UTI Toolkit Module 1 –
The Regulatory Rationale for Improving the Management of UTIs in Nursing Homes
Wisconsin Healthcare-Associated Infections in LTC Coalition

UTI Toolkit – Module 1c

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Objectives

• Describe the regulatory risks posed by suspected UTI in NHs.

• Describe the regulations pertinent to antibiotic use in nursing homes.

• Describe how implementation of the WI HAI in LTC UTI Toolkit will help your facility meet these regulatory requirements.
Why UTIs Matter from a Regulatory Perspective

• Treatment of suspected UTI accounts for ~50% of the antibiotic use in NHs.

• Over half of the treatment courses for UTI create some risk of regulatory actions:
  o Unnecessary medications (F757)
  o Lack of urine cultures before antibiotic started (F690)
  o Lack of organizational expected policies and procedures (F880 & F881)
Regulations Pertinent to UTI

- §483.25(e)2(iii) – Incontinence (F-Tag 690)
- §483.45(d) & (d)(1-6) – Unnecessary Drug (F-Tag 757)
- §483.80(a)(1) – Infection Control (F-Tag 880)
- §483.80(a)(3) – Infection Control / Antibiotic Stewardship Program (F-Tag 881)
§483.25(e)2(iii) – Incontinence (F-Tag 690)

- Asymptomatic bacteriuria should not be treated.
- Non-localizing symptoms do not necessarily justify antibiotic therapy.
- Urine cultures should be obtained prior to starting antibiotics.
- Justification for ordering urine cultures should be documented.
- Residents treated for UTI should meet criteria for appropriateness.
§483.45(d) & (d)(1-6) – Unnecessary Drug (F-Tag 757)

• Facility has written protocols or resources to guide antibiotic use.

• Medical record must show documentation of diagnosis and adequate indications for a medication’s use.

• Monitoring and accurate documentation of the resident’s response to any medication(s).
§483.80(a)(1) – Infection Control (F-Tag 880)

- The facility should establish a surveillance system for HAI’s using nationally recognized criteria.
§483.80(a)(3) – Antibiotic Stewardship (F-Tag 881)

- Educate staff and providers about the importance of safe antibiotic use.
- Track and report antibiotic use and antibiotic-related outcomes.
- Implement practices to improve antibiotic use.
- Facility stewardship program should include facility pharmacist and other members of leadership team.
UTI Toolkit & The Survey Process

• Facilities that successfully implement the UTI toolkit will be engaged in a number of UTI-related activities required by CMS regulations.

• HOWEVER...
  
  o There are many reasons why a facility may receive a survey citation
  
  o Implementing the UTI Toolkit does not mean your facility is immune from receiving a survey deficiency
Staff & Provider Education

• Applicable regulations:
  o §483.80(a)(3) – Antibiotic Stewardship

• Each module includes materials, tools and resources that provide education focused on using antibiotics more wisely in a resident with suspected UTI.

• The targets of the educational resources vary based on the module:
  o Module 1: Facility leadership (champion), nursing staff and providers
  o Modules 2 & 3: Facility leadership (champion) and nursing staff
  o Module 4: Providers
  o Module 5: Facility leadership (champion)
Urine Culture Practices

• Applicable regulations
  o §483.25(e)2(iii) – Incontinence

• Module 2 provides a procedure for how to collect a urine specimen properly.

• Module 3 (when to test) is heavily focused on limiting unnecessary urine cultures.

• Module 5 includes tracking tools that helps facilities measure urine culture rates.
Antibiotic Treatment Protocols

• Applicable regulations:
  o §483.25(e)2(iii) – Incontinence
  o §483.45(d) & (d)(1-6) – Unnecessary Drug
  o §483.80(a)(1) – Infection Control
  o §483.80(a)(3) – Antibiotic Stewardship

• Stoplight tool and nursing tools provides criteria for who to test and treat for UTI.

• Module 4 is focused on when and how to treat UTIs.
Antibiotic Tracking and Reporting

• Applicable regulations:
  o §483.80(a)(1) – Infection Control
  o §483.80(a)(3) – Antibiotic Stewardship

• Module 5 includes a tool to help facilities track their antibiotic use and urine culture results.

• Module 5 includes a link to resources to help facilities begin developing their own antibiogram.
Other Stewardship Activities

• Applicable regulations:
  ○ §483.80(a)(3) – Antibiotic Stewardship

• Implementing the toolkit provides demonstrable evidence the facility is engaged in antibiotic improvement activities.

• Module 4 provides resources to foster engagement of the pharmacist in facility antibiotic stewardship activities.
Conclusions

• Overdiagnosis and overtreatment of UTI exposures NHs to a number of regulatory risks.

• Updated CMS regulations explicitly address UTI in several different sections.

• Successful implementation of the WI Healthcare-Associated Infections in Long-Term Care Coalition UTI Toolkit will enhance the likelihood your facility meets these regulatory requirements.