

Background

Home care patients, especially those with limited mobility, face unique challenges in maintaining proper urinary function. Limited mobility can lead to increased dependency on caregivers for activities of daily living (ADLs), including assistance with toileting and hygiene. This dependence, coupled with the potential for incontinence or bladder retention puts individuals at a higher risk for developing urinary tract infections (UTIs). Understanding the relationship between limited mobility and UTIs in the home care setting is crucial to establishing effective prevention strategies.

CMS DEFINITION Development of a Urinary Tract Infection in Home Care: "Discharge assessment indicates the patient has been treated for a urinary tract infection in the past five days."
 Exclusions: On start/resumption of care patient was already being treated for a UTI or the episode ended with inpatient facility transfer or death.

Methods

- Timeframe: November 2022- November 2023
- Demographics: all patient encounters in a multi-state home care agency
- Mobility dependence assessed through admission assessment documentation: ADLs- toilet hygiene and ADLs- ambulation

$$= \frac{\text{Episodes}}{\# \text{ UTIs}}$$

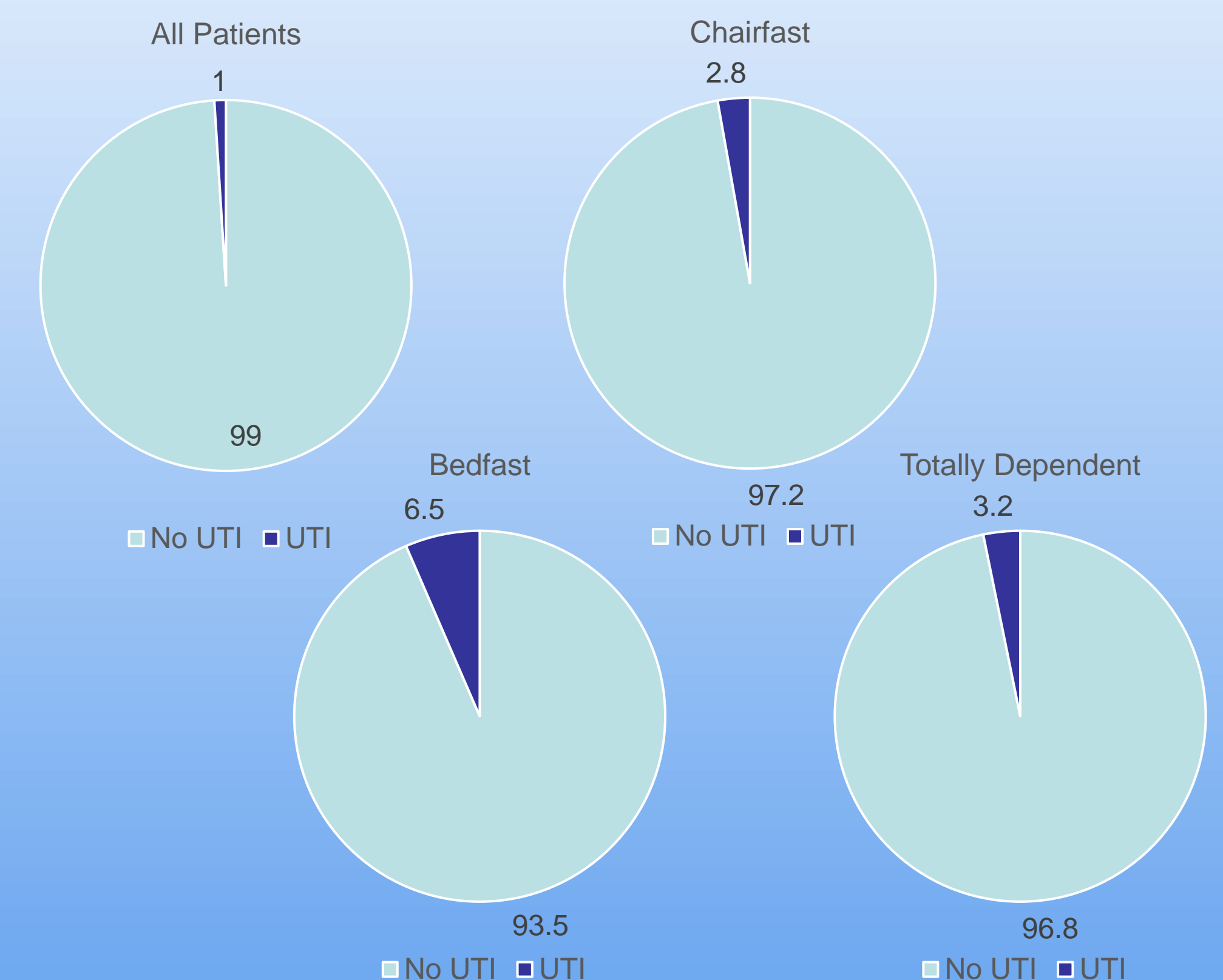
Results

9,145 patient episodes were analyzed. Subgroups were compared to the total population.

Population	Total Patient Episodes	Patients with UTI
All Patients	9145	103
Toilet Hygiene: Totally Dependent	634	20
ADLs: Chairfast	615	17
ADLs: Bedfast	62	4

Conclusion

This study found a correlation between limited mobility and the risk of developing UTIs in home care patients. These findings highlight the need for targeted interventions and prevention measures in this population. Home care providers should prioritize strategies that promote bladder emptying, proper hygiene, caregiver support and education, and early identification of UTIs in patients with limited mobility.



Contact Information