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

# ***Instructions:***

*Use this communication template to update participating units on their urine 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 urine bacterial cultures and inappropriate treatment of asymptomatic bacteriuria (ASB). 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 urine specimens for bacterial culture.

*INTRODUCTION TO ADDRESS NURSES:* Thank you for your participation to reduce unnecessary urine bacterial cultures and inappropriate treatment of asymptomatic bacteriuria (ASB).

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 the number of cases of ASB treated with antibiotics, along with the percent change between the pre- and post-intervention periods (if applicable)].*
* *[Include data on appropriateness regarding indications for urine 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 urine 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)].*
* Asymptomatic patient with incidental bladder wall thickening and normal/mild pyuria UA.
* Delirium work-up in patients with dementia without fever or localizing urinary symptoms and normal UAs. For the latter, bacteriuria and delirium are both common in older people; thus, it can be difficult to understand if there is a causal relationship between these two conditions.
  + There is no evidence that delirium, falls, or confusion are symptoms of a UTI in the absence of development of symptoms related to the urinary tract such as dysuria or that asymptomatic bacteriuria is associated with delirium.
* Urine cultures to work up leukocytosis, pyuria, or altered mental status without the presence of urinary symptoms (e.g., dysuria, urinary urgency, and suprapubic or flank pain).
* Diffuse or non-suprapubic abdominal pain with a clear alternative diagnosis and lack of UTI symptoms with/without pyuria.
* Work-up for delirium, arrhythmias, etc. in patients without urinary symptoms, especially with normal UAs.
* To assess response to treatment for an existing UTI.
* Upon admission or transfer from outside hospital.

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

Make it a habit to assess your patient’s signs and symptoms before ordering urine 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]

References:

* McKenzie R, Stewart MT, Bellantoni MF, et al. Bacteriuria in individuals who become delirious*. Am J Med*. 2014 Apr;127(4):255-7. PMID: 24439075.
* Boscia JA, Kobasa WD, Abrutyn E, et al. Lack of association between bacteriuria and symptoms in the elderly*. Am J Med*. 1986 Dec;81(6):979-82. PMID: 3799658.
* Nicolle LE, Bentley DW, Garibaldi R, et al. Antimicrobial use in long-term-care facilities. SHEA Long-Term-Care Committee*. Infect Control Hosp Epidemiol*. 2000 Aug;21(8):537-45. PMID: 10968724.
* 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. *Clinical Infectious Diseases*. 2019 Mar:1-28. PMID: 30895288.