

# OPTIMISTIC

TRANSFORMING CARE

# Operations Learning Community Webinar

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# Presenting UTI



Lisa Sadik, BSN RN  
OPTIMISTIC  
Project RN

# Urinary Tract Infection

(maximum benefit duration 7 days)

THIS



ONE or more of THESE

>100,000 colonies of bacteria growing in the urine with no more than 2 species of microorganisms

- \* Fever > 100 F (oral) or two degrees above baseline
- \* Peripheral WBC count > 14,000.
- \* Symptoms of: dysuria, new or increased urinary frequency, new or increased urinary incontinence, altered mental status, gross hematuria, or acute costovertebral angle pain or tenderness

Facility Code: G9684

Practitioner Acute Nursing Facility Care Code: G9685

# UTIs

- One of the most common HAIs reported in NHs
- Asymptomatic > symptomatic UTIs in NH residents
- Results in large amount of antibiotic use
- Sometimes associated with catheter use—“CAUTI”
- Resource website from CDC
  - [www.cdc.gov/hicpac/pdf/cauti/cautiguide\\_line2009finalpdf](http://www.cdc.gov/hicpac/pdf/cauti/cautiguide_line2009finalpdf)

# Risk Factors for UTIs

- Certain age related physical and functional factors place older adults in NH at greater risk for UTIs
  - Bladder emptying
  - Perineal hygiene
  - Not enough fluid to flush urinary tract
  - Use of catheters

# Best Treatment is PREVENTION

- DON'T do urinalysis unless there are CLEAR urinary symptoms
- Use sterile technique for in and out catheterization (including GLOVES)
- Do NOT take sample out of catheter—must change catheter to get specimen
- Do NOT reuse catheter bags

# Best Treatment is PREVENTION

- For women--ALWAYS wipe front to back
- Prompt and scheduled voiding
- Keep residents clean and dry
- Bladder scanner can help determine if bladder is emptying or not

# Facility Payment for Six Qualifying Conditions: UTI

## Billing Code

- G9684

## Facility Services Required to be Available

- Oral or parenteral antibiotics
- Lab/diagnostic test coordination and reporting
- Monitoring and management of urinary frequency, incontinence, agitation and other adverse effects

## Maximum Benefit Period

- 7 days



# REMINDER

- **OPTIMISTIC SBAR**
  - Thorough assessment of resident concerns, change of condition
  - Excellent tool for PCP communication

**S**ituation

**Resident Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Nurse** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Symptom/Condition Change:** \_\_\_\_\_

**B**ackground

**Associated medical conditions include** (check all that apply):

- CHF
- chronic pressure ulcer
- diabetes
- HTN
- CAD or hx of MI
- COPD/asthma
- Dementia
- Hospitalized within past 30 days
- Surgery within past 30 days
- Other \_\_\_\_\_

Full Code    DNR    Do not hospitalize   POST: Y/N:

POST Section B: <input type="checkbox"/> Comfort Measures <input type="checkbox"/> Limited Intervention <input type="checkbox"/> Full Intervention	POST Section C: <input type="checkbox"/> Use antibiotics only if comfort cannot be achieved fully through other means <input type="checkbox"/> Use antibiotics consistent with treatment goals	POST Section D: <input type="checkbox"/> No artificial nutrition <input type="checkbox"/> Defined trial of artificial nutrition <input type="checkbox"/> Long term artificial nutrition
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If no POST, describe the patient's/ family's preferences for treatment if known:

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**A**ssessment

Temp	Pulse	Resp. Rate	O2 Sats	B/P	Blood Sugar	Weight/Change?	Most recent BM

Focused physical assessment findings (refer to back for guidance on focused physical exam):

**NOTE: Be prepared to describe your findings in more detail.**

**Mental Status/Mood/Behavior:**

- not pertinent*
- depressed
- agitated
- non responsive
- withdrawn
- increased aggression (verbal or physical)
- personality change
- restless
- hallucinations (worse or new)
- increased confusion

**Neuro:**

- not pertinent*
- speech irregularity
- abnormal gait
- weaker on RUE/RLE/LUE/LLE (circle)
- facial asymmetry
- dizzy
- decreased sensation
- leaning to right/left side
- tingling
- numbness

**Head/Eyes/Ears/Mouth/Throat:**

- not pertinent*
- jaundiced eyes
- pupils unequal
- headache
- pupils non-reactive
- difficulty swallowing
- mouth lesion
- ringing in ears

**Lungs :**

- not pertinent*
- cough (productive, non-productive)
- abnormal lung sounds
- labored
- painful deep breaths
- shallow
- orthopnea
- dyspnea on exertion
- short of breath

**Heart/Pulses:**

- not pertinent*
- orthostatic
- irregular pulse
- weak pulse
- edema
- chest pain
- abnormal heart sound

**Abdominal:**

- not pertinent*       tender       distended       hypoactive bowel sounds  
 new incontinence       change in stool color       constipation       hyperactive bowel sounds  
 nausea       vomiting       bloody emesis       absent bowel sounds  
 bloody stool

**Skin:**

- not pertinent*       jaundice       cyanotic       bruising       excoriation  
 itch       blister       wound       laceration       skin tear  
 pain       rash       localized warmth       localized swelling       drainage

**Musculoskeletal:**

- not pertinent*       falls       joint pain       joint swelling       general weakness

**Genital/urinary:**

- not pertinent*       new incontinence       new nocturia       increased urinary frequency  
 dysuria       hematuria       abnormal discharge       lesion

**Pain (elaborate on previously mentioned pain or discuss new symptom):**

- not pertinent*       location \_\_\_\_\_       pain scale (1-10): \_\_\_\_\_  
 pain quality is sharp/dull/constant/intermittent/other: \_\_\_\_\_  
 pain is relieved by \_\_\_\_\_       pain is made worse by \_\_\_\_\_  
 any non-verbal signs of pain: \_\_\_\_\_

**Review and Notify**

Decision:     Monitor the patient here    OR     Send the patient to the hospital (*if going to hospital, STOP here*)

Orders:

Check if yes	Option	What are the orders?
	Labs	
	Imaging	
	EKG	
	Vitals	
	Medication	
	6 condition trigger	

When will PCP be contacted again? \_\_\_\_\_

Symptom-Based Exam Guide	
If presenting this symptom:	Do this assessment:
Abdominal pain or Nausea/ Vomiting/ Diarrhea/ Constipation	Abdominal/Genital/Urinary
Chest pain	Lungs/ Heart
Cough or Shortness of breath	Lungs/ Heart
Altered mental status	Full Exam
Fever	Full Exam
Rash/ Itching	Skin
Facial droop/ arm or leg weakness, or headache/ blurry vision	Neurological
Leg swelling	Lungs/ Heart/ Skin
Hematuria or vaginal discharge	Genital/Urinary
Fall	Neurological/ Skin
Muscle or Joint Pain	Musculoskeletal

Some content adapted from INTERACT® SBAR.

# OPTIMISTIC

A Demonstration Project in the CMS Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents

Visit our website for  
supportive resources  
and FAQs

