

UTI quality assurance for care homes in Somerset

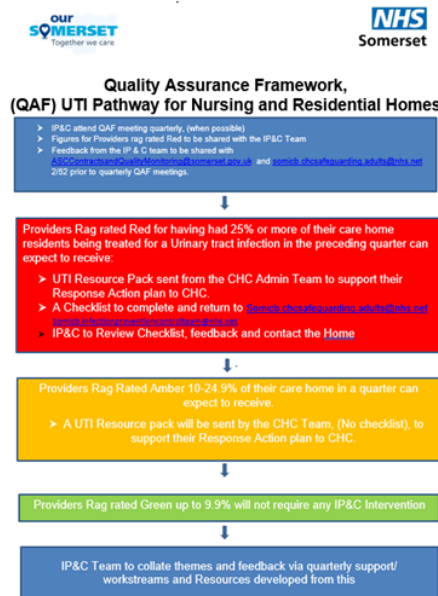
A PATHWAY has been developed working with the Continuing Health Care Team, (CHC) using data from a system that collects retrospective quality and clinical data from care providers.

The question of 'how many residents have had a Urinary Tract Infections (UTI) in this quarter' provides a percentage enabling a key performance indicator, (KPI) of the Quality Assurance Framework, (QAF) in relation to UTIs.

KPI Breakdown

Red 25%> of the total number of residents

Amber 10%-24.9% of the



total number of residents

Green < 9.9% of the total number of residents

Providers identified as having a Red or Amber KPI

prompts a UTI resource pack to be emailed which includes a Care home UTI assessment tool, UKHSA toolkit to reduce UTIs an additional checklist is sent to providers that are red.

The checklist allows the IPC team to review information enabling them to provide proactive direct support.

If the project is successful, this will reduce UTIs with an expected overall impact on *Escherichia Coli* (E.coli) figures. The aim will be to offer the same level of support and proactive approach to residential providers working with the local authority.

Dates for your diary

Our next virtual IPC clinic will be held on Wednesday 7 August at 2pm-4pm, and rather than booking a slot, you can access the clinic via this [link](#) where you will be able to ask IPC related questions to one of our practitioners.

Save the date

A repeat of our IPC Lead Nurse Development Day held in March will take place on Wednesday 6 November. Please note ticket sales will open on Monday 8th July, on Eventbrite. A further email will be sent to invite you to book tickets.

Tick campaign

UKHSA has launched its annual tick awareness campaign which runs throughout the spring and summer months when ticks are most active.

Ticks can carry infections, including Lyme disease and rarely tick-borne encephalitis.

UKHSA is reminding the public to be aware of where ticks are found and how to remove them safely and quickly.

There is a useful [communications toolkit](#) available and also printed materials on ticks that your organisation can order for free via the [Health Publications website](#).

Dehydration and medicines, from our meds management team

DEHYDRATION can be a significant risk to people taking certain medicines. Some medicines should be stopped temporarily during illness which can result in dehydration (e.g. vomiting, diarrhoea and fever). [Click here for further information.](#)

Which medicines and why?

This is not an exhaustive list but are highlighted because:

- Diuretics** (e.g. furosemide or bendroflumethiazide): can cause dehydration or make dehydration more likely in an ill patient.

tion or make dehydration more likely in an ill patient.

- ACE Inhibitors** (medicines ending in 'pril'), **ARBs** (medicines ending in 'sartan') and **NSAIDs** (e.g. ibuprofen or naproxen): when dehydrated these medicines may impair kidney function which could lead to kidney failure

- Metformin** (a medicine for diabetes): dehydration increases the risk of lactic acidosis, a serious and potentially life-threatening side

effect of metformin.

- SGLT2 inhibitors** ('flozins' e.g. dapagliflozin): dehydration increases the risk of diabetic ketoacidosis (DKA) Care homes who have a patient with signs of dehydration should contact their pharmacist or practice for advice on which medicines they should pause to minimise risk of medication related problems when dehydrated.

ALL PERTUSSIS CASES including SUSPECTED cases should be notified to your local HPT 0300 303 8162 option 2 When notifying, it is helpful to let the HPT know if the case has had contact with pregnant individuals or children aged under 1 year, including through occupational exposure (e.g. healthcare or nursery settings)

