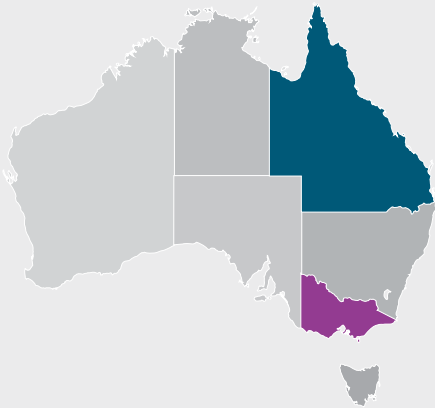





To Dip or Not to Dip in Australian residential aged care services: Key outcomes




- 12 services
 - 8 Queensland
 - 4 Victoria
- 1,074 residents
- Project from Nov 2021 – Jul 2023



Implementation of a quality improvement activity to reduce low value urine dipstick testing in residential aged care by:

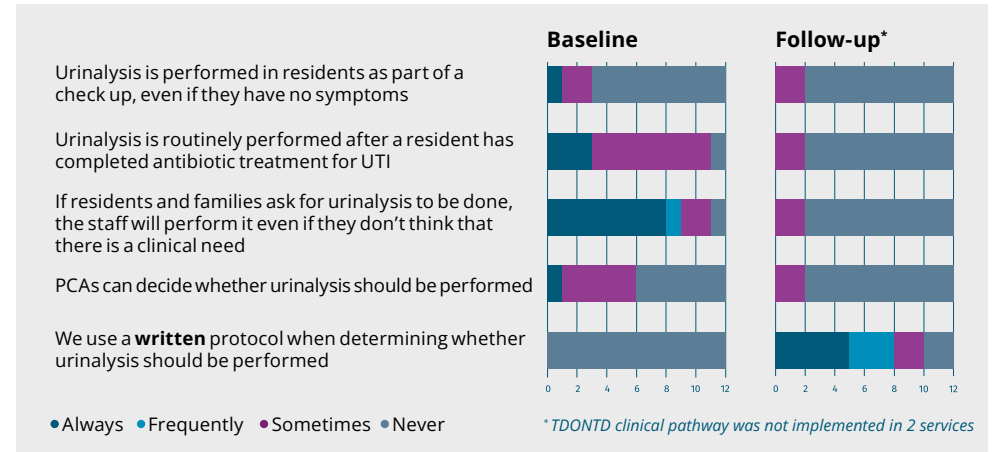
- case-based education to nurses and personal carers
- use of a clinical pathway to identify suspected UTI



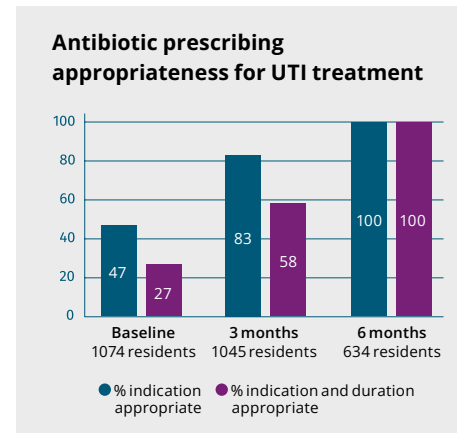
“Before we always had to do dipstick testing after residents completed antibiotic courses for UTI. Now we have been told it is OK not to do it. It has changed our staff thought processes. Instead of dipstick and antibiotics, we are doing more promoting hygiene, toileting regularly, changing pads regularly, encouraging fluids.” (Nurse)

Findings

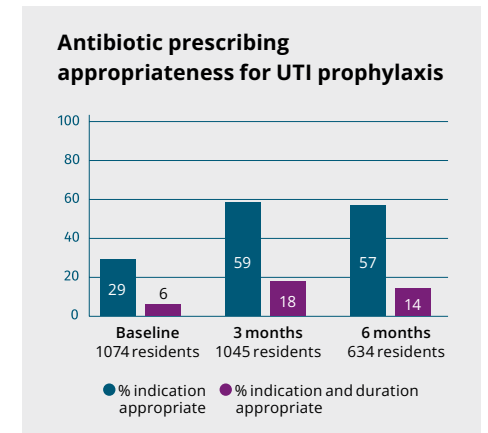
Survey of dipstick practice at baseline and 3 to 6 months



Antibiotic audits



Prescribing for these indications was considered inappropriate: ASB, charted prn, urinary tract indication uncertain and no signs or symptoms at antibiotic commencement. Accepted prescribing durations for cystitis were up to 7 days, for pyelonephritis up to 14 days.



Prescribing for ASB or where indication was unknown or not documented was considered inappropriate. Prescribing durations over 180 days were considered inappropriate.