Using clinical decision support coupled with audit and feedback to optimize the diagnosis and treatment of urinary tract infections in residential care

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Background

- Urinary tract infections (UTI) and asymptomatic bacteriuria (ASB) are common in the elderly
- Overuse of antibiotics for UTI and ASB has contributed to emergence of drug resistant bacteria
- Inappropriate use of antibiotics also leads to adverse effects

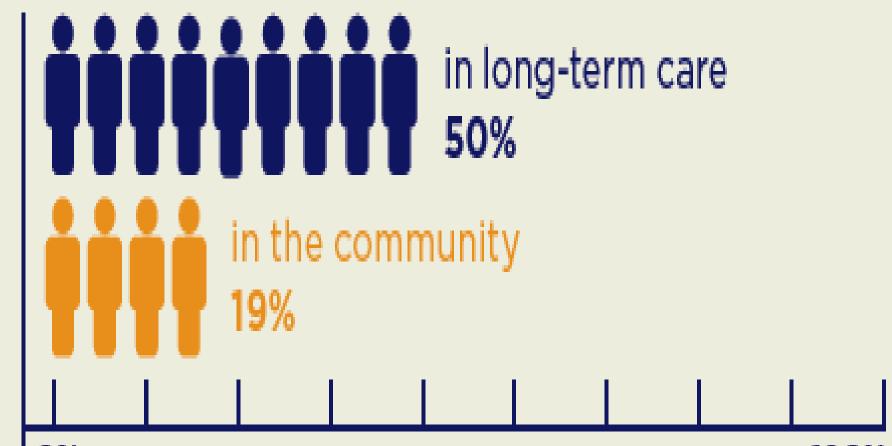
Problem

 Urine cultures are often collected from residents with non-specific signs and symptoms

 There is a communication gap between LPNs, RNs and physicians in residential care

 It is a common misconception that cloudy urine or foul smelling urine are signs of UTI

Treatment of ASB results in patient harm



0%

Prevalence of Asymptomatic bacteriuria in seniors over 70 (upper estimates)

Solution

 Use evidence informed tools to help nursing staff and physicians decide when it is necessary to collect urine cultures (Loeb criteria)

Support nursing staff in using screening tools

Support physicians in choosing antimicrobials

Goals

Optimize diagnosis of urinary tract infections

Increase appropriate utilization of urine cultures

Avoid antibiotic prescriptions for asymptomatic bacteriuria

Plan

- Education and awareness (Nov Dec 2012)
 - Residential Care UTI treatment guidelines
 - Screening tool for UTIs

- Biweekly audit and feedback (Jan Dec 2013)
 - 1 year pilot at Langara

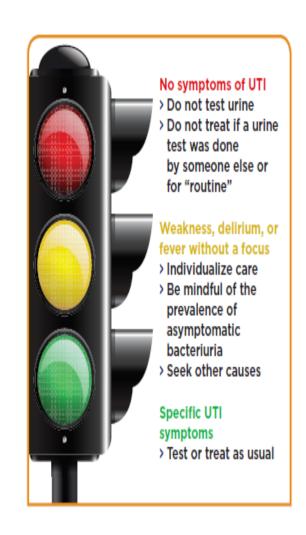
Urinary tract infections – diagnostic toolkit

Criteria for Urine Testing Resident without Indwelling Catheter

- Fever (37.9 °C)+ at least one of the symptoms below (new or increased) OR
 If no fever, at least two of the following symptoms:
 - o Acute Dysuria
 - o Gross hematuria
 - o Urinary Incontinence
 - Urinary Urgency/hesitancy
 - o Suprapubic pain
 - Flank pain
 - Urinary Frequency

Resident with Indwelling Catheter •At least one of the following symptoms below (new or increased)

- oFever
- oPelvic Discomfort
- oFlank pain (back, side pain)
- oMalaise or lethargy with no other cause
- oCostovertebral angle (CVA) tenderness
- oRigors (shaking chills)
- oDelirium
- oGross hematuria



Symptoms and signs of UTI

- Frequency of urination
- Dysuria (burning or discomfort during urinaton)
- Urgency
- Hesitancy
- New onset incontinence (the elderly)

NOTE: malodorous or cloudy urine is not a symptom of UTI.

- Fever
- Costovertebral angle tenderness (pyelonephritis)

Metrics

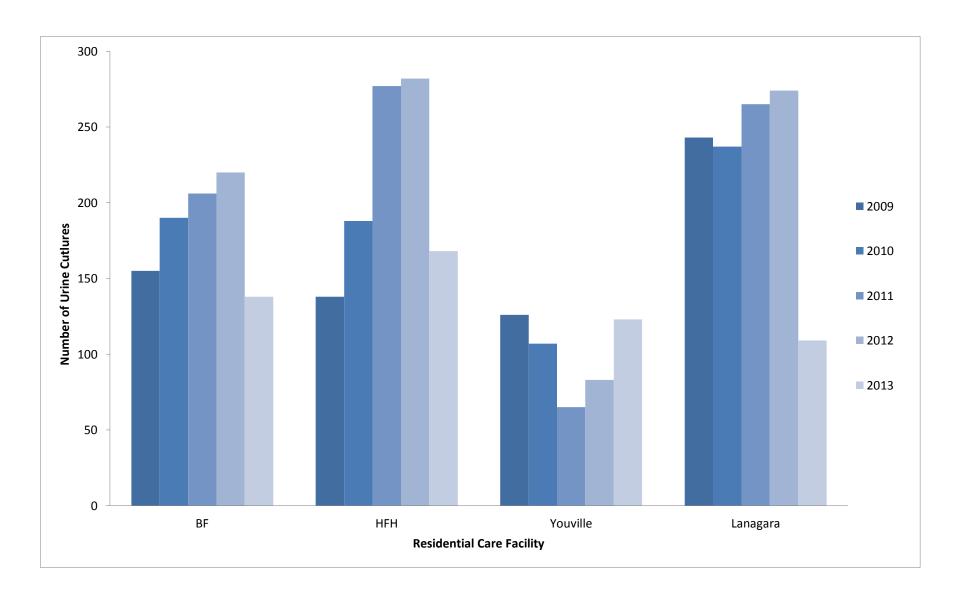
Number of urine cultures

 Appropriateness of urine cultures based on clinical chart review and UTI screening tool

Antimicrobial use in residential care

Number of transfers from residential care to acute care

Urine Cultures from PHC Residential Care Facilities are Decreasing



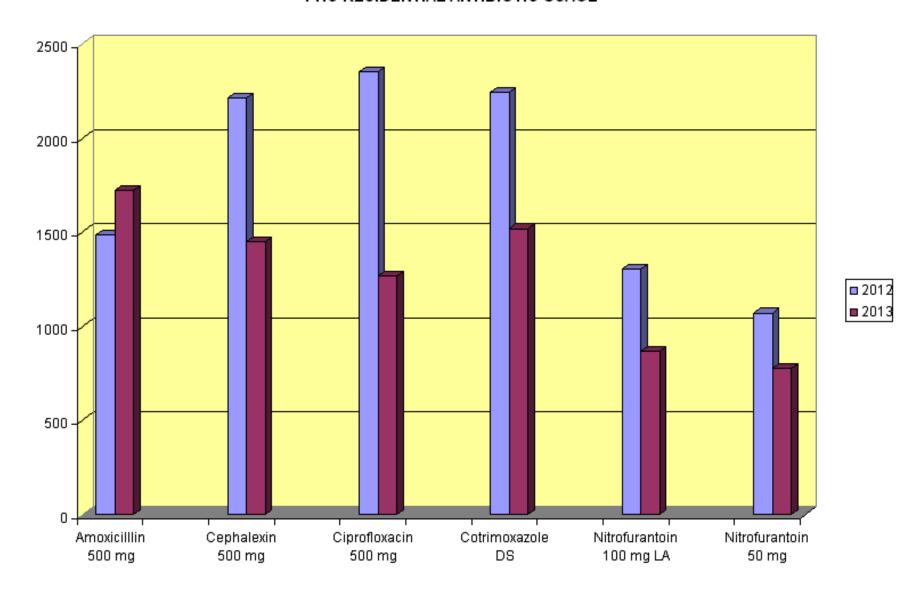
Laboratory Cost Savings

- Total cost of urine C&S: \$48.71
 - Cost of urine culture and susceptibility: \$29.14
 - MSP Fee for urine cultures: \$19.57
- Cost savings at Langara alone:
 - **-** \$8037
- Cost savings at all Residential care:
 - **–** \$15,635
- Unmeasured/avoidable costs

PHC RESIDENTIAL ANTIBIOTIC USAGE

 Comparison of 2012 and 2013 usage of antibiotics most commonly prescribed for UTI's

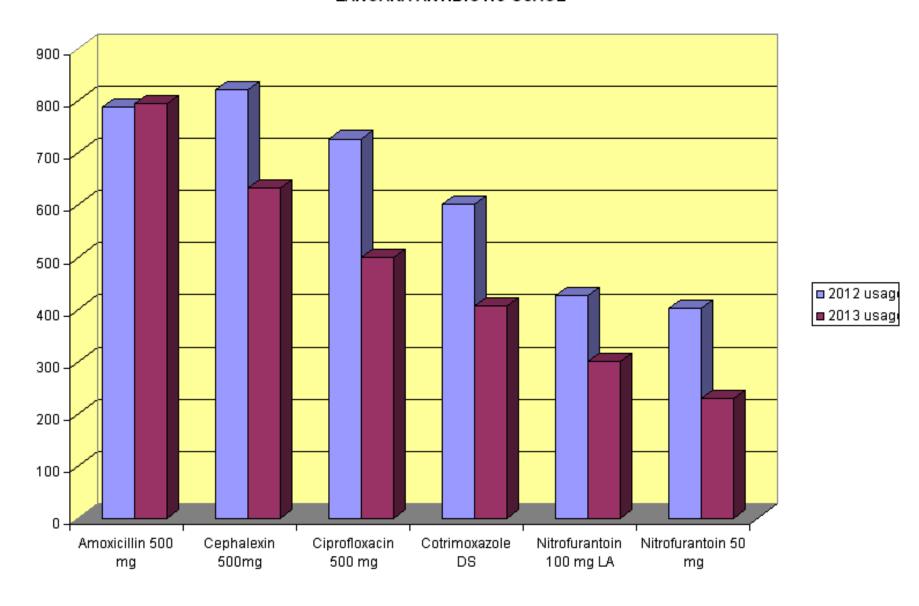
PHC RESIDENTIAL ANTIBIOTIC USAGE



PHC RESIDENTIAL ANTIBIOTIC USAGE

Antibiotic	2012	2013	%reduction
	usage	usage	
Amoxicilllin 500 mg	1487	1723	-16%
Cephalexin 500 mg	2216	1448	35%
Ciprofloxacin 500 mg	2355	1270	46%
Cotrimoxazole DS	2244	1520	32%
Nitrofurantoin 100 mg LA	1303	870	33%
Nitrofurantoin 50 mg	1071	778	27%

LANGARA ANTIBIOTIC USAGE



Conclusions

 Clinical decision support tools for nurses and physicians + audit/feedback can improve diagnostic test utilization

 Improved use of diagnostic tests saves money and reduces patient harm