Inpatient Urinary Tract Infection (UTI-I) Episode
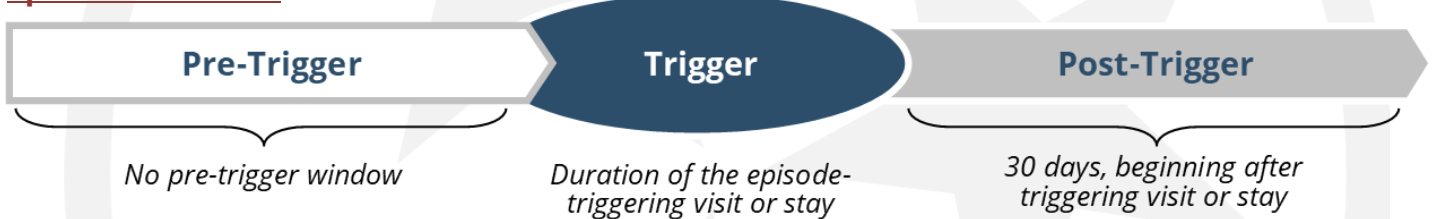## Executive Summary

Episode Design

- **Trigger:** UTI diagnosis
- **Quarterback type:** facility (UTI treatment site)
- **Care included:** all UTI-related care including anesthesia, imaging and testing, evaluation and management, and medications

Sources of Value

- Effective use of imaging and testing (e.g., only necessary lab tests or CT scans)
- Appropriate and cost-effective selection of antibiotics, dosage, and length of treatment (e.g., select antibiotics based on empirical evidence and lab test results)
- Appropriate site of care and length of stay
- Patient education (e.g., how to avoid potential reinfection)
- Appropriate follow-up care
- Reduction of complications (e.g., reinfections, septicemia, readmissions)

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
No pre-trigger window	*Duration of the episode-triggering visit or stay*	*30 days, beginning after triggering visit or stay*

Quality Metrics

Tied to Gain-Sharing

- Follow-up care within the post-trigger window (higher rate is better)

Informational Only

- Follow-up care within the first seven days of post-trigger window
- Emergency department visit within the post-trigger window
- Admission within the post-trigger window
- Follow-up visit versus relevant emergency department visit
- Pseudomembranous colitis within the post-trigger window

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, coma, cystic fibrosis, end stage renal disease, multiple sclerosis, organ transplant, Parkinson's, sickle cell disease, active cancer management, DCS custody)
- Patient exclusions: age (less than 1 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.