

OASIS Alert

Adverse Events: KEEP CLINICIANS EYES PEELED FOR UTI HINTS

Are all your agency's clinicians attuned to the signs and signals of a urinary tract infection? If not, your next adverse event report might not paint a pretty picture.

Home health agencies often miss the mark on M0510 ("Has this patient been treated for a Urinary Tract Infection in the past 14 days?") simply because the clinician completing the OASIS assessment does not have UTIs on her radar, experts say.

Although M0510 is a straight forward yes-or-no question, clinicians often forget to ask whether the patient has had a recent run-in with a UTI, says consultant **Linda Krulish** with Redmond, WA-based **Home Therapy Services**. This is particularly a problem when a physical therapist "goes in for something unrelated to the UTI." In this situation, the therapist's focus is on the other problem and the possibility that the patient could have a UTI does not cross her mind, Krulish explains.

The problem comes when down the line a nurse (or even the therapist) becomes aware that the patient has been treated for a UTI, and marks a subsequent OASIS assessment accordingly.

Put Clinicians On The Alert

To help ensure accuracy on the start of care OASIS assessment, agencies should make sure all clinicians know the warning signs of a UTI, instructs consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. Further, HHAs always should "train anyone doing OASIS to conduct it the way it's supposed to be conducted," she says. That means carefully addressing each question not just those pertinent to the primary reason for home care.

To help ensure clinicians keep the possibility in mind that a patient recently has been treated for a UTI, agencies should remind them of the conditions conducive to urinary tract infections, says consultant **Terri Ayer** with **Ayer Associates** in Annandale, VA. For example, if a patient has a catheter, that should send up a huge red flag to the clinician that she should ask the patient whether he has a UTI, since patients with a catheter often develop these infections, Ayer notes.

Along the same lines, patients with a neurological bladder, multiple sclerosis, paraplegics and quadriplegics, and stroke patients all are more susceptible than others to UTIs, Warmack reminds agencies. That means "you should automatically double-check [M0510] for those diagnoses," she counsels.

Clinicians completing OASIS also should pay close attention to the patient's medication regimen, Warmack advises. "If your patient is currently taking an antibiotic that could be used for UTIs, that could clue you in to take a look at that question," she explains.