

Death by Infection
A report on Disturbing Pattern of Urinary Tract Infection
Deaths at Central Virginia Training Center
May 2017

The disAbility Law Center of Virginia (dLCV) monitors state operated institutions throughout the Commonwealth. Our monitoring includes both announced and unannounced on-site visits, as well as regular review of critical incident reports, facility death summaries, and reports prepared by the Office of the Chief Medical Examiner. Through this oversight, dLCV identified a disturbing number of deaths at Central Virginia Training Center (CVTC) attributable to complications relating to Urinary Tract Infections (UTIs). Between March 2015 and May 2016, the Office of the Chief Medical Examiner reported 6 deaths attributable to UTIs at CVTC. This amounted to roughly 2% of the population of the training center over 14 months, a significantly higher rate of infection related deaths than at any other facility operated by the Commonwealth.

Urinary tract infections are considered to be avoidable with proper hydration and sanitation practices. UTIs may be treated with antibiotics when properly identified. Left untreated, however, an UTI can result in high fever, vomiting and nausea, extreme pain, and ultimately death.

The UTI deaths at CVTC occurred in spite of the fact that, in 2015, the Department of Behavioral Health and Developmental Services (DBHDS) central office released a Health Safety and Quality Alert regarding the dangers of UTIs and detailing necessary preventative steps. Likewise, in that same year, Donald Fletcher, the independent reviewer under the settlement agreement in the *United States v the Commonwealth of Virginia* lawsuit, found the Commonwealth's practices to be deficient and recommended that Virginia take more aggressive action to identify early indicators of potential harm, including UTIs, for individuals in the Settlement Agreement's target population.

On September 26, 2016, dLCV notified the Department of Behavioral Health and Developmental Services of the alarming conditions at CVTC leading to prolonged and painful death for some individuals. That letter is appended to this summary. dLCV exposed the issue of UTI related deaths at CVTC and pointed CVTC toward easily available resources. Those resources include the Virginia Department of Health's *Successful Strategies for the Prevention of Urinary Tract Infections in Long Term Care TOOLKIT*, and information from the Agency for Healthcare Research and Quality (AHRQ), which could enable CVTC to better address the issue of UTIs in their facility.

Following this notification, dLCV routinely met with CVTC's risk manager to monitor the facility's UTI tracking information. By late 2016, the facility acknowledged dLCV's concerns and convened a UTI Workgroup "with the goal of taking action on several fronts to prevent the occurrence of UTIs for individuals and to reduce the number of individuals who have re-occurring UTIs."

The workgroup's eventual plan was then outlined in the April 2017 issue of the employee newsletter, *Campus Connections*. The workgroup developed a UTI Care Plan which "has instructions that explain the care that will be initiated for each identified diagnosis of UTI." The workgroup also developed documents for more effective use of Bladderscan equipment. Finally, CVTC has been actively promoting the benefits of increased drinking water in their *Campus Connections* newsletter including March 2017, "10 Life-Changing Reasons to Drink More Water," and February 2017, "Dehydration: It's More Than Just Being Thirsty." CVTC has reinforced the critical life-saving message with posters in the homes and day support program, and has increased the training that staff receive on hydration and on recognizing the symptoms of UTI.

While dLCV commends the great initiatives that CVTC has put in place to address the deadly risks of UTIs, we regret that so many lives were lost to this preventable and treatable condition prior to these initiatives. While CVTC did not take action following the warnings regarding UTI's from both DBHDS and the Independent Reviewer of the Settlement Agreement in 2015, dLCV is grateful that the facility has at long last undertaken steps that may provide to be life-saving actions for their residents.

Appendix A – September 2016 letter from dLCV to the Department of Behavioral Health and Developmental Services

Appendix B – *Campus Connections*, April 2017

disABILITY LAW CENTER

OF VIRGINIA

Protection & Advocacy for Virginians with Disabilities



1512 Willow Lawn Drive, Suite 100, Richmond, VA 23230
www.dLCV.org

T: 800-552-3962
F: 804-662-7431

September 26, 2016

Sharon Bonaventura, Director
Central Virginia Training Center
P.O. Box 1098
Lynchburg, VA 24505

RE: Urinary Tract Infections & Sepsis

Dear Ms. Bonaventura,

As you know, the disAbility Law Center of Virginia (dLCV) routinely investigates the circumstances surrounding resident deaths at Central Virginia Training Center (CVTC). At a minimum, this involves reviewing critical incident reports, facility death summaries, and reports prepared by the Office of the Chief Medical Examiner. When appropriate, dLCV also requests and reviews additional information from CVTC and DBHDS Central Office, such as internal facility investigations and mortality reviews.

Through the above investigations, dLCV identified a disturbing number of CVTC resident deaths attributable to complications of urinary tract infections (UTIs). We ask that CVTC take immediate steps to improve UTI prevention and treatment protocols, and infection control practices generally, to stem the tide of UTI-linked deaths. Specific case examples follow:

- [REDACTED] – died March 11, 2015 from *urinary tract infection with severe mental retardation, cerebral palsy, and seizure disorder contributing*
- [REDACTED] – died November 5, 2015 from *sepsis due to chronic urinary tract infection*
- [REDACTED] – died November 28, 2015 from *sepsis due to urinary tract infection due to bladder dysfunction*
- [REDACTED] – died February 18, 2016 from *septicemia secondary to urinary tract infection and aspiration pneumonia with acute respiratory failure*
- [REDACTED] – died March 9, 2016 from *sepsis due to urinary tract infection*
- [REDACTED] – died May 26, 2016 from *urosepsis*

The need to address risks associated with UTIs, especially in long term care settings, is well established. In 2011, the Virginia Department of Health (VDH), in collaboration with the Virginia Health Care Association, released the *Successful Strategies for the Prevention of Urinary Tract Infections in Long Term Care TOOLKIT*,

Member of the National Disability Rights Network

which imparts best practices related to the prevention of UTIs within the long term care population. In 2015, DBHDS Central Office released a Health Safety and Quality Alert regarding the dangers of UTIs, and the Independent Reviewer for the US v VA Settlement Agreement recommended that Virginia do more to identify early indicators of potential harm, including UTIs, for individuals in the Settlement Agreement's target population that same year. Just last month, the Centers for Disease Control and Prevention urged healthcare providers to make prevention and prompt treatment of sepsis a priority via their *Vital Signs* monthly reporting program, noting that a quarter of all sepsis cases start with a urinary tract infection.

In addition to the VDH toolkit referenced above, the Agency for Healthcare Research and Quality (AHRQ) and several other professional and regulatory organizations offer resources to assist you in tackling this issue head-on at CVTC. dLCV again urges you to take immediate steps to improve UTI prevention and treatment protocols, and infection control practices generally, to stem the tide of UTI-linked deaths at your facility. Please provide me with a written plan for doing so.

If you have any questions or concerns regarding this letter, I can be reached directly at 804-662-7005 or erin.haw@dLCV.org.

Sincerely,



Erin Haw

Disability Rights Advocate

CC: Kathy Creegan-Tedeschi, Director of OLC Division of Long Term Care, VDH
✓ Donald Fletcher, Independent Reviewer, US v VA Settlement Agreement (with names redacted)
Dev Nair, Assistant Commissioner of Quality Management & Development, DBHDS
✓ Kyle Smiddie, Trial Attorney, US Department of Justice (with names redacted)

**Excerpts from Central Virginia Training Center Employee Newsletter, Campus Connection,
April 2017**

CVTC Beverage Options - To Help Individuals Stay Hydrated!

You can order the following from Food Operations on the Special Food Request Form.

■ Juices

- Apple
- Cranberry
- Orange
- Prune



■ Water & Flavored Beverages

- Plain Bottled Water
- Flavored Bottled Water
- Powerade
- Lock Down - Cherry
- Lock Down - Grape
- Lock Down - Lemon
- Lock Down - Orange
- Lock Down - Tropical Fruit Punch



Encourage individuals to drink water and other fluids to prevent dehydration . . .

■ Sodas

- Coke, Caffeine Free
- Diet Coke, Caffeine Free
- Gingerale
- Sprite
- Diet Sprite



■ Hot Beverages

- Coffee, Decaffeinated
- Hot Cocoa, Instant



■ Nectar & Honey Pre-Thickened Beverages

- Apple juice
- Cranberry juice
- Orange juice
- Prune juice
- Water
- Tea



. . . and urinary tract infections!

Remember:

If an individual's urine is dark and foul smelling, is red, pink or cola colored:

If the individual has pelvic pain, and needs to go often with little output:

If the individual has a fever, feels tired, shaky, is nauseous or vomiting:

Notify the Nurse IMMEDIATELY!

Prevention of Urinary Tract Infections

Urinary Tract Infections (UTIs) are one of the most common bacterial infections. While UTIs are often easily diagnosed and treated, serious UTIs can end up in the kidneys causing wide-spread infection. If the symptoms are not recognized or left untreated, a UTI can quickly become an infection that spreads in the body causing sepsis or septicemia. Left untreated, sepsis can cause hospitalization or even death. There are many symptoms of UTIs including going to the bathroom a LOT, having to go NOW, pain and burning, cloudy, blood-tinged urine with an odor, fever, pelvic or rectal pain, back pain, nausea and vomiting. Most people know when they are having symptoms and will go see a doctor for treatment. However, most of the individuals living at CVTC cannot tell the staff if they are feeling bad or experiencing any of these symptoms. They are depending on the staff to recognize their symptoms and assist them with getting the treatment they need.

Due to the significant risks associated with UTIs, a UTI Workgroup was formed in late 2016 with the goal of taking action on several fronts to prevent the occurrence of UTIs for individuals and to reduce the number of individuals who have re-occurring UTIs.

Members of the group include Beth Dooley, Debbie Maddox, Jill Ward, Beth Franklin, Director, Gerry Henderson, Michelle Van Doren, Liza Sanders, Margaret Moore, M.D., Mike Bryant, Jon Oliver, Janet Fitzgerald and Carolyn Robinson.

While more work still remains to be done, the workgroup has initiated the following actions:

UTI CARE PLAN: This plan is similar to the Pneumonia Care Plan that has been in use for several years. The plan has instructions that explain the care that will be initiated for each identified diagnosis of UTI. Beth Dooley, Infection Preventionist, will initiate the UTI Care Plan each time an individual has an identified diagnosis of UTI. Designated clinicians are expected to assess and document on the plan within five days of notification. The plan will provide important information that is specific to each individual regarding symptoms that triggered identification of the UTI, nursing interventions and treatment outcomes. (The UTI Care Plan form is on the nurses shared file. The UTI Care Plan was placed with the Pneumonia Care Plan and renamed Pneumonia/UTI.)

(Continued on page 7)

BLADDERSCAN: The workgroup developed several documents for more effective use of the Bladderscan equipment including: Procedure for the use of Bladder Scan; Bladder Scan Procedure Competency Form; Bladder Scan Assessment Tool Instructions; Form # 1: Initial BladderScan Pre-Assessment Form # 707-1298; and Form # 2: Bladder Scan Assessment and Treatment Documentation (Form # 707-1299).



Form 1 Initial BladderScan Pre-Assessment Form # 707-1298. will be completed on all individuals by the nurse annually and updated as needed. Form 1 provides physical assessment and identifies specific medications used by the individual that can increase the risk for urinary retention. It will be filed in the CRS under the Evaluation section tab.

Form 2 Bladder Scan Assessment and Treatment Documentation Form # 707-1299 includes a list of symptoms indicating the medical necessity for a Bladder Scan. Those who have a medical need will then have a bladder scan performed to determine Post Void Residual (PVR) or urine retention in the bladder after voiding. PVR over 200 ml may require notification of MD/NP for further interventions. An excess amount of urine retained in the bladder enhances the risk for infection due to the urine being stagnate in the bladder. This form will be filed under the Plan section.

These documents pertaining to BladderScans are located in the forms folder in the Medical/ Nursing section of the intranet.

Additionally, all DSPs who administer medications were checked off on how to perform a bladder scan during Medication Refresher Classes in March.

PROMOTING THE BENEFITS OF DRINKING WATER - Several articles were published in recent issues of the *Campus Connection* about the many positive benefits of drinking water. Also, posters have been placed in the homes and day support areas as reminders about the importance of drinking water. Dehydration is a factor in UTIs. Drinking adequate amounts of fluids, especially water is a key to preventing UTIs. Please provide adequate water and fluids to individuals. Unless an individual is on fluid restrictions, he/she should receive at least 64 ounces of fluid each day. Sufficient hydration (fluid intake) is necessary to keep urine flowing through the urinary system and flush toxins out of the body. Please see the article on page 6 pertaining to the many beverage options available at CVTC to help individuals stay hydrated.



Drinking more water means more trips to the bathroom or more changes of briefs. It is also important that the bladder be fully drained while urinating. Individuals should not be rushed while using the bathroom. Of course, proper cleansing after elimination is also very important to prevent the spread of bacteria that can cause infections in the urinary system. Diabetics can be a greater risk due to neurogenic bladder which can cause difficulty being able to urinate.

EDUCATION! EDUCATION! EDUCATION!

While CVTC has always provided training about the importance of hydration, proper perineal care and recognizing the symptoms of UTIs, new programs have been initiated to further educate staff on these important topics. The risk of dehydration and the importance of adequate fluid intake are taught in Health Care Basics in Pre-Service and most recently was added to CORE Training for all direct support employees. The need for fluids is one of the basic needs of humans and without adequate fluids we can die. The individuals we support cannot tell us if they are thirsty. Staff must ensure individuals are getting enough to drink. We document on the flowsheets the amounts that the individual receives at meals and at snacks. If the correct amount is not given or an individual does not accept fluids, the nurse should be notified.

Also, all staff in direct contact positions will be required to complete a LMS course that includes comprehensive information about prevention of UTIs during the upcoming quarter.

What can you do to prevent and reduce the occurrence of UTIs for individuals you support?

1. Pay close attention to the amount of fluids that people are drinking.
2. Be sure to consistently and accurately document the amount of fluids an individual drinks every day on the flow sheet. If he/she is not drinking the recommended amount, notify the nurse.
3. Take individuals to the bathroom or check them for incontinence at least every two hours.
4. Follow the correct procedures for perineal care for individuals after using bathroom or changing incontinent briefs. Be especially cautious if a female has incontinence of the bowel. (A female's anatomy places women at a higher risk if they have incontinence of the bowel due to the short distance between the urethra and anal area. The intestinal bacteria can quickly move into the urinary tract and set up an infection.)
5. Pay attention to any changes in the individuals you support that may indicate signs of an infection such as cloudy, dark urine, bad smelling urine, expressing pain in pelvic area, frequent urination, fever, nausea, acting differently than normal.
6. Notify the nurse immediately of any changes.

Your efforts on behalf of the individuals could have a tremendous impact on their wellbeing and health! Anyone having questions or wanting more information or training on prevention of UTIs can contact Jill Ward, RN, MSN, Staff Development. The UTI Workgroup welcomes your suggestions. Please contact Carolyn Robinson or any member of the workgroup to share your comments.