



Bugs, Drugs and UTI's The Battle Continues!!

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Objectives

History of AB Stewardship

Brief overview of audit completed



What we hope to accomplish

History

- Accreditation 2013
- Formation of AB Stewardship Committee
- Goals and Objectives
- 10 LTC facilities
Medical units at JPMHC
and CNRHC



The Battle Begins

- Misuse of antibiotics and Misdiagnosis of UTI's
- ABS and IPAC concern
- Surveillance (McGeer definitions)



Antibiotics in LTC, Why do we care???

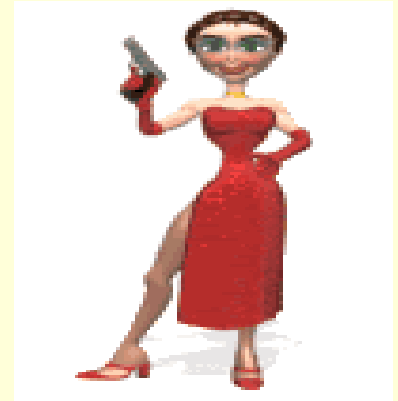
- UTI is the most common infection in the LTC resident
- Nationally, 25%–75% of antibiotic prescriptions for long-term care residents have been found to be inappropriate *Effective Antimicrobial Stewardship in a Long-term Care Facility through an Infectious Disease Consultation Service . Infection Control and Hospital Epidemiology (2012)*
- Routine screening and treatment of asymptomatic bacteriuria is not recommended in LTC residents
- 15-30% males and 25-50% of women have asymptomatic bacteriuria *Urinary Tract Infection in Long-Term-Care Facility Residents , Clinical Infectious Diseases (2000)*

Treating asymptomatic bacteriuria is of no benefit and is actually harmful!!

A urine specimen should always be collected prior to initiating antibiotic therapy

Dangers

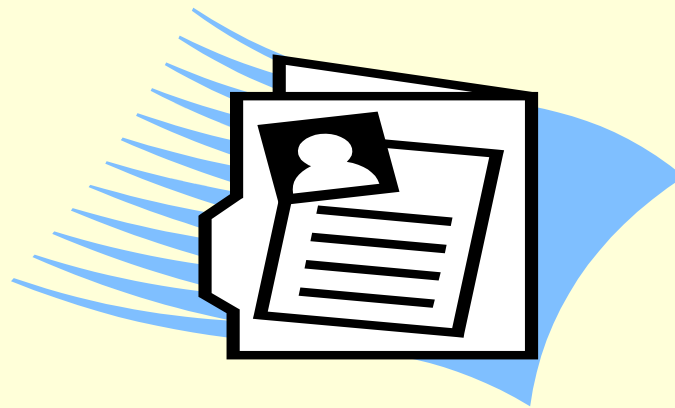
Without UTI symptoms,
urine testing leads to . . .



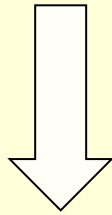
***False diagnosis of UTI and
inappropriate treatment!!***

Documentation

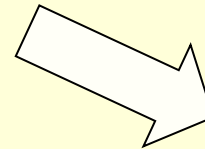
- 55% of charts had no documentation on UTI symptoms
- Patient should have documented symptoms before any urines sent
- Documentation is a high priority in diagnosing UTI's



Unnecessary Rx and Missed Diagnoses Harm Patients



- Drug-drug interactions
- *C. difficile* infection
- Renal & other complications
- Nausea and vomiting
- Drug resistant bacteria in your community
- Drug allergies
- Missing the real dx



Threat to patient safety

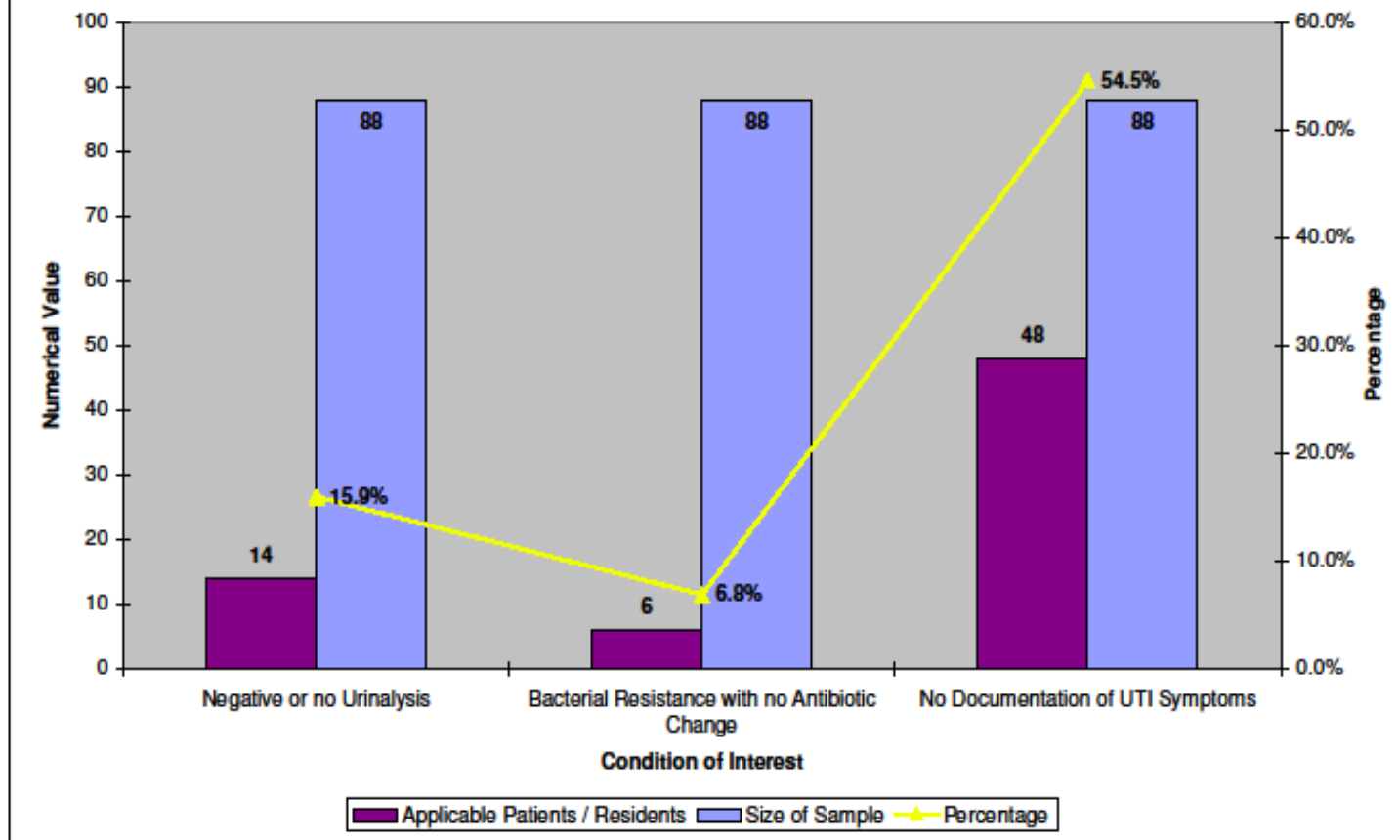
Where did our information come from?

- 10 LTC facilities
- 2 medical units at referral centers
- Microbiology Reports
- Infection Control Report Forms
- Documentation



| No Growth on Urinalysis -OR- No Urinalysis Sent | Treated With Antibiotic That Bacteria Was Resistant to and Antibiotic Not Changed | Treated With no Documented Signs / Symptoms of Urinary Tract Infection |
|--|--|---|
| 14 / 88 | 6 / 88 | 48 / 88 |
| Percentages | | |
| 15.9 % | 6.8 % | 54.5 % |

Antibiotic Use and Urinary Tract Infections : Treatment Conditions A Brief Review of UTI Treatment in Central Health



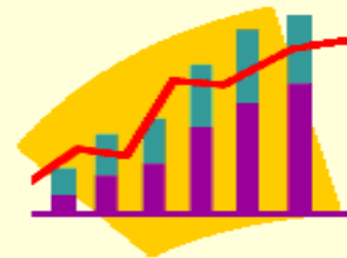
What to do?



Q What am I supposed to do with all of this information?

- Continue to collect all UTI infection information from ongoing surveillance (Labs, IC reports forms, AB usage, charting)
- Monitor trends
- Report stats

- Submit Report (MAC,P&T, AB,IP&C)
- Communicate results
- Follow up
- Provide updated education



Goals from Audit

- Increase awareness of drugs/bugs mismatch with UTI's
- Improve documentation
- Improve specimen collection technique
- Prevent inappropriate antibiotic usage

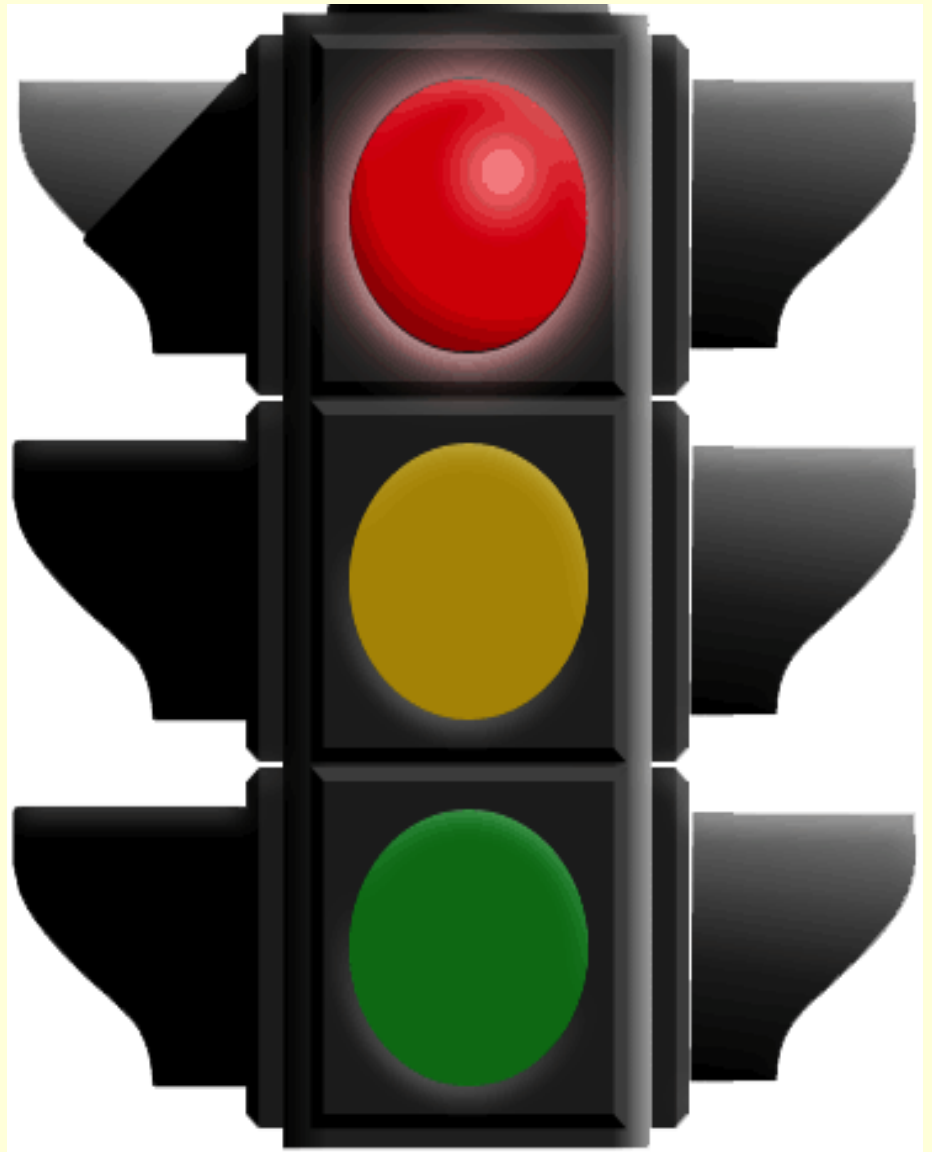
Things to Remember:

- When symptoms are **absent**:
 - “Positive” urine dip is meaningless.
 - “Positive” urinalysis is meaningless.
 - “Positive” urine culture is just ASB.
- When symptoms are **present**:
 - Only urine culture can confirm UTI.
- **Regardless of symptoms**:
 - **Poor urine collection technique causes false-positive urinalysis.**

*no
symptoms*

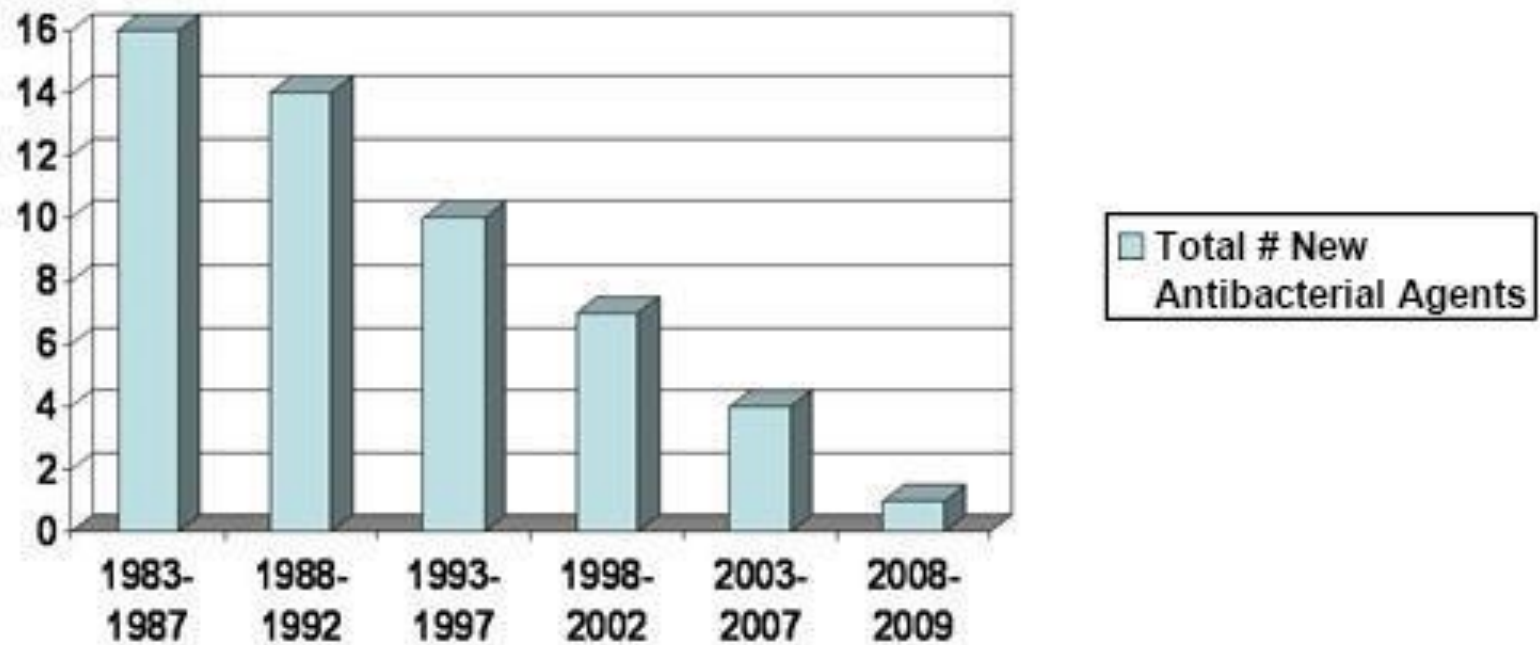
*non-specific
symptoms*

*specific
symptoms*



Bad Bugs No Drugs

DECLINING ANTIBACTERIAL APPROVALS (PAST 25 YEARS)



Spellberg, CID 2004, Modified

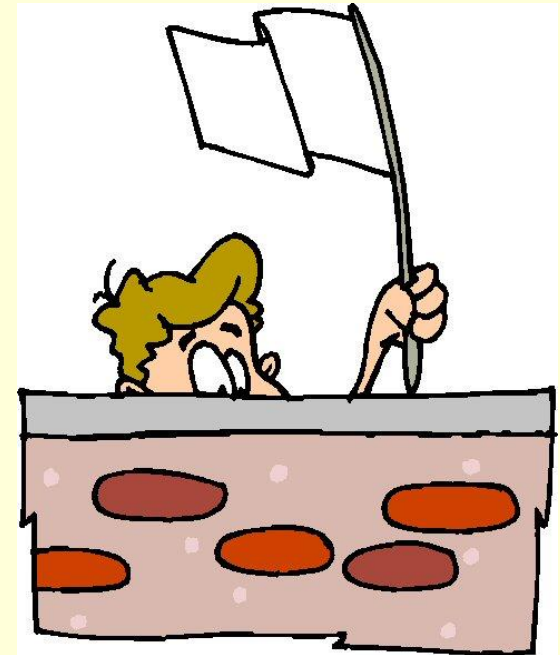
What we hope to accomplish!!

End the battle and strive for better utilization of antibiotics therefore better patient/resident care!!!

Education!

Education!!

Education!!!



Questions????

