A Retrospective Regional Audit of Compliance with Urinary Tract Infection Treatment Guidelines in Secondary Care


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Recent strategies to tackle antimicrobial resistance have identified antimicrobial stewardship as key to encouraging prudent prescribing.

Public Health initiatives such as the Strategy for Tackling Antimicrobial Resistance (2012-2017) cite the establishment and maintenance of systems to monitor antimicrobial usage and surveillance of resistance as key objective.

This study focuses on urinary tract infections (UTI), currently the second most common indication for empirical antimicrobial treatment in both primary and secondary care.

The study is a retrospective audit across the five Health and Social Care Trusts in N. Ireland.

303 patients, with a diagnosis of uncomplicated, complicated or catheter associated UTI, were randomly selected from all patients admitted from January to August 2016.

The primary aim was to assess compliance with empirical guidelines for the treatment of uncomplicated, complicated and catheter associated UTI.

Secondary aims were:
1. Documentation of clinical symptoms
2. Obtaining and recording of appropriate cultures
3. Documenting intended duration or review date of antibiotic therapy

Overall Trust-wide compliance with regional guidelines was 31%.

Of 303 patients, 57% were prescribed an antibiotic compliant with regional guidelines.

Two of the hospital trusts met target of 95% compliance for correctly prescribed dose of antibiotic.

Of 303 patients, 54% had a documented review date or duration on their Kardex.

42% had a documented review or duration in their medical notes.

None of the five Trusts met target of 95% compliance to regional guidelines.

Based on the findings of this audit the following recommendations are proposed to improve compliance to the guidelines:

1. Promotion of the Regional Guidelines
2. Revising the Regional Kardex to include a dedicated section for recording intended duration of antibiotic
3. A regional algorithm to aid diagnosis and classification of UTI
4. Education for the management of asymptomatic bacteria
5. Education on urinalysis and culture results to guide treatment

Regulation & Quality Improvement Authority

References