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.

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

| Families are not knowledgeable about the following:                                             |                               |
| • Asymptomatic bacteriuria                                                                     |                               |
|   o What it is                                                                                  | Yes                            |
|   o How often it occurs                                                                         | No                             |
|   o 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                                                              |                               |
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<tr>
<th>Barriers to the practice changes</th>
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<tr>
<td>Staff lack skill on how to collect urine specimens for culture and interpret lab results, including the following:</td>
<td></td>
</tr>
<tr>
<td>- Obtaining a mid-stream sample</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>- Using an in/out catheter</td>
<td></td>
</tr>
<tr>
<td>- Interpreting lab results</td>
<td></td>
</tr>
<tr>
<td>- Knowing what contributes to a contaminated result and what the significance of this is</td>
<td></td>
</tr>
<tr>
<td>Staff lack the skill to support a UTI surveillance system, including data collection, management and analysis:</td>
<td></td>
</tr>
<tr>
<td>- Do not have tools for UTI surveillance</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>- Do not know how to develop tools for UTI surveillance</td>
<td></td>
</tr>
<tr>
<td>- Do not know how to do surveillance (e.g., daily rounds; questions to ask; process vs. outcome surveillance)</td>
<td></td>
</tr>
<tr>
<td>- Do not know how to compile and analyze data</td>
<td></td>
</tr>
<tr>
<td>Due to staff turnover, new staff are not educated on the UTI Program</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>There is poor communication among the care team (verbal and/or documented) as to why a culture is sent for testing</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>There is poor communication (verbal and/or documented) between staff and families about why a culture is sent for testing</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Urine specimens are left at room temperature, which can result in false positives</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>There is a lack of support from the director/administrator/leadership/corporation for making a change</td>
<td>☐ Yes ☐ No</td>
</tr>
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<td>Barriers to the practice changes</td>
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<tr>
<td>------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>“UTIs” are reported to physicians (e.g., “resident has a bladder infection”) without providing any details on signs, symptoms or culture and susceptibility report</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Our staff does not have access to adequate supports to provide education to residents/families</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>We lack local diagnostic/treatment tools/algorithms; they are out of date or not evidence-based</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Front-line staff or physicians won’t accept the new recommendations</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Urine is sometimes sent for culture without specific symptoms and then comes back positive; this reinforces poor practice</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Contact**

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

For more information, please visit [www.publichealthontario.ca/UTI](http://www.publichealthontario.ca/UTI) or email [uti@oahpp.ca](mailto:uti@oahpp.ca).

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