Public Health Ontario | Santé publique Ontario

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## UTI Program

# Appendix E: Examining Barriers to Practice Change

This is an excerpt from the Urinary Tract Infection (UTI) Program: Implementation Guide (Appendix E). This tool will help you to identify common barriers that might exist within your long-term care home (LTCH). This is not an exhaustive list, but provides a starting point for discussion among your team. After identifying your home's barriers, you can determine which UTI Program strategies will best assist you in addressing these.

| **Barriers to the practice changes** | **Is this a barrier in our LTCH?** |
|---|---|
| Staff are not knowledgeable about the following:<br>• Asymptomatic bacteriuria<br>  ○ What it is<br>  ○ How often it occurs<br>  ○ What it means to have it<br>• Recognition that antibiotics are being overused<br>• Consequences of unnecessary use/overuse of antibiotics<br>• True signs and symptoms of a UTI<br>• Uncertainty around how to diagnose residents with communication difficulties and nonspecific symptoms<br>• When to collect a urine specimen<br>• Urine specimens left at room temperature, which can result in false positives | ☐ Yes<br>☐ No |
| Families are not knowledgeable about the following:<br>• Asymptomatic bacteriuria<br>  ○ What it is<br>  ○ How often it occurs<br>  ○ What it means to have it<br>• Recognition that antibiotics are being overused<br>• Consequences of unnecessary use/overuse of antibiotics<br>• True signs and symptoms of a UTI | ☐ Yes<br>☐ No |

| Barriers to the practice changes | Is this a barrier in our LTCH? |
|---|---|
| Staff lack skill on how to collect urine specimens for culture and interpret lab results, including the following:<br>• Obtaining a mid-stream sample<br>• Using an in/out catheter<br>• Interpreting lab results<br>• Knowing what contributes to a contaminated result and what the significance of this is | ☐ Yes<br>☐ No |
| Staff lack the skill to support a UTI surveillance system, including data collection, management and analysis:<br>• Do not have tools for UTI surveillance<br>• Do not know how to develop tools for UTI surveillance<br>• Do not know how to do surveillance (e.g., daily rounds; questions to ask; process vs. outcome surveillance)<br>• Do not know how to compile and analyze data | ☐ Yes<br>☐ No |
| Due to staff turnover, new staff are not educated on the UTI Program | ☐ Yes<br>☐ No |
| There is poor communication among the care team (verbal and/or documented) as to why a culture is sent for testing | ☐ Yes<br>☐ No |
| There is poor communication (verbal and/or documented) between staff and families about why a culture is sent for testing | ☐ Yes<br>☐ No |
| Our organizational culture has supported nursing staff in sending urine cultures for testing even when a resident does not have the clinical signs and symptoms of a UTI | ☐ Yes<br>☐ No |
| Our organization does not have policies and procedures with sufficient detail on UTI assessment and management practices, or policies and procedures that are aligned with current best practices | ☐ Yes<br>☐ No |
| Urine specimens are left at room temperature, which can result in false positives | ☐ Yes<br>☐ No |
| There is a lack of support from the director/administrator/leadership/ corporation for making a change | ☐ Yes<br>☐ No |

| Barriers to the practice changes | Is this a barrier in our LTCH? |
|---|---|
| "UTIs" are reported to physicians (e.g., "resident has a bladder infection") without providing any details on signs, symptoms or culture and susceptibility report | ☐ Yes ☐ No |
| There is a lack of clarity about the roles and responsibilities of the care team; there seems to be a reliance on reports of a resident's symptoms from other parties (e.g., family and personal support workers) | ☐ Yes ☐ No |
| We do not know to what extent we are following recommended practices and are not equipped to evaluate our progress, because we are not collecting data routinely | ☐ Yes ☐ No |
| Our staff does not have access to adequate supports to provide education to residents/families | ☐ Yes ☐ No |
| We lack local diagnostic/treatment tools/algorithms; they are out of date or not evidence-based | ☐ Yes ☐ No |
| Our staff/nurse practitioners/physicians/families are concerned about the consequences of not providing antibiotics to residents with nonspecific symptoms or asymptomatic bacteriuria; nursing/nurse practitioners/ physicians/family are afraid an infection will develop or be missed, resulting in a poor outcome | ☐ Yes ☐ No |
| Nurse practitioners/physicians agree with recommendations, but still feel pressure from nursing or the family to prescribe an antibiotic; the pressure stems from fears that an infection may develop or be missed, resulting in a poor outcome for the resident | ☐ Yes ☐ No |
| Front-line staff or physicians won't accept the new recommendations | ☐ Yes ☐ No |
| Some residents are labelled as having "recurrent UTIs": every time they have a change in behaviour or their urine becomes smelly, it is assumed they have a UTI based on this label; this label can be driven by staff or family | ☐ Yes ☐ No |
| Urine is sometimes sent for culture without specific symptoms and then comes back positive; this reinforces poor practice | ☐ Yes ☐ No |

## Contact

This resource is part of Public Health Ontario's UTI Program.

For more information, please visit www.publichealthontario.ca/UTI or email uti@oahpp.ca.



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