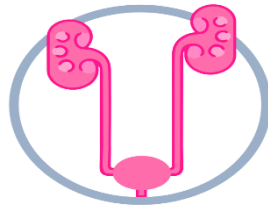


UTI 9'

Key Standards for UTI Prevention, Treatment and Management



Prevention

Standard 1 – Policies and procedures are in place for the care and management of patients with urinary incontinence.

This includes:

- a. *Continence assessment process and the provision and use of containment products.*
- b. *The use and availability of bladder scanners in all inpatient areas to aid decision making*
- c. *An evidence based Urinary Catheter (UC) care pathway to support the risk assessment process and need for UC insertion.*
- d. *Infection prevention and control policies that support best practice e.g. ANTT, SICP*
- e. *Audit processes to monitor compliance with policies*

Standard 2 - All clinical staff inserting, caring for and managing patients with UC must have adequate training.

This includes:

- a. *A 4 yearly competence assessment for those inserting catheters and competence assessment in ANTT*
- b. *Current mandatory training in Infection prevention and control.*
- c. *Keeping accurate records of catheter management i.e. date of insertion, expected/actual date of removal, justification for insertion, daily assessment of need and medical device details.*
- d. *Audit processes to monitor compliance*

Standard 3- Every patient will have a transferable UC passport:

This includes:

- a. *A continuous accurate record of catheter management.*
- b. *Information for patients and/or carers about their device and its management*
- c. *Audit processes to monitor compliance*

Standard 4 - Good hydration in the prevention of UTI is managed according to best practice and national guidance:

This includes:

- a. *Risk assessment of individual needs for hydration interventions*
- b. *Engaging the principles of Public Health Wales 'water keeps you well campaign' in all settings*
- c. *Compliance with 'All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients' (2011)*
- d. *Involving the patient, and where appropriate their relatives and carers, in understanding the benefits of good hydration*
- e. *Accurate recording of fluid balance so that hydration can be assessed correctly*
- f. *Provision of tools and drinking equipment that allows the patient participate in maintaining their own hydration*
- g. *Audit processes to monitor compliance*

Sampling & Diagnostics

Standard 5 – Diagnosis, when UTI is suspected, adheres to a recognised criteria:

This includes:

- a. *HCW training in accurately assessing the signs and symptoms of UTI according to defined criteria*
- b. *Consider the use of algorithm to assist decision making*
- c. *Accurate recording of the assessment of UTI and the subsequent actions taken.*
- d. *Avoiding the use of dipsticks for UTI diagnosis in all but predetermined patient groups*
- e. *Audit processes to monitor compliance*

Standard 6 –Sampling of urine, where UTI is suspected, adheres to best practice.

This includes:

- a. *HCW training in the correct handling, collection, storage and transport of specimens*
- b. *Policy for the correct handling, collection, storage and transport of specimens*
- c. *Adherence to a current Laboratory Procedure SM1B41: investigation of urine algorithm to assist decision making*
- d. *Audit processes to monitor compliance*

Treatment & Management

Standard 7 - Antibiotic treatment of urinary tract infections will follow 'All Wales' treatment guidelines.

This includes:

- a. *Adherence to the national formulary for primary or secondary care prescribing as appropriate*
- b. *Practicing best principals of antimicrobial stewardship e.g.' start smart then focus'*
- c. *Audit processes to monitor compliance*

Standard 8 - Antibiotic prophylaxis for UTI will follow treatment guidelines and include:

- a. Adherence to national formulary for primary or secondary care prescribing as appropriate*
- b. Reviewing the patient every 6 months to reduce risk of increased antimicrobial resistance.*
- c. Audit processes to monitor compliance*

Outcome Measurement

Standard 9 - Mandatory national surveillance of *Escherichia coli* (*E.coli*) bacteraemia will be used to inform reduction strategies for UTI and will include:

- a. Investigation of all cases and assessment to determine sources linked to UTI.*
- b. Annual PPS of prescribing will be used to inform prescribing compliance in primary and secondary care setting*