

# '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 at 3 months and stop at 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