

TAMANG SAGOT

PHILHEALTH CIRCULAR NO. 2016-002

Subject: “Policy statements on the Diagnosis and Management of Urinary Tract Infection in Adults”

1. What is PhilHealth Circular No. 002-2016?

It is the updated Policy statements on the diagnosis and management of Urinary Tract Infections (UTI) for adults. It contains statements derived from clinical practice guidelines which are considered as one of the tools reflecting preferred practice standards in the diagnosis and management of UTI.

2. What is the objective in developing PC 002 s. 2016?

PhilHealth, through PC 002 s. 2016, aims primarily to provide **guidance** to doctors, hospitals, and patients as to what tests, medicines, and procedures are considered by the Corporation in ensuring quality of care to be performed by PhilHealth-accredited HCPs as these are recommendations based on current best available evidence and expert opinion.

It shall also be used by the Corporation as one of its references in **assessing** the quality of care rendered by PhilHealth-accredited HCPs to members through performance monitoring and other activities when necessary.

3. What are the different conditions of UTI mentioned in PC 002 s. 2016?

- a. Upper urinary tract infection (eg, pyelonephritis or infection affecting the kidney)
- b. Lower urinary tract infection (eg, cystitis or infection affecting the bladder)
- c. Recurrent UTI

4. How is UTI diagnosed?

To make a clinical diagnosis of UTI, certain information in patient’s history should be sought such as pain during voiding (dysuria), lower abdominal pain, frequency, urgency, flank pain, etc.

There are certain tests like urinalysis or gram stain which may be requested depending on the suspected condition by the attending physician. These tests may be any of the following:

- a. urinalysis
- b. urine gram stain
- c. urine culture and sensitivity
- d. renal ultrasound

- e. plain abdominal x-ray
- f. blood culture

5. Is repeated infection of the urinary tract possible within 90 days?

A person can have repeated episodes of urinary tract infection. This condition is known as recurrent UTI if he/she has 2 or more episodes of uncomplicated UTI in 6 months or has positive urine culture 3 times or more within the preceding 12 months.

The application of the rule on single period of confinement (SPC) shall depend on the specific condition of the patient as reflected in the ICD-10 code in Claim Form 2 (CF2).

6. What is the recommended length of hospital stay for a patient with admissible case of UTI?

An admissible case of UTI will require 72 hours of intravenous antibiotics and switch to oral therapy for 24 hours following signs of improvement of condition based on expert opinion. Therefore, the recommended hospital stay should be minimum of 4 days or 96 hours.

7. Are the recommended diagnostic tests required to be performed in all levels of hospitals?

The health care facilities with service capability as licensed by the Department of Health (DOH) are expected to perform those tests such as culture and sensitivity. For those without service capability (not licensed) is not required to be performed as the condition can be treated empirically based on expert opinion. However, the health outcomes of their patients shall be monitored by the Corporation.

8. How will PhilHealth monitor the performance of health care facilities?

PhilHealth will monitor the performance of all accredited health care providers through conduct of the following monitoring activities but not limited to facility visits, domiciliary investigations, and/or chart review.

9. When is PC 002 s. 2016 will take effect?

The Circular shall be effective fifteen (15) days after publication.