

Urinary Tract Infection (UTI) Program Process Surveillance Form

You will be more successful with the UTI Program if you first identify any improvements that need to be made in how resident symptoms are documented and communicated.

This form is part of Public Health Ontario's [UTI Program](#). For more information, please visit publichealthontario.ca/UTI or email UTI@oahpp.ca.

How to use this form?

This form has two purposes:

- Organizations will be more successful with the practice changes if there is a system in place to document and communicate resident symptoms. You can use this resource to support improvements to your existing processes. For example, some organizations have used it to make changes to Point Click Care.
- The second purpose is to monitor the impact of the program. You can periodically check whether records of urine cultures sent to the lab and antibiotics prescribe align with the UTI Program algorithm. This activity could be completed by your implementation team. The results can be communicated to share areas of improvement as well as successes.

Month:

Year:

			Symptoms Indicate (x) the symptoms the resident had at the time of assessment								
Resident name	Unit	Date symptoms assessed (DD/MM/YY)	Acute dysuria (pain on urination)	Fever	New flank pain or suprapubic pain or tenderness	New or increased urinary frequency/urgency	Gross hematuria	Other (please specify)	Specimen collected and sent to laboratory for culture and susceptibility (Yes = 1, No = 0)	Antibiotics prescribed (Yes = 1, No = 0)	Resident had indicated clinical signs and symptoms of a UTI (Yes = 1, No = 0)

Monthly Analysis: Four Steps

Measure 1: When urine specimens are collected, indicated clinical signs and symptoms are present (% of cases following best practice)

Step 1: Count the number of residents who had a urine specimen collected and sent to the laboratory.

Step 2: Count the number of residents whose cases aligned with the indicated clinical signs and symptoms of a urinary tract infection.*

Step 3: Divide the count from step 2 by the count from step 1 and multiply by 100 to determine the percentage of urine specimens sent for culture and susceptibility that aligned with best practice.

Step 4: Record the monthly percentage(s).

Measure 2: When antibiotics are prescribed, indicated clinical signs and symptoms are present (% of cases following best practice)

Step 1: Count the number of residents who were prescribed antibiotics for a suspected urinary tract infection.

Step 2: Count the number of residents whose cases aligned with the indicated clinical signs and symptoms of a urinary tract infection.*

Step 3: Divide the count from step 2 by the count from step 1 and multiply by 100 to determine the percentage of antibiotic prescriptions that conformed to best practice.

Step 4: Record the monthly percentage(s).

***Best practice:** The resident has **acute dysuria (painful urination)** OR two or more of the following:

- Fever (oral temperature greater than 37.9 or 1.5°C above baseline on two occasions within 12 hours)
- New flank pain or suprapubic pain or tenderness
- New or increased urinary frequency/urgency
- Gross hematuria

Nonspecific symptoms (worsening functional status/mental status) alone should *not* be considered best practice for obtaining a urine culture. You may find it helpful to use the Public Health Ontario “Assessment Algorithm for Urinary Tract Infection in Medically Stable Non-catheterized Residents.”

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