by a physician, or NPP, of active diagnosis in the last 30 days
- Must be obtained on or before the ARD
- Do not code if diagnosis is missing and cannot be obtained prior to or on the ARD



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Specific Coding Guidance: Sign or Symptom

- ◆ Sign or Symptom of UTI:
 - Fever (defined as 2 degrees above baseline)
 - Burning sensation on urination
 - Frequent urination of small amounts
 - Change in character of urine (dark, foul odor, etc.)
 - Pain or tenderness in flank
 - ❖ Note: don't forget to capture in Section J
 - Confusion or change in mental status



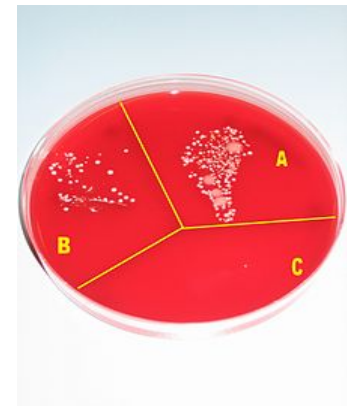
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Specific Guidance: Significant Laboratory Findings

- ◆ Significant Laboratory findings:
 - The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained.
 - If no significant laboratory finding present, do not code UTI at I2300.



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Polling Question

A physician prescribes antimicrobial therapy for a suspected UTI after a culture is obtained, but before receiving the culture results. The resident is known to be colonized with an antibiotic resistant organism. After treatment an order is placed to obtain a repeat urine culture.

Which of these answers meet clinical practice standards?

- A. Begin antibiotics based on known MDRO colonization
- B. After treatment a culture should be obtained
- C. Await culture results to begin antibiotics
- D. Answers B and C



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Urine Culture

- ◆ Gold STANDARD to guide appropriate treatment
- ◆ Results: >100,000 colonies of one species
- ◆ Treatment can be delayed until culture results are available
- ◆ Positive culture (bacteriuria) alone **not** a reason to treat



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Hematuria

- ◆ Not common in UTIs in older adults
- ◆ Frank hematuria should be evaluated promptly
- ◆ Causes may include: stones, cancer, trauma, infection and hemorrhage.



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Specific Guidance— Current Medication or Treatment

- ◆ Current Medication or Treatment:
 - Review documentation from all sources in last 30 days (e.g., physician's progress notes, hospital notes, transfer records, etc.)



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Summary of UTI

- ◆ Urine culture is the Gold STANDARD to guide appropriate treatment
- ◆ Treatment can be delayed until culture results are available
- ◆ Positive culture (bacteriuria) alone is NOT a reason to treat
- ◆ Asymptomatic bacteriuria should not be treated



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Questions? Contact Us:

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**Diane Henry, RN
State RAI Coordinator**

(405) 271-5278

DianeH@health.ok.gov



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