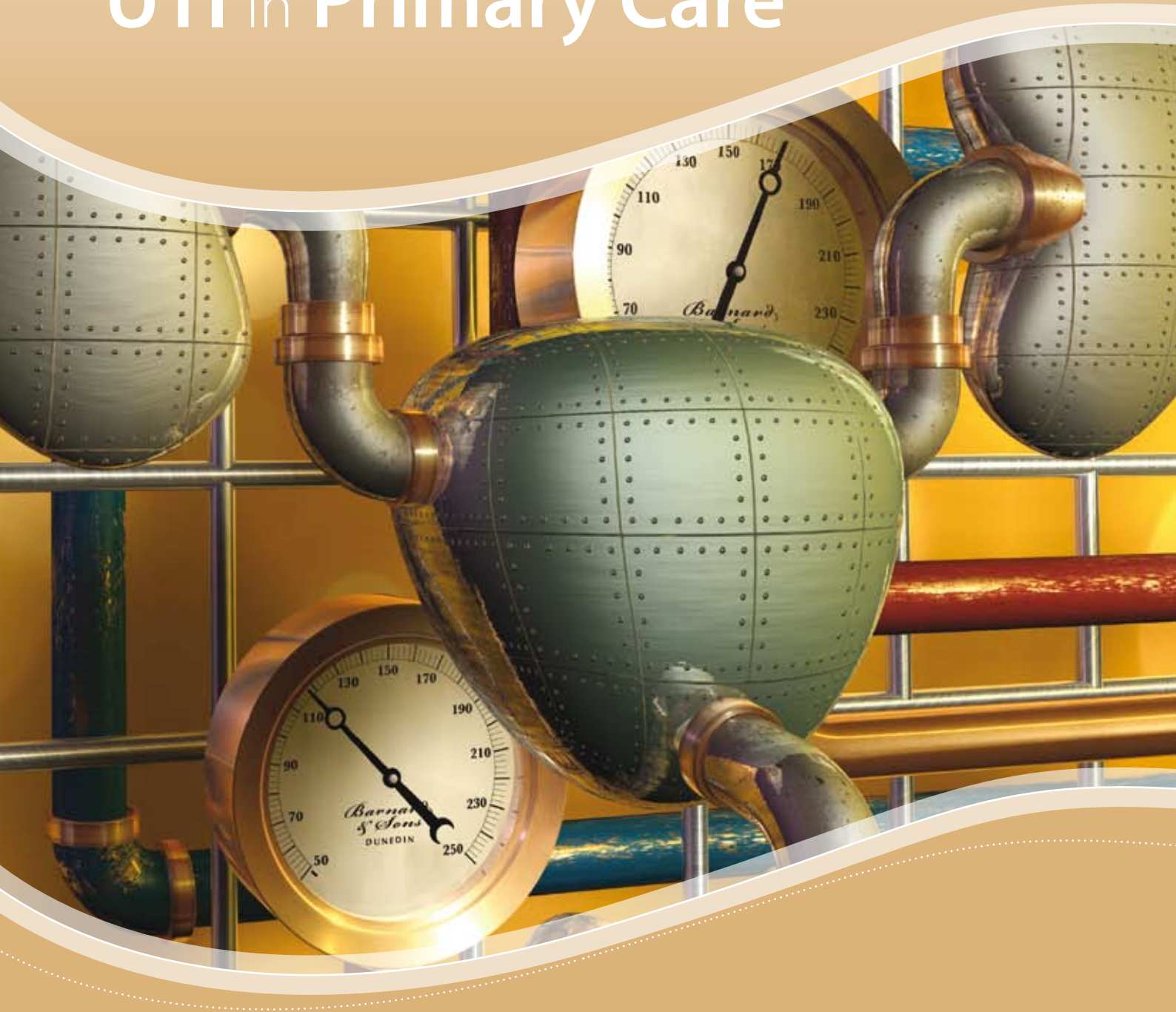


CLINICAL AUDIT

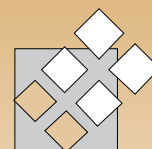
Laboratory Investigation of UTI in Primary Care



RNZCGP endorsed
CQI credits

 MOPs

Valid to September 2013



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Background

Approximately 50% of all women will have a urinary tract infection (UTI) in their lifetime, and of these 25% will have recurrent infections. Most women with UTI will have an uncomplicated infection that does not require urine culture. Streamlining the diagnostic process could improve patient satisfaction and decrease costs without compromising care.

Uncomplicated UTI

For women with uncomplicated UTI appropriate management is empirical treatment with a three day course of trimethoprim (seven days for elderly women) with no need for follow up unless symptoms persist or recur. Urine culture is not helpful for women with uncomplicated lower urinary tract infections as it does not improve outcomes. Resolution of symptoms is the goal of treatment, and urine culture is not indicated to test the effectiveness of antibiotic treatment.

Urine culture is not helpful for women with uncomplicated lower urinary tract infections as it does not improve outcomes.

Complicated UTI

Complicated UTI are all UTIs other than those occurring in women with classic UTI symptoms and normal genitourinary tract. In all instances of complicated UTI, urine culture is indicated. The request for urine culture should not delay the initiation of empirical antibiotic therapy when this is clinically appropriate. The results of the culture may help to confirm the choice of antibiotic.

Table 1: Features of complicated and uncomplicated UTI

Complicated	Uncomplicated
<ul style="list-style-type: none">▪ Pregnancy▪ Children▪ Suspected pyelonephritis▪ Men▪ Recurrent UTI▪ Catheterised patients▪ Failed antibiotic treatment or persistent symptoms▪ People with abnormalities of genitourinary tract▪ People with renal impairment	<ul style="list-style-type: none">▪ Dysuria▪ Frequency▪ Urgency▪ Suprapubic pain

Focus of this audit

This audit focuses on women between the ages of 15 and 55 years old. When a woman in this age group presents with symptoms of UTI such as dysuria, frequency, urgency or suprapubic pain with no other complicating factors this is likely to be an uncomplicated UTI. In this group empirical antibiotic treatment is indicated and there is no indication for urine culture. Men are not included in this audit because UTIs in men are defined as complicated.

This audit focuses on:

- Women who have had a urine culture requested for them, and
- If there was adequate indication for urine culture.

Plan

Indicator

Urine cultures are performed only for UTI with complicating features.

Criteria

Notes of women who had had a request for urine culture demonstrate the patients had complicating factors.

Standard

80% of women who have had urine culture performed, include a factor in the notes which would classify the UTI as complicated.

Data

Which patients are included?

This audit should include all women between 15 and 55 years of age who have had a urine culture requested.

Identifying patients

You will need to have a system that allows you to identify women between 15 and 55 years of age who have had requests for urine culture. Many practices will use a PMS system that allows them to search for all results of a particular laboratory test. You can use this approach to identify patients for this audit.

Sample size and type

Number of eligible patients will vary according to your practice demographics. It would be optimal to identify 20 – 30 patients. If you identify more, take a random sample of 20 – 30 patients whose notes you will audit.

What data should be collected?

The following question should be answered: For women between 15 and 55 years of age who had a request for urine culture, did the patient notes indicate the patient had complicating factors. The answers to this can be recorded in the data sheet included as Appendix One.

Data analysis

Use the data sheet to record your data and calculate percentages. Compare these percentages to the standards set in advance by the practice team. Standards are suggested in this protocol but may also be set at a practice/practitioner level. Discussion amongst peers may be useful in establishing standards.

Data sheet – cycle 1

Audit: Laboratory Investigation of UTI

Patient	Did the patient notes indicate a factor which would classify a UTI as complicated (As per table 1)		Comments
	YES	NO	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			
%			

Data sheet – cycle 2

Audit: Laboratory Investigation of UTI

	Did the patient notes indicate a factor which would classify a UTI as complicated (As per table 1)		Comments
Patient	YES	NO	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			
%			

Identifying opportunities for CQI

Taking action

The first step in taking action is to identify the criteria where gaps exist between expected and actual performance and decide on priorities for change.

Once priority areas for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for various tasks to specific members of the practice team and should include a timeline.

It is important to include the whole practice team in the decision-making and planning process.

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers

- Identifying barriers can provide a basis for change.
- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting.
- Identify the barriers.
- Develop a priority list.
- Choose one or two achievable goals.

Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change.
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behavior.
- How can you overcome them?

Review

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals with the practice team. It may be helpful to discuss the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that practices complete the first part of the CQI activity summary sheet (Appendix 1).

Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practices complete the remainder of the CQI activity summary sheet.

Claiming MOPS credits

This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until **18 January 2013**.

To claim points for MOPS or CPD online please enter your credits on your web records. Go to the RNZCGP website <http://www.rnzcgp.org.nz/> and claim your points on 'MOPS online' for vocationally registered doctors, or 'CPD online' for general registrants. Alternatively MOPS participants can indicate completion of the audit on the annual credit summary sheet which is available from the College on request.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. A Continuous Quality Improvement (CQI) Activity summary sheet (included as Appendix 1).

Appendix 1: RNZCGP Summary Sheet – CQI Activity

DOCTORS NAME	
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The activity was designed by (please tick appropriate box):

- RNZCGP
- Organisation e.g. IPA/PHO/BPAC (name of organisation)
- Individual (self)

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TOPIC	Laboratory Investigation of UTI
Describe why you chose this topic (relevance, needs assessment etc):	

FIRST CYCLE

1. DATA	Information collected
Date of data collection:	
Please attach:	
<ul style="list-style-type: none">▪ A summary of data collected or▪ If this is an organisation activity, attach a certificate of participation.	

2. CHECK	Describe any areas targeted for improvement as a result of the data collected.

3. ACTION	Describe how these improvements will be implemented.

4. MONITOR	Describe how well the change process is working. When will you undertake a second cycle?

SECOND CYCLE

1. DATA	Information collected
Date of data collection:	
Please attach:	
<ul style="list-style-type: none">▪ A summary of data collected or▪ If this is an organisation activity, attach a certificate of participation.	
2. CHECK	Describe any areas targeted for improvement as a result of the data collected.
3. ACTION	Describe how these improvements will be implemented.
4. MONITOR	Describe how well the change process is working. Will you undertake another cycle?
COMMENTS	

AUDIT CHECKLIST

Date:

1 Audit Planning

FIRST CYCLE

2 Data collected

3 RNZCGP Summary Sheet completed

4 MOPS Credits claimed

SECOND CYCLE

5 Data collected

6 RNZCGP Summary Sheet completed

7 MOPS Credits claimed

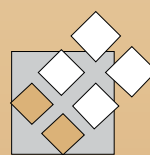
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