

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

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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.

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