

Test Smart Treat Smart: Using clinician feedback to adapt a CAUTI intervention for SCI

Hilary Touchett PhD, RN, Casey Munson-Hines, BS,
Calvin Apodaca, MS, Lucas Sims, BS, Felicia Skelton
MD,MS

BACKGROUND

- Prevention of catheter associated urinary tract infections (CAUTI's) is a top priority for healthcare organizations.
- Traditional CAUTI protocols may not meet the needs of special populations such as those spinal cord injury (SCI).
- For individuals requiring indwelling catheters, chronic bacterial colonization is common.
- Distinguishing asymptomatic bacteriuria from pathogenic urinary tract infections can be challenging with patients who have alterations in sensory capabilities (e.g., SCI).
- Annual urine screenings require urinary analysis which often detects presence of bacteria (bacteriuria) but does not determine if treatment is clinically appropriate.
- Providers are left to decide what to do with this clinical information.

Objectives: To provide guidance for providers who test/treat CAUTI in Veterans with SCI who require chronic instrumentation of the bladder.

- We adapted an intervention program called "Kicking CAUTI" for SCI providers using feedback from clinicians.

Design: Four 1-hour focus groups were conducted with nurses and physicians to assess provider insights in developing a protocol for CAUTI treatment and prevention practices for individuals with SCI.

Diagnosing and treating CAUTI's in individuals with SCI is complex and evidence is limited.

Clinicians face a lot of pressure when balancing antibiotic stewardship principals against clinical considerations.

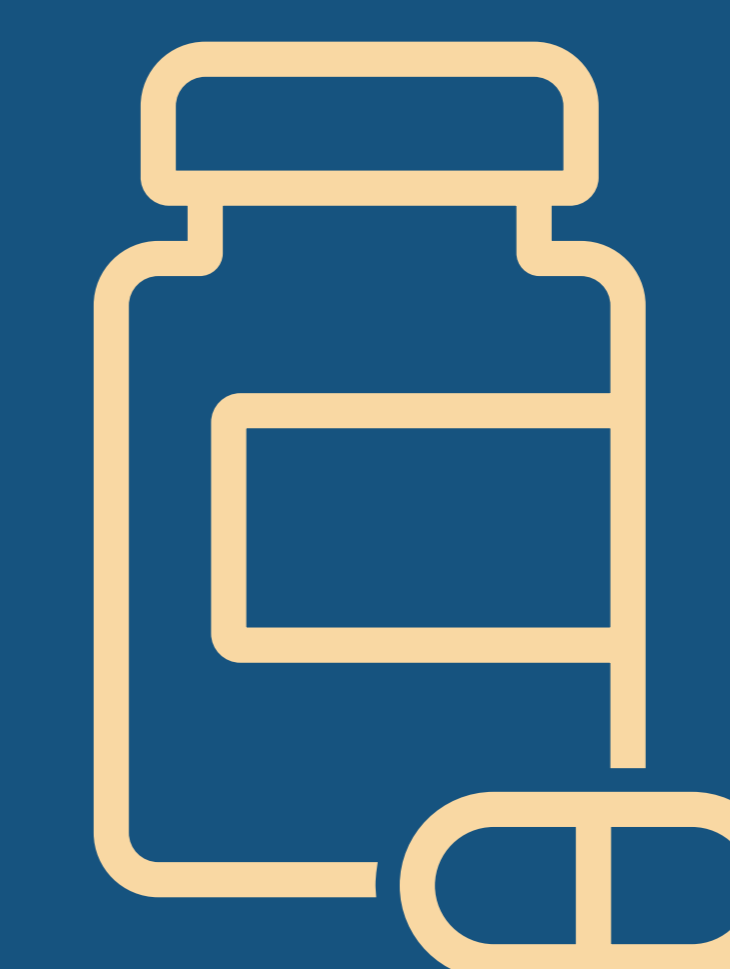


Weighing risk vs. benefit is not straightforward.

"We have patients with a lot of **recurrent infections**... and extremely resistant organisms... and **weighing that against potential clinical decompensation** which can happen very quickly is challenging"

Patients expect antibiotics and will circumvent the system to get them.

"I actually had a patient say, **I wait 'til after the close of business and go to the emergency room** because they'll just give me an antibiotic. If I come to you, you're going to make me wait."



Challenging patient behaviors may negatively impact care.

"If you're a patient and you call and you start screaming at the nurse, the nurse is just gonna put the order in. I had one of my nurses say to me, I can't have this patient scream at me again this morning."

METHODS

- Two independent coders reviewed transcripts independently using inductive and deductive coding.
- Content and thematic analysis were used to identify themes.
- Iterative meetings allowed the team to build consensus.

RESULTS

- Uniqueness of SCI
 - Culture/Symptom Discordance creates diagnostic challenges
 - Clinicians struggle with weighing risk of antibiotic overuse against risks of quick decompensation
 - Patient expectations for antibiotics on demand makes antibiotic stewardship difficult
- Reluctance to change
 - Patients set in their ways
 - Challenging patient behaviors
 - Liability shielding and legal ramifications due to sparsity of evidence on this issue
- Instrumental Supports
 - Access to infectious disease consults
 - Timely access to urologic procedures (e.g., cystoscopy, renal ultrasound)

CONCLUSIONS AND FUTURE DIRECTIONS

- Managing urinary health in those with SCI is complex and evidence surrounding treatment is limited.
- Traditional CAUTI protocols do not adequately address the needs of those with SCI.
- Provider feedback is instrumental when developing clinical guidelines that are contextually appropriate.
- Development of this work and educational resources is ongoing and further work in this area is needed.

Funding Source: This material is based upon work supported (or supported in part) by the Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, and the Center for Innovations in Quality, Effectiveness and Safety (CIN 13-413, Drs. Skelton and Touchett), and HSR&D Career Development Award 1 IK2 HX002484-04 (Skelton).



U.S. Department of Veterans Affairs
Veterans Health Administration
Michael E. DeBakey VA Medical Center

References:



Baylor
College of
Medicine