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8. Manuscript Title

Test smart, treat smart- Using clinician and patient feedback to adapt a catheter-associated urinary tract infection intervention for spinal cord injury

9. Abstract (500 words maximum)

Background: Prevention of catheter associated urinary tract infections (CAUTIs) became a primary target for hospital quality metrics when reimbursement practices changed to incentivize quality care. In response, healthcare systems adopted strict protocols surrounding catheterization and maintenance, overlooking the clinical needs of special populations (e.g. SCI/D). For those who require permanent indwelling catheters or intermittent catheterization for bladder management, quality of life, and independence, chronic bacterial colonization in the bladder is common. Additionally, alterations in neurologic and sensory function after spinal cord injury creates a challenging context when discerning asymptomatic bacteriuria from acute urinary tract infection requiring antibiotics. Institutional policies for screening urine during SCI annual exams often leads to detection of bacteriuria but presents a challenge when determining if antibiotic treatment is appropriate.

Objective: To adapt an existing intervention called "Kicking CAUTI", to provide guidance for providers surrounding testing for, and treatment of CAUTI in Veterans with SCI/D who require chronic instrumentation of the bladder.

Design: Four 1-hour focus groups were conducted with nurses and physicians to assess provider insights in CAUTI prevention practices for SCI/D.

Methods: Content and thematic analysis were used to identify themes.

Results: Emergent themes: Uniqueness of SCI (e.g. difficult to diagnose, expectations for antibiotics on demand, quick

decompensation), Reluctance to change (e.g. patients set in their ways, and ongoing education), and Instrumental Supports (e.g. consult access, urologic evaluations, exam procedural changes).

Conclusions: Traditional CAUTI protocols may not adequately address the needs of those with SCI/D and alterations may be needed. Provider feedback provides valuable insights when developing contextually appropriate interventions.

10. Key Words (must list at least 1 up to 6 maximum)

- 1 : spinal cord injury
- 2 : urinary tract infection
- 3 : clinical guidelines
- 4 : qualitative analysis

11. Key Implementation theories or frameworks used in this manuscript

Cabana model of physician adherence to clinical guidelines
Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS)

2. Thank You!

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