

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?
<p>Staff are not knowledgeable about the following:</p> <ul style="list-style-type: none"> • Asymptomatic bacteriuria <ul style="list-style-type: none"> ○ What it is ○ How often it occurs ○ What it means to have it • Recognition that antibiotics are being overused • Consequences of unnecessary use/overuse of antibiotics • True signs and symptoms of a UTI • Uncertainty around how to diagnose residents with communication difficulties and nonspecific symptoms • When to collect a urine specimen • Urine specimens left at room temperature, which can result in false positives 	<p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Families are not knowledgeable about the following:</p> <ul style="list-style-type: none"> • Asymptomatic bacteriuria <ul style="list-style-type: none"> ○ What it is ○ How often it occurs ○ What it means to have it • Recognition that antibiotics are being overused • Consequences of unnecessary use/overuse of antibiotics • True signs and symptoms of a UTI 	<p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

Barriers to the practice changes	Is this a barrier in our LTCH?
<p>Staff lack skill on how to collect urine specimens for culture and interpret lab results, including the following:</p> <ul style="list-style-type: none"> • Obtaining a mid-stream sample • Using an in/out catheter • Interpreting lab results • Knowing what contributes to a contaminated result and what the significance of this is 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Staff lack the skill to support a UTI surveillance system, including data collection, management and analysis:</p> <ul style="list-style-type: none"> • Do not have tools for UTI surveillance • Do not know how to develop tools for UTI surveillance • Do not know how to do surveillance (e.g., daily rounds; questions to ask; process vs. outcome surveillance) • Do not know how to compile and analyze data 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Due to staff turnover, new staff are not educated on the UTI Program</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>There is poor communication among the care team (verbal and/or documented) as to why a culture is sent for testing</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>There is poor communication (verbal and/or documented) between staff and families about why a culture is sent for testing</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Urine specimens are left at room temperature, which can result in false positives</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>There is a lack of support from the director/administrator/leadership/ corporation for making a change</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Our staff does not have access to adequate supports to provide education to residents/families	<input type="checkbox"/> Yes <input type="checkbox"/> No
We lack local diagnostic/treatment tools/algorithms; they are out of date or not evidence-based	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Front-line staff or physicians won’t accept the new recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urine is sometimes sent for culture without specific symptoms and then comes back positive; this reinforces poor practice	<input type="checkbox"/> Yes <input type="checkbox"/> 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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