*Email subject:* **[*Name the intervention*] Progress Report [#]**

# ***Instructions:***

*Use this communication template to update participating units on their respiratory bacterial culturing progress.*

*Brackets [TEXT] indicate locations to insert appropriate text (as specified within the brackets). Convert upper case and bold font within the brackets to match the rest of the email. Italicized text such as this paragraph (whether in brackets or not) indicate instructions to the reader and should be deleted before submission to respective groups/units.*

*Email text:* ***[Include a brief summary of the report contents and create dialogue to encourage unit engagement (offer to have the study team speak to nurses or physicians on the unit concerning recent progress and areas for improvement). Provide this report as a PDF attachment. Make sure to include the algorithm as a PDF attachment with every email.]***

Dear [PARTICIPATING GROUP/UNIT MEMBERS],

*INTRODUCTION TO ADDRESS PHYSICIANS:* Thank you for supporting our partnership with nurses to reduce unnecessary respiratory bacterial cultures and inappropriate treatment of perceived pneumonia in patients with a non-infectious respiratory process. Nurses are utilizing an algorithm developed by The Johns Hopkins Hospital Department of Antimicrobial Stewardship that is based on national guidelines to help front-line staff review appropriate indications for collecting respiratory specimens for bacterial culture.

*INTRODUCTION TO ADDRESS NURSES:* Thank you for your participation to reduce unnecessary respiratory bacterial cultures and inappropriate treatment of perceived pneumonia in patients with a non-infectious respiratory process.

Below are preliminary results that we would like to share with you.

* *[Include the progress report period being analyzed].*
* *[Include order culture rates (e.g., with a control chart), along with the percent change between the pre- and post-intervention periods].*
* *[Include data on appropriateness regarding indications for respiratory bacterial culture orders, along with the percent change between the pre- and post-intervention periods (if applicable)].*
* *[Make sure to highlight areas of concern or improvement].*

Please review the examples below of inappropriate reasons prescribers order respiratory bacterial cultures for:

* *[Insert up to four examples, including any of the below examples or examples specific to the participating group/unit upon chart review (if applicable)].*
* Do not send sputum cultures to assess “response” to treatment.
* Do not send a respiratory culture in a patient with isolated fever or isolated leukocytosis if signs and symptoms of pneumonia (e.g., purulent secretions, new infiltrate on CXR, new/worsened oxygen requirement, and elevated WBC count) are absent.
* Do not send cultures in asymptomatic patients upon transfer from another hospital.

**What can you do to improve your practice?**

Make it a habit to assess your patient’s signs and symptoms before ordering respiratory bacterial cultures. If you think a culture may not be indicated, let the prescriber know; cultures should be tailored based on clinical findings.

Please feel free to share this with your team and let us know if there are questions regarding the report or algorithms. We would be happy to discuss specific cases.

Thank you for your continued time and efforts on this initiative,

[ANTIMICROBIAL STEWARDSHIP PROGRAM]