In conclusion, the qualitative insights offered by Friberg Walhof *et al.* make a significant contribution to understanding the persistence of routine preoperative urine cultures in non-urological surgeries. However, for effective de-implementation, a multidisciplinary approach enhanced education on the implications of AMR, and strategies for cognitive behavior modification are essential.

Financial support. None.

Competing interests. None.

References

1. Friberg Walhof JE, Schweizer ML, Gupta K, *et al.* Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment. *Infect Control Hosp Epidemiol* 2024;Sep 19:1–6.
2. Nicolle LE, Gupta K, Bradley SF, *et al.* Clinical practice guideline for the management of asymptomatic bacteriuria: 2019 update by the infectious diseases society of America. *Clin Infect Dis* 2019;68:e83–e110.
3. Trautner BW. Asymptomatic bacteriuria: when the treatment is worse than the disease. *Nat Rev Urol* 2011;9:85–93.
4. Spivak ES, Burk M, Zhang R, *et al.* Management of bacteriuria in veterans affairs hospitals. *Clin Infect Dis* 2017;65:910–7.
5. Singh HK, Claeys KC, Advani SD, *et al.* Diagnostic stewardship to improve patient outcomes and healthcare-associated infection (HAI) metrics. *Infect Control Hosp Epidemiol* 2024;45:405–11.
6. Berríos-Torres SI, Umscheid CA, Bratzler DW, *et al.* Centers for disease control and prevention guideline for the prevention of surgical site infection, 2017. *JAMA Surg* 2017;152:784–91.
7. Helfrich CD, Rose AJ, Hartmann CW, *et al.* How the dual process model of human cognition can inform efforts to de-implement ineffective and harmful clinical practices: a preliminary model of unlearning and substitution. *J Eval Clin Pract* 2018;24:198–205.

Response to Mr. Babar's Letter to the Editor regarding "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment"

Julia E. Friberg Walhof MPH[1], Marin L. Schweizer PhD[2,3], Kalpana Gupta MD[4,5,6], Madisen Brown MS[5], Daniel Suh MS, MPH[1], Judith Strymish MD[5], William J. O'Brien MS[5], Jeffrey Chan BS[5], Kelly Miell PhD[1,7], Vanessa Au MS[1], Barbara W. Trautner MD[8,9] and Kimberly C. Dukes PhD[1,10]

[1]Center for Comprehensive Access and Delivery Research and Evaluation (CADRE), Iowa City VA Healthcare System, Iowa City, IA, USA, [2]William S. Middleton VA Hospital, Madison, WI, USA, [3]University of Wisconsin-Madinson, Madison, WI, USA, [4]Division of Infectious Diseases, VA Boston Healthcare System, Boston, MA, USA, [5]Center for Healthcare Organization and Implementation Research (CHOIR), Boston Campus, VA Boston Healthcare System, Boston, MA, USA, [6]Department of Medicine, Boston University School of Medicine, Boston, MA, USA, [7]Office of Rural Health, Veterans Rural Health Resource Center, Iowa City VA Health Care System, Iowa City, IA, USA, [8]Center for Innovations in Quality, Effectiveness and Safety (IQuESt), Michael E. DeBakey Veterans Affairs Medical Center, Houston, TX, USA, [9]Department of Medicine, Section of Health Services Research, Baylor College of Medicine, Houston, TX, USA and [10]Division of General Internal Medicine, Carver College of Medicine, Iowa City, IA, USA

We would like to reply to Mr. Babar's Letter to the Editor[1] in response to our recently published article, "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment."[2] We appreciate the interest in our paper and agree that this is an initial step toward improving urine culturing practices. The work described was actually the prelude to an intervention to de-implement routine testing that includes multidisciplinary teamwork, personalized case-based education, and directed feedback.

We have presented ongoing work that further explores attitudes toward interventions to reduce preoperative urine testing in non-urological surgeries.[3] This research focuses on questions asked of clinician participants about the acceptability of 4 prospectively identified potential interventions to de-implement routine preoperative urine testing for asymptomatic bacteriuria: substitution of another infection prevention intervention, lab restrictions on ordering urine tests, audit and feedback on guideline concordance, and interactive workshops on evidence.

We agree that cognitive behavior modification is a necessary, yet difficult step to reducing the number of unnecessary urine tests and subsequent antibiotics. All members of the multidisciplinary team want the patient to experience the best outcomes possible while utilizing evidence-based practices. Receipt of unnecessary antibiotics can lead to worse outcomes for individual patients. Our research team aims to develop and implement interventions that help all team members achieve this common goal, while also reducing unnecessary testing and treatment and ultimately decreasing the global burden of antimicrobial resistance.

Acknowledgments. The contents presented herein do not represent the views of the US Department of Veterans Affairs or the US Government.

Financial support. This work was funded by the US Department of Veterans Affairs Health Services Research and Development Service (grant no. IIR 18-057; PIs: KG and MLS).

K.G. reports receiving consulting fees in the previous 36 months from GSK, Iterum Therapeutics, Utility Therapeutics, Spero Therapeutics, Qiagen, PhenUtest Diagnostics, and CarbX and royalties from UpToDate.

B.W.T.'s work is supported in part by the US Department of Veterans Affairs Health Services Research and Development Service (grant no. CIN 13-413) at

Corresponding author: Kimberly C. Dukes; Emails: kimberly.dukes@va.gov; kimberly-dukes@uiowa.edu

Cite this article: Walhof JEF, Schweizer ML, Gupta K, *et al.* Response to Mr. Babar's Letter to the Editor regarding "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment". *Infect Control Hosp Epidemiol* 2025. 46: 442–443, doi: 10.1017/ice.2024.216

the Center for Innovations in Quality, Effectiveness, and Safety. B.W.T. reports receiving consulting fees from Phiogen and honoraria for the George Washington Infectious Disease Board Review Course and the Warren Alpert Medical School at Brown University.

References

1. Babar A. Response to "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment." *Infect Control Hosp Epidemiol* Published online 2024;1. https://doi.org/10.1017/ice.2024.187
2. Friberg Walhof JE, Schweizer ML, Gupta K, *et al.* Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment. *Infect Control Hosp Epidemiol* Published online 2024;1–6. https://doi.org/10.1017/ice.2024.85
3. Dukes K, Walhof J, Brown M, *et al.* Acceptability of proposed stewardship interventions to reduce preoperative screening and treatment of asymptomatic bacteriuria. *Open Forum Infect Dis* 2021;8:S140. https://doi.org/10.1093/ofid/ofab466.237