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AND
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CHART REVIEWS!



CASE DEMOGRAPHICS

18 cases reviewed from 9 hospitals

- NQF Definition
 - 5 ASB, 13 UTI
- Hannah/Claire clinical opinion
 - 12 ASB, 5 UTI

PATIENT LOCATION AT THE TIME OF UA

- Seen in ED and discharged
 - 11 cases
- Seen in ED and admitted
 - 5 cases
- Inpatient assessment
 - 3 cases
- Patient required transfer to higher level
 - 2 cases

REDCAP CODING PROBLEM

- During review we discovered an error in your data reports where we were under-counting ASB, this has been fixed and the reports you receive today should be correct! (please let us know if you suspect any remaining errors)
- After fixing error:
 - 63 cases (29.9%) instead of 35 cases (16.6%) now labeled as ASB

PROVIDER DEMOGRAPHICS

17 providers

- Same provider ordered UA and abx for all cases

Gender

- 4 females
- 13 males

Degree

- 6 DO
- 10 MD
- 1 NP

Specialty

- 5 Family Medicine
- 12 Emergency Medicine

NFQ DEFINITION OF UTI

- Urgency
- Rigors
- Frequency
- Dysuria
- Suprapubic pain or tenderness
- Acute hematuria
- Costovertebral or flank pain or tenderness
- Documentation of pyelonephritis
- Fever ($>38^{\circ}\text{C}$)
- New onset mental status changes WITH systemic signs of infection

REASONS URINALYSIS WAS SENT

- Urinary symptoms
 - Hematuria
 - Urinary frequency
 - Urinary retention
 - Flank pain
- Fevers/sepsis eval
- Altered mental status
- Back pain (nonspecific)
- Abdominal pain (nonspecific)
- No specific reason present

WHY DID WE DISAGREE WITH NQF SO OFTEN?

Fevers from other causes

- Diverticulitis

Flank tenderness

- Viral syndrome with sore throat

Hematuria

- Vaginal bleeding and Stercoral colitis

Altered mental status with SIRS

- STEMI and anemia

CLINICAL ASSESSMENT

MOST LIKELY UTI

- Urinary tract infection
- Urinary retention secondary to infection
- Pyelonephritis

MOST LIKELY ASB

- Diverticulitis
- Stercoral colitis
- Sepsis (sore throat)
- Stroke
- STEMI and severe anemia
- Pelvic fracture
- Humerus fracture
- Thoracic spine fracture

DATA COLLECTION DISCREPANCIES IN REDCAP

Abdominal pain in chart

- suprapubic pain in Redcap

Flank pain in chart

- not charted in Redcap (considered back pain)

Fever in provider note but not vital signs

- no fever charted in redcap

QUESTIONS FOR YOU

- As you are inputting data, what is your impression of the distribution of ASB to UTI?
- Do you use NQF definition or another?
- Have you found the NQF definition of UTI overly sensitive?

TAKE HOME POINTS

- NQF definition undercounts ASB so what we're showing you is both the tip of the iceberg and probably the lowest hanging fruit
- Remind clinicians that UTI symptoms with alternative causes should not be a reason to treat for UTI
 - we can't identify this via NQF but its helpful to include with patient education
- Keep up the great work sending us cases

CASE PRESENTATION

- 90yo F p/w progressive weakness and vaginal bleeding. History of hypertension, obesity and PVD. VS all within normal limited. Exam notable for generalized weakness and blood present over the vulva. Labs are notable for WBC of 17 and lactate of 2. CT abdomen shows large stool ball with adjacent inflammation consistent with stercoral colitis. Urine difficult to collect and once collected has 5-10 squams. Patient is admitted.

STERCORAL COLITIS

- Stercoral colitis is a rare inflammatory condition involving the large bowel wall secondary to fecal impaction
- More common in elderly patients with comorbid diseases.
- Chronic constipation causing fecal impaction is a major risk factor.
- CT scan is the most helpful imaging modality for the diagnosis of stercoral colitis.
- If the fecal impaction is not promptly relieved, life-threatening complications such as colonic perforation can occur.

TREATMENT

- Patients who have no signs/symptoms of peritonitis can be managed non-operatively with manual disimpaction and oral and/or bowel regimen under close monitoring.
- IV fluids
- Antibiotics?
 - Broad spectrum with GNR coverage IF meeting sepsis criteria
 - 5 day duration for intraabdominal infection

NEXT ROUND OF CASES!

- Please send us your charts by March 15th
- Next ASB meeting to discuss will be April 26th

Thank you!!

QUESTIONS?

