**Accessible transcript: Optimising the use of antibiotics in the management of urinary tract infections in aged residential care webinar (23 February 2023) – Questions and answers**

***Video link:*** [***https://www.youtube.com/watch?v=pdawDq4S7Sg&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=6***](https://www.youtube.com/watch?v=pdawDq4S7Sg&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=6)

[Visual] The Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) old logo appears on a white background. A white title then appears on a blue background: ‘Optimising the use of antibiotics in the management of urinary tract infections in aged residential care’. A second title appears on the blue screen: ‘Questions and answers’.

The slide changes to one titled ‘Implementation checklist’. It has an image of the checklist, which is a table with 20 steps under the columns ‘No., Area, Activity/task, Completed’. In the upper right corner is a video of Prem Kumar. He has dark hair, a small goatee and glasses.

**[Audio] Nikki Grae: Perfect. Thank you so much, Prem. And thank you so much to Julie, Claire and Trish. All of your, the information that you've shared today is obviously very relevant to improving the use of antibiotics for UTI.**

[Visual] A full screen video of Prem appears.

**[Audio] Nikki: And really excited that this project is now coming to a close…**

[Visual] A full screen video of Nikki Grae appears. She has long red hair and wears a headset with a microphone.

**[Audio] Nikki: …and we have all of these really great resources that the entire ARC sector can really use and take away with. We've got a few minutes now for Q&A, so I will just open up. If you do have any questions that you want to ask during this session, please enter them in the Q&A function at the bottom of your screen. But the first one I will ask is — that came through today's webinar — is, the local path lab has set up its own criteria for urine specimens, which bears no relation to the needs of elderly, and so when we want to send a specimen, we have to exaggerate the symptoms to get the specimen processed. Otherwise, they refuse to accept it. How do I go about getting this changed to reflect the up-to-date information around this issue? So, I will open it up to potentially Julie and Trish. I don't know if you ran into this issue. If not, you might not be in the same area as the person that asked this question. So, I'll hand over to Julie if you have any response related to that.**

[Visual] A full screen video of Julie Daltry appears. She has long dark hair and red rimmed glasses.

**[Audio] Julie Daltry: Actually, my response to this** **was going to be ask** **actually both Trish and Prem,** **because I don't think** **this is a standalone** **thing you can just fix.** **I think this is probably part** **of implementing a whole** **package that Prem** **is talking about.** **And I'd be really interested,** **Trish,** **because you had to do some** **work with your path lab to be** **able to get access to —** **or your laboratory —** **to be able to get** **access to results.**

[Visual] A full screen video of Trish Bloxsom appears. She has short white hair and glasses.

**[Audio] Trish: Yes, we did, but that was mainly a result of the COVID, and they were swamped. But I think if the symptoms are there, and it's correctly documented, dated, timed, married up, we don't have a problem. What we were missing out on was the lack of information.**

[Visual] A full screen video of Nikki Grae appears.

**[Audio] Nikki: Great. Prem, do you have anything to add to that?**

[Visual] A full screen video of Prem Kumar appears.

**[Audio] Prem: Oh, yeah. I think as part of the implement is, we try to send this updated information to all the stakeholders within the sector with the changes, including bpac and everyone. So, one thing we can definitely look at is that all the laboratories have up-to-date information regarding what we have discovered and published just so that everybody's on the same page in terms of criteria.**

**But again, it goes back to that implementation phase where you try the pathway and then you will discover that some things are not working. So, it's about that problem solving and having discussions with GPs and labs, and just have a discussion with them.**

[Visual] A full screen video of Nikki Grae appears.

**[Audio] Nikki: Great, thank you. Fantastic. Another question that came through is, what alternatives are on offer, as some GPs and NPs are reluctant to prescribe antibiotics routinely with someone with repeated UTI, so someone who gets recurring UTIs. Do cranberry tablets or Ural® sachets make a difference? We'll see if anyone has an answer. Maybe Julie and Trish?**

[Visual] A full screen video of Julie Daltry appears.

**[Audio] Julie: Yeah. Interesting. I was just doing some reading on this just to double check my thinking. Cranberry, the research is really mixed. They think cranberry works by reducing the adherence of bacteria to the bladder wall surfaces. So, I think it can be useful, but there are some challenges. One of those is that cranberry juice available in New Zealand is essentially water and sugar with a little bit of cranberry added. One of the mechanisms is about how much cranberry you can get into the bladder. In the States and in the UK, you can get much higher concentration pure cranberry, which is not available in New Zealand. So that makes it challenging. They're not convinced the tablets work overly well, and that's — because they're not sure about how cranberry works, they think in going from the whole fruit to the powder, they lose some organic compounds that are really important to the mechanism of action. So, cranberries, kind of, you can try it. Nobody's holding out a great deal of success for it. And as much as anything, it might just be because you're getting more fluid into people by getting them to drink cranberry.**

[Visual]: A full screen video of Trish Bloxsom appears. She nods. The video goes back to Julie.

**[Audio] Julie: The Hiprex has actually come out to be more useful. So, there's been a recent trial come out and I think we've popped the link in for you, and it compared Hiprex to antibiotics, so prophylactic low-dose antibiotics to prevent a UTI, versus Hiprex, which is an antibacterial. So, it's more like a disinfectant than it is a antibiotic if that's a reasonable comparison. They're saying it's useful. They're saying it's not inferior. The question is, though, do we really want to be exposing people to those kind of drugs long term? And probably not. I would say my first step, if you've got somebody that's having repeated urinary tract infections is the question why? Why are they having repeated urinary tract infections, and who do they need to see to have that investigated properly? So that you have a clear diagnosis about why you're getting recurrent. That should then give you a pathway. Now it may be that it's a person that that kind of diagnostic process, because of their capacity for where they are, that that's not appropriate, in which case something like Hiprex might be useful. But I think it's — I think you need to just unpack it a bit, explore it a bit, find out why people are having recurrent UTIs.**

[Visual] A full screen video of Nikki Grae appears.

**[Audio] Nikki: Fantastic. Anything to add, Trish, or did Julie cover it all? Okay, I see you shaking your head.**

[Visual]: A full screen video of Trish Bloxsom appears. She nods and smiles.

**[Audio] Trish: Well covered.**

[Visual] A full screen video of Nikki Grae appears.

**[Audio]: Perfect, thank you. Yeah, that antiseptic versus antibiotic treatment and trying to prevent infections is, yeah, it's an interesting area of research. I also have in the past, my past life actually in the US, have looked at cranberry or the evidence around cranberry, juice or tablets, and really it is not definitive at this point. So, trying to find something that works for those people that have unfortunate reoccurring UTIs. So, unfortunately, we don't have time to answer all of the questions that came through the Q&A, but we are happy to answer questions and discuss the tools and resources with individuals after this webinar. I know there was a question that came through around incontinent …**

[Visual] A slide appears with a white background and text that reads: ‘For further questions contact us at: ARC@hqsc.govt.nz’. A video of Nikki Grae sits in the upper right corner of the screen.

**[Audio] Nikki: … people and trying to get a urine specimen, and that oftentimes leads to broad spectrum antibiotic usage. So, we're happy to touch base with any individual. If you want to reach us regarding this work, please email us at the email listed here. And I would like to thank our presenters today for the valuable information that they've shared. I would also like to acknowledge and thank the project leads and teams from the ARC facilities that participated in the testing of the interventions for this project. Their dedication and hard work led to the publication of the how-to guide that contains those tools and templates that were covered today.**

**And really, they're meant to support ARC facilities. So, they are for all of you that are working in or with ARC facilities to improve patient care. Thank you to all of the participants for joining today's webinar. For people that wanted to see today's webinar but didn't have the availability, we will post a recording of this webinar on the Health Quality & Safety Commission's website. We will send an email to people that registered for this webinar with the link to the recording as well as link to the how-to guide and resources. I know it's been shared in the chat function today, but we will share the link out as an email. We will also send the link to a very quick survey as a form of evaluating the usefulness of today's webinar to those of you that attended. I will now close the session with the karakia.**

[Visual] The slide changes to show the karakia in English and te reo Māori while Nikki reads the te reo Māori version aloud.

**[Visual and audio] Kua mutu a tatou mahi
Ka tae te wā
mō te whakairi te kete
I te kete kōrero
I te kete whakaaro
Hei tiki atu anō mā tatou
Tauwhirotia mai mātou katoa
Ō mātou hoa
Ō mātou whānau
Āio ki te Aorangi
Hui e tāiki e.**

[Visual] Our work has finished
the time has arrived
to gather one’s thoughts in the basket
that contains discussion
and concepts
that we may use it again in the future
protect us all
our colleagues
our families
peace to the universe
It is complete.

**[Audio] Nikki: Thank you, everyone.**

[Visual] The slide fades and is replaced with a white background. The old Te Tāhū Hauora logo appears, followed by the New Zealand Government logo.

[Video ends]