Date

[Recipient name]

[Recipient address 1]

[Recipient address 2]

[Recipient address 3]

Dear prescriber

**National roll-out: Optimising the use of antibiotics in the management of urinary tract infection (UTI) in aged residential care**

The Health Quality & Safety Commission partnered with eleven aged residential care (ARC) facilities across Aotearoa New Zealand in a project to optimise the use of antibiotics in the management of UTI.

As a result of this initiative, the Commission has [developed a guide](https://www.hqsc.govt.nz/resources/resource-library/guide-to-improving-the-use-of-antibiotics-in-the-management-of-urinary-tract-infections-in-aged-residential-care) to facilitate the implementation of best practice interventions across the ARC sector. The aim of this initiative is to reduce the number of antibiotic prescriptions for residents whose symptoms do not meet the criteria for UTI.

A literature review,[*Appropriate medication use in aged residential care (2020)*](https://www.hqsc.govt.nz/resources/resource-library/appropriate-medication-use-in-aged-residential-care/), was undertaken to inform the development of evidence-based interventions to improve systems and practice.

While residents with specific UTI symptoms such as dysuria usually need treatment, urinalysis and cultures, obtained for a variety of reasons, may lead to a prescription for an antibiotic when only bacteriuria or pyuria is present.[[1]](#footnote-2) Because dipstick urinalysis has poor positive predictive value in diagnosing UTI in this cohort, urinalysis and culture should only be undertaken if there is clinical evidence of UTI.[[2]](#footnote-3)

In addition to the risk of antimicrobial resistance, prescribing antibiotics for those who do not need them can cause harm through adverse effects such as diarrhoea, nausea and allergic reactions. Information on the selection of an appropriate antibiotic can be found in guidelines from BPAC[[3]](#footnote-4),[[4]](#footnote-5) or in your local antibiotic prescribing guidelines.

Interventions in the guide are based on Public Health Ontario’s UTI programme implementation guide.[[5]](#footnote-6) Our guide recommends a suite of practice improvements that will support more informed communication and decision-making. Some of the key changes recommended in the guide are:

* use diagnostic criteria to identify signs and symptoms of a UTI
* only send urine samples for testing when clinically indicated
* communicate signs and symptoms more effectively to prescribers and laboratory services
* implement systems for review of antibiotics once laboratory results are available.

To measure the effectiveness of this initiative, teams within the facilities will capture data such as urinary-specific antibiotic use and incidence of reported UTI. Teams will also implement process surveillance to prompt and monitor the use of a decision-support tool for nurses.

One of the key interventions to optimise the use of antibiotics is the use of a new decision-support tool. We ask that you take a moment to familiarise yourself with the tool. This is a national project to ensure standardisation of how we diagnose suspected UTI. This tool can be used for any health care setting. This initiative is also aligned with the new health and disability standards.

For the roll-out of the interventions to be a success, teams within your facility will need your help and support.

All the details related to this initiative are available on the Commission website ([www.hqsc.govt.nz/our-work/improved-service-delivery/aged-residential-care/](http://www.hqsc.govt.nz/our-work/improved-service-delivery/aged-residential-care/)).

Please feel free to contact me if you have any questions about the project.

Yours sincerely

[*Manager name*]

1. Jump RLP, Crnich CJ, Nace DA. 2016. Cloudy, foul-smelling urine not a criteria for diagnosis of urinary tract infection in older adults. *Journal of the American Medical Directors Association* 17(8): 754. DOI: 10.1016;j.jamda.2016.04.009. [↑](#footnote-ref-2)
2. Ninan S, Walton C, Barlow G. 2014. Investigation of suspected urinary tract infection in older people. *BMJ* 349: g4070. DOI: 10.1136/bmj.g4070. [↑](#footnote-ref-3)
3. BPACNZ. 2017. Antibiotics: choices for common infections. URL: <https://bpac.org.nz/antibiotics/guide.aspx#uti-adult>. [↑](#footnote-ref-4)
4. Best Tests. 2015. A pragmatic guide to asymptomatic bacteriuria and testing for urinary tract infections (UTIs) in people aged over 65 years. Best tests. URL: <https://bpac.org.nz/BT/2015/July/guide.aspx> [↑](#footnote-ref-5)
5. Public Health Ontario. 2018. *Urinary Tract Infection (UTI) Program: Implementation Guide, Second Edition: Reducing Antibiotic Harms in Long-Term Care*. URL: <https://www.publichealthontario.ca/-/media/documents/uti-implementation-guide.pdf?la=en>. [↑](#footnote-ref-6)