

More monitoring needed to reduce post-hospitalization urinary tract infections

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Broader monitoring of patients is needed to reduce the number of people who develop a urinary tract infection after being discharged from the hospital, new research by Oregon State University suggests.

Findings were published in the journal *Infection Control & Hospital Epidemiology*. The exploratory study of more than 3,000 at-[risk patients](#) showed that infection was nearly three times as likely to begin after they went home compared to when they were in the [hospital](#).

"Every healthcare-associated infection represents an undesirable patient outcome," said Jessina McGregor, associate professor in the OSU College of Pharmacy and the study's corresponding author. "If people are still at risk for those types of infections after they leave the hospital, then healthcare-associated infection research should focus more broadly than the current definitions of surveillance definitions. We need more data to stimulate innovation for better informing [patient care](#) and preventing these types of infections."

Urinary tract infections, or UTIs, are the most common type of healthcare-associated [infection](#), according to the National Institutes of Health. Seventy-five percent of UTIs acquired in a hospital trace to the use of a urinary catheter, a tube inserted into the bladder through the urethra to drain urine. About 20% of hospitalized patients need a catheter.

"UTI surveillance has largely focused on catheter-associated infections,

and also has not focused very much on infections that onset post-discharge from the hospital," McGregor said. "But recently discharged patients are still at risk for hospital-associated UTIs, and as hospitals continue to encourage shorter hospital stays, symptoms of these infections may be more likely to show up after the patient goes home. However, data to describe the incidence of these infections is lacking, which is a barrier to better identifying which patients are most at risk."

In the group studied by Oregon State researchers, 10.6 patients per 1,000 developed a UTI while in the hospital; 29.8 per 1,000 did so within 30 days of going home. In addition to catheterization, other [risk factors](#) for healthcare-associated "community onset" UTIs—those that develop outside a [hospital setting](#)—are quadriplegia and paraplegia, prior use of certain antibiotics, and whether a patient has [private insurance](#); those with private insurance are less likely to become infected.

"Patients who got sick after discharge had similar pathogens and antibiotic sensitivities to those who got sick while still in the hospital, which suggests that patients developing a UTI following discharge may need different treatment strategies than patients who develop UTIs that aren't associated with hospital stays," McGregor said.

The results don't say with certainty that the post-discharge infections were acquired in the hospital, but the evidence is strong enough to warrant further study, she added.

More information: Miriam R. Elman et al, Healthcare-associated urinary tract infections with onset post hospital discharge, *Infection Control & Hospital Epidemiology* (2019). [DOI: 10.1017/ice.2019.148](https://doi.org/10.1017/ice.2019.148)

Provided by Oregon State University

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