

Risk Factors for Urinary Tract Infection (UTI) Among Home Health Care Patients

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DESCRIPTION

Infections are a significant burden in home health care, but research on risk variables that might improve early identification and preventative approaches is sparse. According to a research that employed a nationwide data sample, four kinds of infections caused 18.2% of unexpected hospitalizations among home health care patients. Infections are one of the leading causes of unexpected hospitalization among home health care patients.

Another study found that roughly 1,133 of 24,887 home health care patients in the United States, or 4.6%, experienced UTI-related hospitalizations. UTIs are widely known to be one of the most frequent healthcare-associated infections, accounting for up to 36% of all healthcare-associated infections. According to one study, 8.5% of patients in community settings acquired catheter-associated urinary tract infections. Early identification and treatment of UTI is crucial since delayed intervention can result in significant and sometimes fatal consequences such as kidney damage or sepsis. Medicaid eligibility, significant difficulty in completing activities of daily living, the presence of a primary caregiver to offer support with different functional tasks, and the use of a urinary catheter were the top UTI-related hospitalization risk factors. Several drugs, including antibiotic regimens, were linked to UTI-related hospitalization or ED visits.

Antibacterial and antiseptic medications were linked to a higher risk of UTI-related hospitalization or ED visits. This is an expected results because patients using these medicines are more likely to get UTIs and so have a higher risk of UTI hospitalisation or ED visits. However, because the confidence interval ranges from 1.02 to 7.38 due to the small number of patients treated with these medications, we should proceed with caution when interpreting the data. A problematic visible surgical wound was connected to a lower rate of UTI-related hospitalization or ED visits. People with harmful visible surgical wounds had 37% lower incidence of UTI-related hospitalisation or ED visits

as compared to individuals without such wounds. Patients with wounds are more likely to have frequent visits from home health care nurses to treat wounds and may be subjected to greater monitoring for general infection signs and symptoms, which may aid in the early diagnosis of UTI and hence reduce associated hospitalizations or ED visits. In general, more illness complexity results in closer clinical monitoring, and hence a greater likelihood of identifying any early indications of infection. Having a urinary catheter was the most substantially linked factor for UTI related hospitalization and ED visits prediction in studies on avoiding UTIs for patients using a urinary catheter in diverse settings.

Among patients receiving Home Health Care (HHC) treatments, risk variables for UTI-related hospitalization or ED visits were identified. Also discovered many risk indicators using combined data from Outcome and Assessment Information Set (OASIS), Electronic Health Record (HER) from one big HHC agency, and CMS claims. Better risk factor information and attention to predictive variables, such as medication regimen upon HHC admission, can generate better prediction models of patients' hospitalization or ED visits linked to UTI, leading to better case management and lower care costs. In the care management category, the chance of receiving support from informal caregivers was linked to the risk of UTI-related hospitalization and ED visits. Patients who reported no available caregivers outside of the HHC agency to support them had a higher risk of UTI episodes.

This conclusion is consistent with earlier research that found that including family caregivers decreased catheter-associated urinary tract infection. The majority of home-based patient caregivers worldwide are informal, non-agency caregivers, yet their potential contributions to lowering infection risk at home have not been evaluated. Informal caregivers are frequently crucial when it comes to giving care to patients at home, and the Association for Professionals in Infection Control and Epidemiology has emphasized the need of caregivers in HHC infection control.

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