

Santé publique Ontario

The Urinary Tract Infection (UTI) Program for Long-Term Care

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October 3, 2017

IPAC GTA Education Day 2017

What is the UTI Program?

Reduce the use of antibiotics for presumed UTIs to protect residents from antibioticrelated harms

Why target UTIs?

- UTI is the most commonly reported infection in longterm care residents
- One third of prescriptions are given for asymptomatic bacteriuria (ASB)

Asymptomatic bacteriuria (ASB) is the presence of bacteria in the urine in the absence of urinary symptoms and does not require treatment

Treating ASB is not recommended

Antibiotics are not harmless...

Overuse of antibiotics can contribute to:

- Clostridium difficile outbreaks
- Antibiotic- resistant organisms and the decreasing effectiveness of important treatment options

What type of organization do you work at?

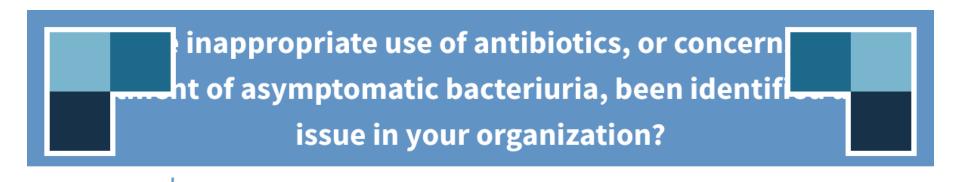
ng-term Care or Retirement Home

Acute Care

Community Care

Local Public Health Unit

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Designing the UTI Program

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 - 80% of respondents indicated that they would send a urine culture for non-urinary infection reasons
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- 1. Synthesized evidence on best practices
- 2. Assessed common barriers and facilitators to changing practice in LTCHs
- 3. Selected strategies and designed tools and resources

What is the UTI Program?

Focuses on five key practice changes:



Obtain urine cultures only when residents have indicated clinical signs and symptoms of a UTI.



Obtain and store urine cultures properly.



Prescribe
antibiotics only
when specified
criteria have been
met, and reassess
once urine culture
and susceptibility
results have been
received.



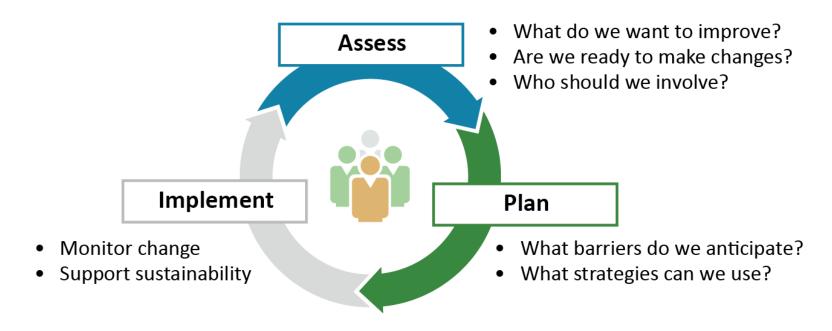
Do not use dipsticks to diagnose a UTI.



Discontinue
routine annual/
admission screening
if residents
do not have
indicated
clinical signs
and symptoms
of a UTI.

What is the UTI Program?

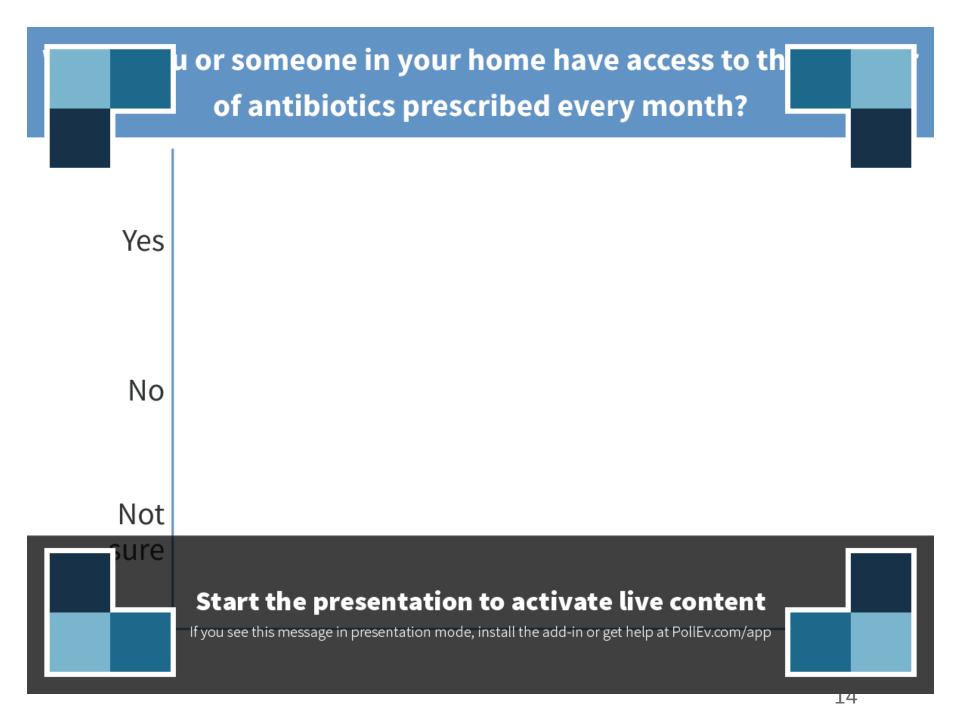
Recommends using an implementation planning process:

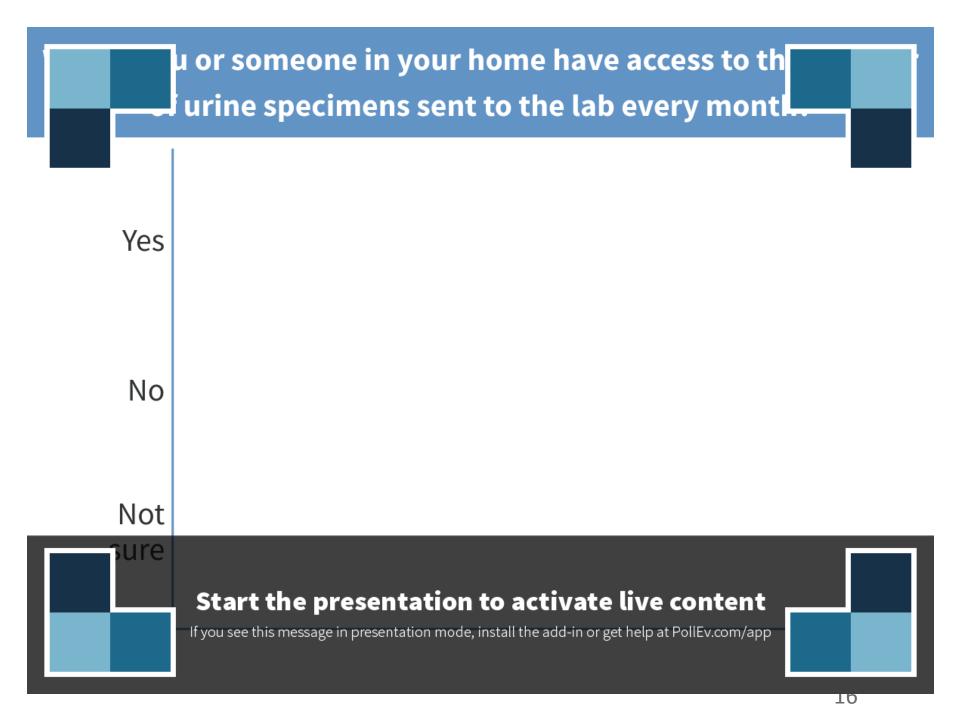


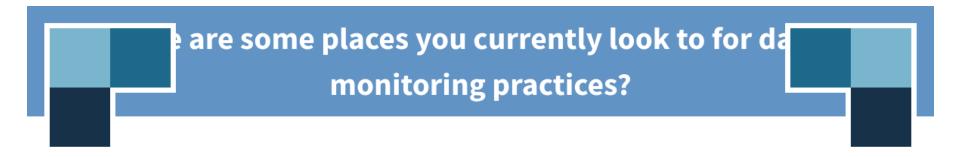
UTI Program Strategies

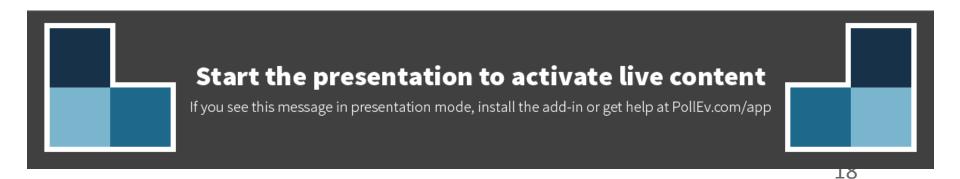
- Organizational policies and procedures
- Champions
- Local opinion leaders
- Local consensus processes
- Classroom education

- Provide information and education to residents/ families
- Coaches
- Process surveillance and feedback
- Distribution of educational materials









But...does it work?



To evaluate the implementation and impact of the UTI Program in 12 LTCHs across the province.



- How do LTCHs implement the UTI Program?
- What supports to LTCHs require to support implementation?
- Is there an opportunity to improve program resources?
- Does the program result in a reduction in urine culturing and antibiotic prescriptions?



- 12 LTCHs recruited to participate
- 18 months of lab and pharmacy data to examine trends before and after program implementation
- Field notes
- Interviews with PHO staff and LTCH staff

Preliminary Results

- 29% ↓ in rates of urine culturing
- 38% \downarrow in rates of urinary antibiotic use

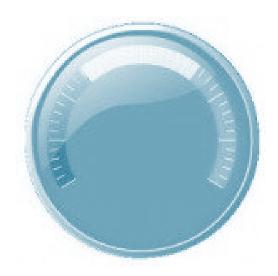
- Variety of strategies done by homes
 - No "magic bullet"
- Still opportunities to continue to improve practice
 - Surveillance and feedback on changes



- What influenced implementation of the program?
- Takeaways:
 - Importance of understanding need and fit
 - Implementation teams and staff involvement
 - Planning for program execution and dedicating resources
 - Planning for sustainability

What next?

- Evaluation of pilot sites complete
- In the process of designing next steps
- "Scale Up"
- What role will PHO play?
- Understanding supports



We need your input!

- Show of hands
- Paper surveys on table
 - Reaction to program
 - Needs for support
 - Program need



Questions?

For More Information About This Presentation, Contact:

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www.publichealthontario.ca/UTI

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