

Scottish Urinary Tract Infection Network Newsletter June 2018



Jacqueline Thompson, Nurse Consultant

Welcome to the 2nd SUTIN newsletter of 2018!

This newsletter welcomes a new SUTIN Chair in Jacqueline Thompson, Nurse Consultant for Older People in NHS Tayside.

“I was appointed to my Nurse Consultant role in

August 2014, within Dundee and I am ‘community facing’. My clinical caseload has been varied across Dundee in recent years.

I am currently clinically supporting our Dundee Enhanced Community Support - Acute, rapid response model for Older People in their own homes. I’m delighted to be further involved with the incredible work of SUTIN through the opportunity to chair the meetings and through continuing to support the exciting future work of the network”.

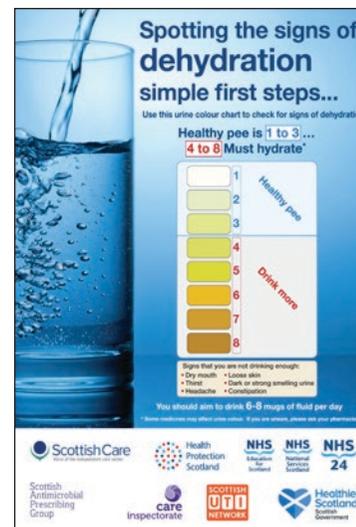
Jacqueline Thompson, Chair, SUTIN Board

National Hydration Campaign

The Community Pharmacy Campaign commenced at the beginning of April (see poster).

This Campaign supports a whole health population approach promoting good fluid intake in order to reduce one’s risk of urinary tract infection (UTI). This poster was in place in every community pharmacy in Scotland and remained until the end of May. Initial feedback has been very favourable. There will be an impact evaluation of this Campaign in the coming months.

The second part of the Hydration Campaign focussed on in-patient acute and community



care, care homes and care at home. A suite of Campaign materials were produced including infographic type posters, leaflets (general hydration and advise for carers and care home staff to support UTI reduction), ‘Healthy Pee’ charts and a record sheet to support fluid intake. Supplies of these materials have been sent out far and wide across H&SC. Feedback has been extremely favourable and the SUTIN inbox has been busy with requests for more stock. We have also involved Healthy Working Lives teams across Scotland in the Campaign to stress the importance of good hydration amongst the general workforce.

If you would like more supplies or haven’t seen the material and would like to have a look, please visit the SUTIN webpage at <http://www.hps.scot.nhs.uk/haic/sutin.aspx>.

We are already working on evaluating the impact of the Campaign. A survey has been sent out to Community Pharmacists to understand if they (and the people visiting their pharmacy) have found the information beneficial. We are currently working on a similar survey for acute and community care and care homes. Watch this space!

Scottish Urinary Tract Infection Network (SUTIN) Newsletter

Contact NSS.ScottishUTINetwork@nhs.net Find out more at: <http://www.hps.scot.nhs.uk/haic/sutin.aspx>

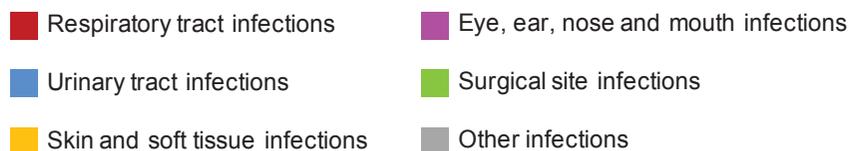
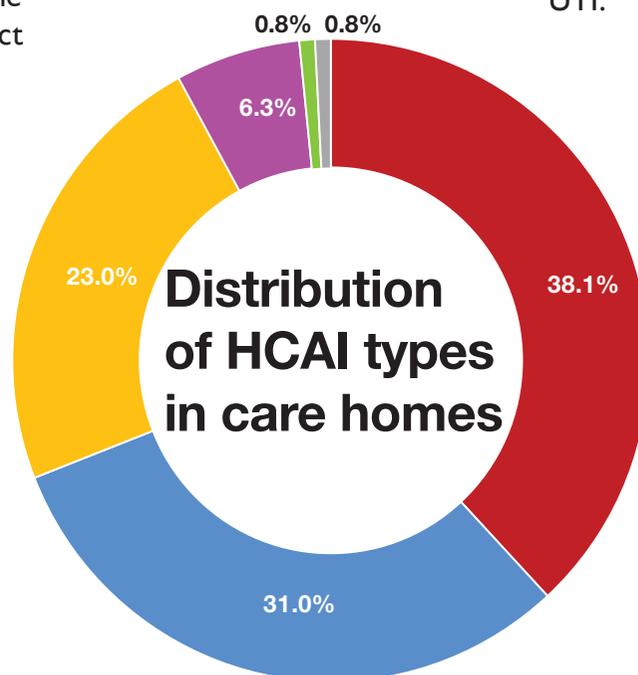
Care home survey of healthcare associated infection and antimicrobial prescribing (HALT) 2017

In October 2017, Health Protection Scotland coordinated a second voluntary point prevalence survey of healthcare associated infection (HCAI) and antimicrobial prescribing in 52 long term care facilities predominantly for older people in Scotland.

The survey found that 5.9% of surveyed residents had at least one infection related to the care they were receiving. The most common infection types were: respiratory tract infections; urinary tract infections (UTI); skin and soft tissue infections; and eye, ear, nose and mouth infections.

Approximately one in every 50 care home residents, or 1.9%, had a healthcare associated UTI and UTI was the second most common infection group. In addition, UTI was the second most common reason for prescribing antimicrobials to treat infection (34.6% of all antimicrobials to treat infection) and the primary reason for prescribing antimicrobials to prevent infection (85.7% of all antimicrobials to prevent infection).

One in every 12 residents was catheterised (8.5%); this represents a significant number of residents at higher risk of UTI. Nearly a quarter (23.1%) of residents with healthcare associated UTI had a catheter in place at the time of survey. All but one participating care homes reported having written protocols for the management of urinary catheters. The use of dipsticks to detect UTI is contrary to recommendations in the SAPG decision aid for diagnosis and management of suspected UTI in older people and in people with indwelling catheters. However, more than 80% of care homes reported routinely or often using dipstick tests to diagnose UTI.



These results highlight the significant burden of UTI in care home settings. The results provide a robust and current evidence base that will inform the development of strategies to reduce HCAI including UTI; reducing the burden these infections place on residents and the facilities that care for them. Final report and infographics: <http://www.hps.scot.nhs.uk/haic/sshaip/resourcedetail.aspx?id=3457>.