



# Urinary Tract Infections (UTIs) in Care Home Residents

**This systematic review was co-ordinated by Durham University and involved Jane Lawson (DDES CCG), Dr Joanne Malkin, Dr James Larcombe and Dr Shona Haining (NECS).**

The findings from this systematic review were presented at a one-day conference, facilitated jointly by NHS England and NHS Improvement which aimed to share local good practice out of hospital across Cumbria and the North East and identify areas for development.

## Background

Urinary Tract Infections (UTI) are the most prevalent non-respiratory infection for care home residents and is a major source of antibiotic prescribing in this group. UK and international guidelines aim to prevent the overuse of antibiotics, making this a primary reason for undertaking research into this problem. There is anecdotal evidence of:

- Over-reliance on dipstick testing;
- Inappropriate requests for laboratory screening;
- Inappropriate and high levels of antibiotic prescribing; and
- Low rates of guideline adherence.

The research question posed is;

*UTIs in Care Homes residents: Are Policy Guidelines being followed, and what are the barriers and facilitators to their adoption in practice?*

**Aims and Objectives of the Research** are:

- Are Guidelines being followed?
- Is so, to what extent and if not, why not?
- What steps have been taken to improve Guideline adherence and how effective are they?
- What are the next steps in developing targeted interventions?

## Summation of Findings

The review of fourteen previous research study papers indicates that National and International Guidelines are not being followed. There are a number of contributing factors to this;

- Nurses interpret signs and symptoms and request samples of prescriptions;
- Doctors rarely examine patient or question nurses' interpretation;
- There is a lack of awareness of Guidelines;
- There is a lack of confidence in Guidelines applicability to care home population;
- Even when healthcare professional is knowledgeable, they often continue to progress prescribing against guidelines due to a perceived litigation threat, peer pressure and pressure from residents and their relatives.

## Recommendations

The Research team recommends that further robust evaluation is undertaken to consider what can be done to improve Guideline adherence. Recommended next steps for antibiotic stewardship in Care Homes include:

- Qualitative study to identify the reasons for non-uptake in this region and to scope regional activity, taking into account organisational context and diagnostic pathway;
- Establishment of multi-disciplinary stakeholder and user group;
- Development of multi-faceted intervention with strong rationale; mixed-method study to evaluate intervention.

**Anyone wishing to have more information around this scoping exercise and how it is being carried forward should contact: [helen.close@newcastle.ac.uk](mailto:helen.close@newcastle.ac.uk)**