

Facility Assessment of Urinary Tract Infection Management

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to urinary tract infection management in the facility, in order to identify areas that need improvement. You will find the checklists most useful if you need to look at your current practice more critically.

Directions

- These checklists are designed for completion by a director of nursing (DON) or other team leader who knows the facility.
- The person completing the checklist should consult with appropriate staff and resident's medical records to ensure the most accurate information.

Use these checklists as the starting point for a quality improvement project guided by the Quality Improvement Worksheets. When answering questions on the checklists, if you are not sure or answer "no" to one of the questions, see Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Topics Included

Checklists on the following urinary tract infection-related topics are included:

- Policies
- Screening
- Evaluation
- Care Planning
- Monitoring
- Staff Education and Training

Provided By:



1.800.432.0770 • www.kfmc.org

Checklist: Urinary Tract Infection Policies

Does your facility have a policy for evaluation and management of urinary tract infection (UTI)?

_____ **No.** If no, this is an area for improvement. Use this checklist and current accepted clinical guidelines to create your facility's policy.

_____ **This is an area we are working on.** Our target date for implementing or revising our policy is: _____. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your revision and implementation of your facility's policy.

_____ **Yes.** Please continue to the questions below.

Does your facility's policy for UTI include the elements below?

	Yes	No	Person Responsible:	Comment:
1. Does your facility's policy and procedure include a statement regarding your facility's commitment to the management of UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does your facility's policy include when and how staff will screen, evaluate, treat and monitor residents with UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does your facility's policy regarding UTI management include the following components? a. Process for prompt identification and diagnosis of UTI b. Specification of plans to limit the use of indwelling catheters where indicated c. Steps to be taken in order to monitor UTI treatment effectiveness d. Indications for treatment related to asymptomatic bacteriuria and symptomatic UTI e. Use of clinically-accepted guidelines for diagnosis and treatment of UTI	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4. Does your facility's policy address who, how and when the UTI management program will be monitored and evaluated?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Urinary Tract Infection Policies (cont.)

	Yes	No	Person Responsible:	Comment:
5. Does your facility's policy address a protocol for ongoing monitoring of residents at risk for symptomatic UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does your facility's policy address strategies for treatment and management of catheter-related UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does your facility's policy address when and how urine cultures are used in the management and treatment of UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Does your facility's policy address a protocol for communicating a diagnosis of UTI to the designated MDS personnel to ensure correct coding?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your policy for UTI are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Screening for Urinary Tract Infection

Does your facility complete a screening for UTI? *A screening entails a brief review of the transfer documents and questions asked of the resident/family (if necessary) that determine if the resident has any signs such as fever, urgency, frequency, etc. It does not include a thorough history or physical examination, which should be performed if the inquiry reveals suspicion that the resident presently has a UTI.*

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for UTI screening.

_____ **This is an area we are working on.** Our target date for implementing a process for screening is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your screening for UTI include the following elements?

	Yes	No	Person Responsible:	Comment:
1. Does your policy and procedure state that residents should be screened for UTI at the following times? a. At admission b. At readmission c. At each MDS assessment d. With each change in condition (including new or increased incontinence, confusion or fever)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Does your screening tool include the following elements? a. History of chronic or recurrent UTI or bacteriuria b. Current medical diagnoses c. Current voiding patterns d. Voiding abnormalities (pain on urination, burning or itching) e. Changes in urine color or odor f. Recent hospitalization g. Current or previous use of indwelling catheter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Checklist: Screening for Urinary Tract Infection (cont.)

	Yes	No	Person Responsible:	Comment:
3. Is there a process in place to help determine when and how urine cultures are used?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are direct care staff aware of common signs and symptoms of UTI in the elderly to assist with ongoing screening of UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does your facility have a regular process that will lead to a timely comprehensive evaluation of UTI once signs or symptoms are noted during screening?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process for completing UTI screening are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Evaluating Urinary Tract Infection

Does your facility complete a comprehensive evaluation for UTI? *A comprehensive evaluation is done when a resident screens positively for symptoms related to symptomatic UTI that indicate need for treatment.*

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for UTI evaluation.

_____ **This is an area we are working on.** Our target date for implementing a process for evaluation is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your comprehensive UTI evaluation include all of the elements below?

	Yes	No	Person Responsible:	Comment:
1. Does your UTI evaluation contain the following elements?				
a. Current diagnoses and risk factors	<input type="checkbox"/>	<input type="checkbox"/>		
b. Review of medications (esp. anti-cholinergics)	<input type="checkbox"/>	<input type="checkbox"/>		
c. Past history of UTI (chronic or recurrent) and how treated	<input type="checkbox"/>	<input type="checkbox"/>		
d. Use of indwelling urinary catheter	<input type="checkbox"/>	<input type="checkbox"/>		
e. Presence and description of the pertinent signs of symptomatic UTI	<input type="checkbox"/>	<input type="checkbox"/>		
i. New or increased burning on urination, frequency or urgency	<input type="checkbox"/>	<input type="checkbox"/>		
ii. New flank or suprapubic pain or tenderness	<input type="checkbox"/>	<input type="checkbox"/>		
iii. Change in urine character (increased sediment, foul smell, hematuria)	<input type="checkbox"/>	<input type="checkbox"/>		
iv. Decreased mental status	<input type="checkbox"/>	<input type="checkbox"/>		
v. Decreased functional status	<input type="checkbox"/>	<input type="checkbox"/>		
vi. New or increased incontinence	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the evaluation completed by an RN, or by an LPN and reviewed by an RN?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the evaluation used to identify the potential preventable/reversible cause(s) of UTI?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Evaluating Urinary Tract Infection (cont.)

If any of the above elements in your process for completing comprehensive UTI evaluations are missing:

- Choose *one* element to focus your quality improvement effort first.

- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Urinary Tract Infection Care Planning

Does your facility have a process for developing and implementing a care plan for residents who have been found to have chronic or recurrent UTI?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing a care plans for UTI.

_____ **This is an area we are working on.** Our target date for implementing a process for developing a care plans for UTI is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does the plan of care for UTI address all of the areas below?

	Yes	No	Person Responsible:	Comment:
1. Are specific staff members assigned responsibility for developing and overseeing the resident's plan of care?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are data from the UTI evaluation used to inform the resident's plan of care?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the input of family members and/or the resident sought in selecting a treatment program for UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are the resident and family made aware of UTI UTI treatment issues related to possible antibiotic resistance and medication side effects?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the plan of care address potentially reversible or preventative measures (i.e. removal of indwelling catheter, proper toilet hygiene or adequate hydration)?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the care plan specify start and stop dates of treatment?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the care plan specify reevaluation of treatment effectiveness and adjustment of care plan as needed?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process for care planning for UTI are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care please continue to another checklist.

Checklist: Monitoring Urinary Tract Infection

For residents with mild non-specific urinary symptoms or symptomatic UTI, does your facility have a process for monitoring clinical status and/or treatment effectiveness for increased symptoms, reoccurrence or re-infection?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for monitoring.

_____ **This is an area we are working on.** Our target date for implementing a process for monitoring is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for monitoring include these components?

	Yes	No	Person Responsible:	Comment:
1. Are residents with mild non-specific urinary symptoms monitored daily to assess clinical status for increase of symptoms (i.e. increased suprapubic pain, acute urinary retention, flank pain or hematuria) indicative of development of symptomatic UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are vital signs, including temperature and respirations done at least every shift for residents under treatment for UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is there a monitoring sheet or documentation method for UTI available for staff (i.e. line listing, flow sheet)?	<input type="checkbox"/>	<input type="checkbox"/>		
4. After treatment has been completed is there a process in place for monitoring for reoccurrence or re-infection?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are direct-care staff (CNAs) involved in ongoing monitoring for signs and symptoms of UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the QI Committee track UTI prevalence rates or audit other aspects of the UTI management process (i.e. complete screenings, evaluations, facility infection prevention policies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Monitoring Urinary Tract Infection (cont.)

If any of the above elements in your process for monitoring UTI are missing:

Choose *one* element to focus your quality improvement effort on first.

- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's policy, please continue to another checklist.

Checklist: Assessing Staff Education and Training related to Urinary Tract Infection

Does your facility have initial and ongoing education on UTI for both nursing and non-nursing staff?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to improve your processes and or staff education on UTI.

_____ **This is an area we are working on.** Our target date for implementing an education program on UTI is:_____. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your facility’s education program.

_____ **Yes.** Please continue to the questions below.

Does your facility’s education program for UTI include the following components?

	Yes	No	Person Responsible	Comments
1. Are all new staff oriented in UTI evaluation and management?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are current staff provided with ongoing education on UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does education staff provide discipline-specific education for UTI evaluation and management (i.e. Activities, Rehab, Social Services, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does education incorporate clinical guidelines in UTI evaluation and management?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does education address common barriers to prevention and treatment of UTI such as: a. Differentiation between asymptomatic bacteriuria and symptomatic UTI b. Minimizing use of indwelling catheters c. Overuse of antibiotics leading to increased antibiotic resistance and possible transmission of resistant bacteria in the facility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. Does education teach staff how to recognize signs and symptoms of symptomatic UTI?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Assessing Staff Education and Training related to Urinary Tract Infection (cont.)

	Yes	No	Person Responsible	Comments
8. Does education address treatment/care for residents with UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is hands-on coaching provided for staff through a clinical expert/mentor for UTI issues?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is the education provided at the appropriate level for the learner (i.e. CNA vs. RN)?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the education include staff training on documentation related to UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does your facility's education program include family education on UTI?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does your facility's education program include resident education on UTI?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the preceding elements in your facility's education and training program for UTI evaluation and management are missing:

- Choose *one* element to focus your quality improvement effort on first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's policy, please continue to another checklist.

