



CENTER FOR  
STEWARDSHIP  
IN MEDICINE

November 16, 2023

# IQIC 101 – Session 3

## Agenda:

- SMART Goals – John Lynch, MD MPH
- Current data & troubleshooting – Alyssa Castillo, MD
- Wrap-up

# Goal with the Data

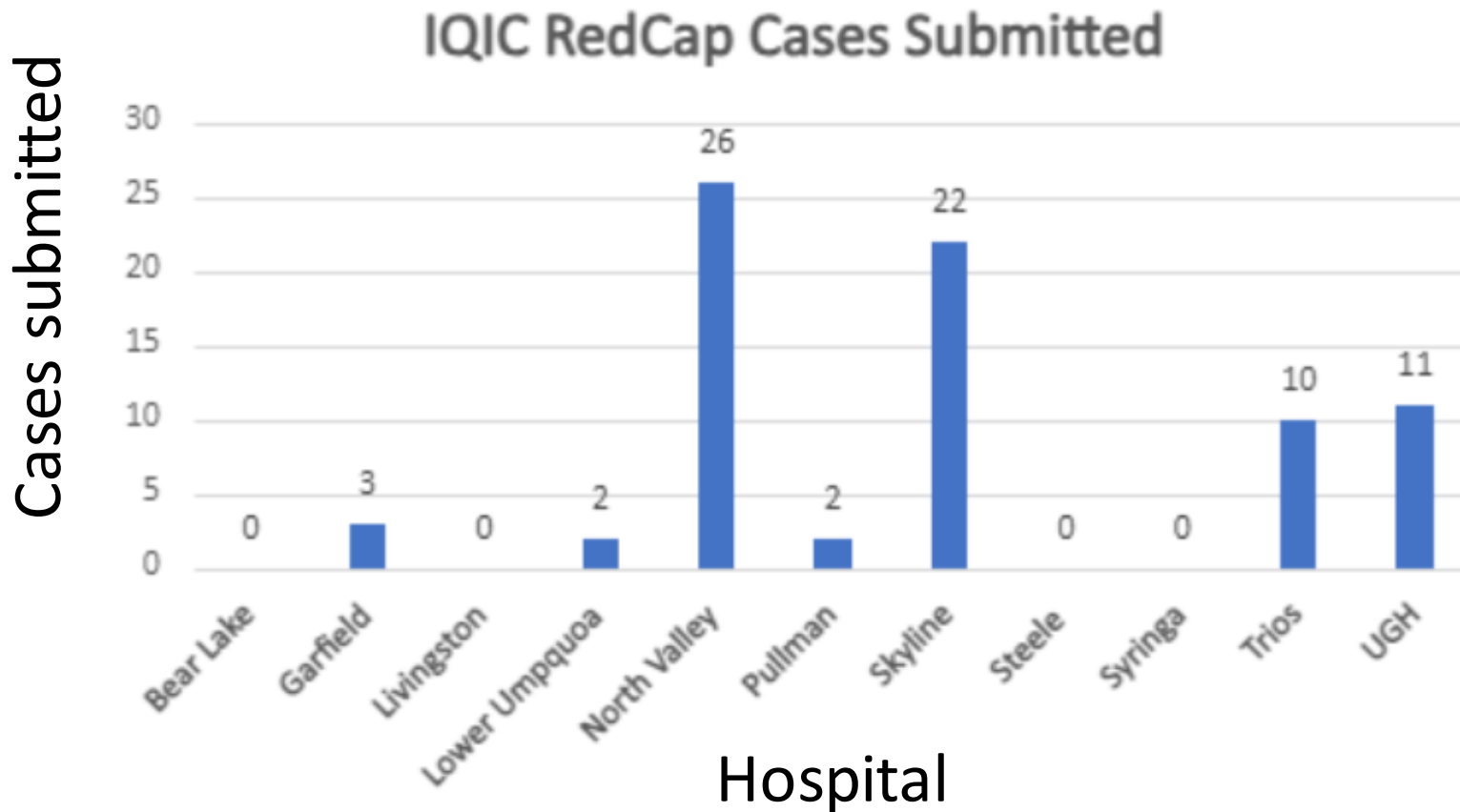
★ Help identify opportunities for improvement

- Compare prevalence and treatment rate overtime (pre/post interventions)
- Show where to focus education
- Prescribers or locations to target
- Shorten duration of therapy or optimize antimicrobial selection



# Cases Submitted Per Hospital

Total cases = 76



# Q/A

- **Q: If a patient was seen in our ER and then transferred to another facility, how should they be submitted into RedCap?**
- **A: If a patient was transferred for a condition other than sepsis due to UTI:**

5) Location at the time of culture?

\* must provide value

- ☐ Ambulatory care clinic
- ☐ ED, then discharged
- ☐ ED, then admitted
- ☐ Inpatient
- ☒ Other (ie. rehab or long-term care facility; urgent or quick care facility)

reset

5a) Other location at the time of culture?



# Q/A

- **Q:** If a patient was seen in our ER and then transferred to another facility, how should they be submitted into RedCap?
- **A:** If a patient was transferred due to sepsis secondary to UTI:

5) Location at the time of culture?

\* must provide value

- ☐ Ambulatory care clinic
- ☐ ED, then discharged
- ☒ ED, then admitted
- ☐ Inpatient
- ☐ Other (ie. rehab or long-term care facility; urgent or quick care facility)

reset



# Q/A

- **Q: The RedCap form does not have space to document how a urine sample was collected. Should we be capturing this data?**
- **A:** While this data would be great to collect, we have found that how urine culture is collected varies between facilities.

If this is of interest to your facility, consider recording this in your internal spreadsheet (where you maintain the patient MRN and case #).



# Q/A

**Q: Which patients should I include to submit into the REDCap survey?**

**A: ANY patient that had a urine culture obtained regardless of the result**

- Absence or presence of UTI symptoms
- Urine culture result:
  - No growth
  - Colony count:
    - 1,000 to 10,000 CFU/mL
    - 11,000 to 50,000 CFU/mL
    - 51,000 to 100,000 CFU/mL
    - >100,000 CFU/mL



# Q/A

**Q: Urine culture report identifies large number of clinic, urgent care, and hospitalized patients. If number of patients on report > ability to submit each patient, how should one determine specifications for the organization (location, sample size)?**

**A:**

- Going to be institution specific! Would be great to have representation for all locations, if you have the ability.
- Number of cases submitted for each location dependent on feasibility. Set goal to submit X cases/location/week and adjust.



# Q/A

**Q: If all is negative on a urinalysis (specific gravity, pH, nitrates, leukocyte esterase, blood, ketones) and it reflexed to culture, should I submit or omit these cases?**

**A:**

- Submit cases – could identify opportunities for diagnostic stewardship



# Wrap-up and Next Steps



# Homework: Plan & Do

Data Phase	Case Goal	Progress Goal	Start Date	Last Submission Date
Baseline	≥30 cases	1-2 cases/week <u>or</u> 5 cases/month	10/5/2023	3/31/2023 <sup>4</sup>

- ☐ Start collecting and submitting data
- ☐ Formulate your first SMART goal (focused on data collection)
- ☐ Sign up for your first coaching session
  - Email to follow from Maria with link



# Scott's Thoughts



**On setting SMART goals:**

*"You should never settle for who you are." - Michael Scott*

**Next Session: December 14, 2023**

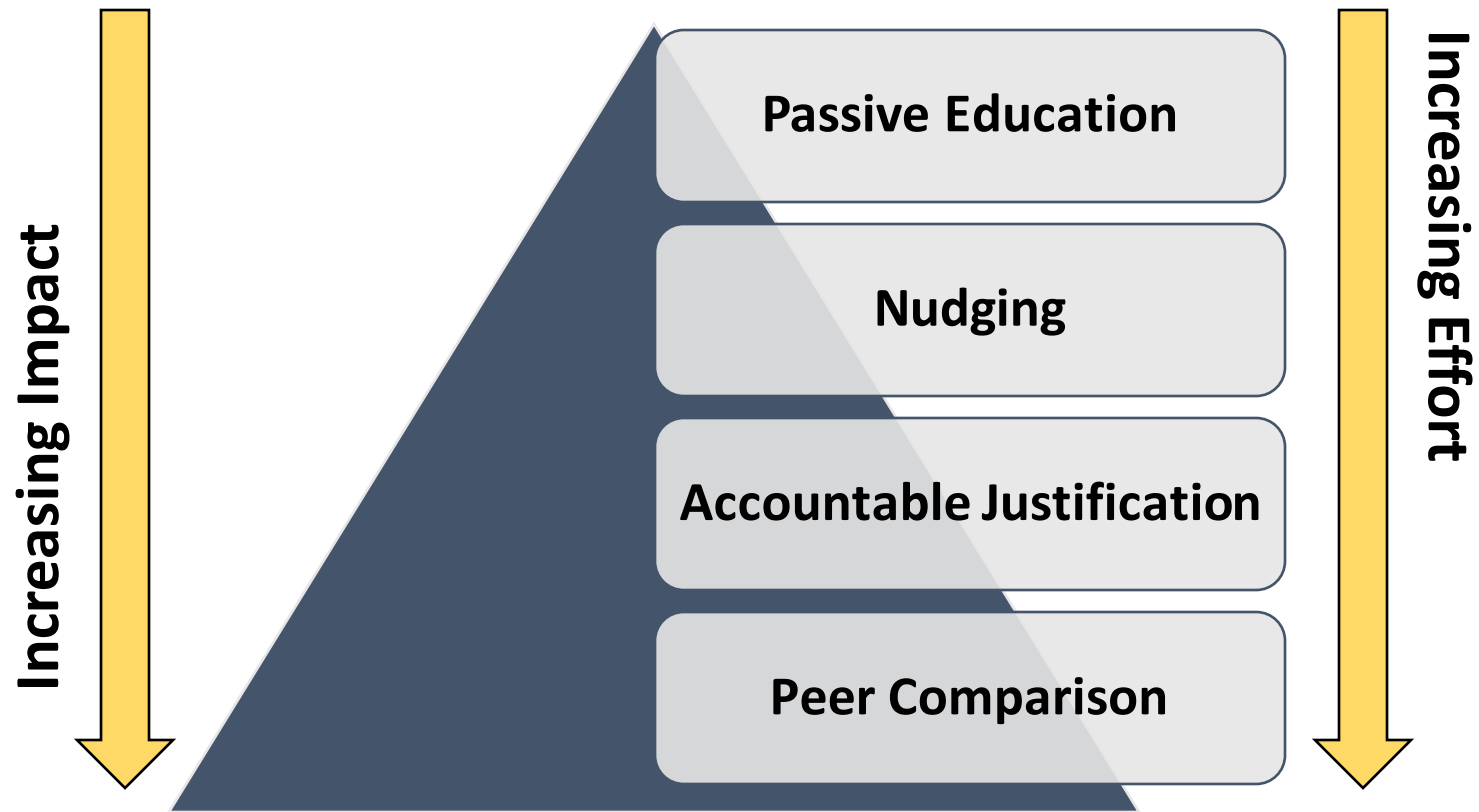
Antibiotic Harms – Whitney Hartlage, PharmD

Behavior Change & Effective Conversations –

Ayssa Castillo, MD



# Behavioral Interventions Reduce Inappropriate Antimicrobial Prescribing

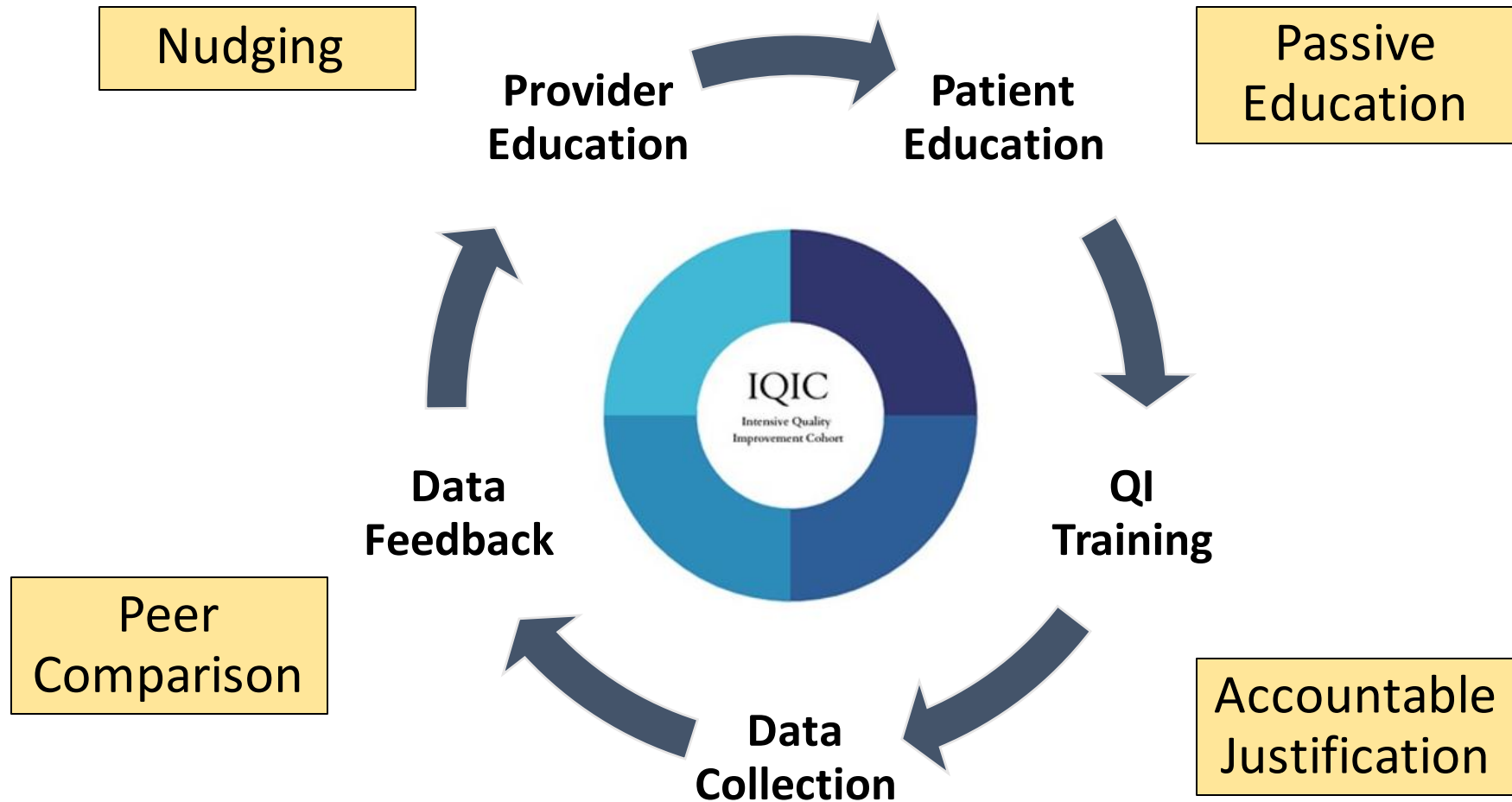


Meeker D et al. JAMA. 2016; 315(6):562-70. doi:10.1001/jama.2016.0275.

Meeker D et al. JAMA Intern Med. 2014; 174(3):425-31. doi: 10.1001/jamainternmed.2013.14191



# Multimodal Antimicrobial Stewardship Strategy



**U.S. ANTIBIOTIC  
AWARENESS WEEK**  
November 18–24, 2022  
[www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use)



**BE  
ANTIBIOTICS  
AWARE**  
SMART USE, BEST CARE



## CDC Antibiotic Awareness Week ASB Playbook

### Website Resources

1. [Urine Culture Stewardship in Hospitalized Patients](#)
  - a. Addresses urine culture stewardship for patients with or without indwelling urinary catheters
  - b. Links to additional resources for healthcare professionals
2. [Catheter-associated urinary tract infections](#)
  - a. FAQs about CAUTI for patients
  - b. Links to additional resources for healthcare professionals
3. [Criteria for defining UTI events](#)
  - a. For patients with: symptomatic UTI, catheter associated UTI, asymptomatic bacteriuria

### Handouts

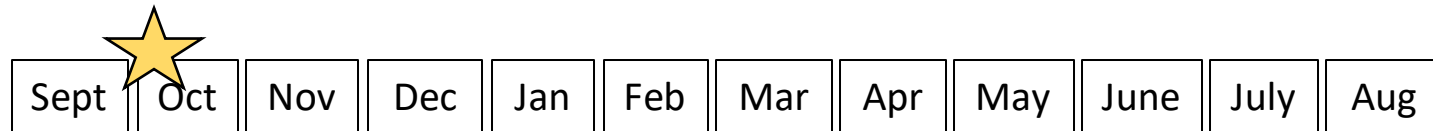
#### Patients

1. [Improving Antibiotic Use](#)
2. [Do you need antibiotics?](#)
3. [What are antibiotic-resistant bacteria?](#)
4. [Do antibiotics have side effects?](#)

#### Healthcare Professionals

1. [Avoid Treatment of Asymptomatic Bacteriuria](#)
2. [Be Antibiotics Aware: Protect your patient](#)
3. [Be Antibiotics Aware: At Hospital Discharge](#)

# Deliverable Goals



## Attend 12 monthly didactic sessions

12

## Attend 4 coaching sessions

4

## Set a SMART goal

## By February

**Collect data** (on rate of ASB and prescribing practices for ASB)

## Baseline Data

## Peri-intervention Data

## Record process in PDSA cycle

## Throughout the year

## Present 5 min final presentation

1

# Homework: Plan & Do



- **Set improvement goal**
  - Predict what will happen
  - Plan who, what, when, where, how
- **Attend coaching sessions**
- **Gather and submit data**
- **Education**

Data Phase	Case Goal	Progress Goal	Start Date	Last Submission Date
Baseline	≥15 cases	1-2 cases/week <u>or</u> 5 cases/month	10/1/2022	12/31/2022



# Scott's Thoughts



**Before having any data to drive decisions:**  
*“And I knew exactly what to do, but it a much more real sense, I had no idea what to do” - Michael Scott*

**Next Session: Thursday, November 17**  
SMART Goals  
Deeper dive into ASB cases



# Thank you!

## Questions?

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