



17 May 2022

Reducing Rates of Diagnosis and Treatment of Asymptomatic Bacteriuria at HMC

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Why this project?



Aug 2021



The First Step



Aug 2021



Lofty Goals...

Aim Statement

By March 1, 2022, we aim to reduce the percentage of urine cultures obtained in adult patients who are seen in the HMC Emergency Department without coinciding urinary symptoms by 25%.



The First Surprise

Review of 146 UA + Ucx orders

- 15% from ED Trauma Orderset
- 9.5% from Psych PES Orderset
- Scattered 1-3 from ED RN Ordersets

But....

- 46% from ED "Quicklist"
- Remainder ? *a la carte*



Aug 2021

Oct-Nov 2021

Meet w/ ED

Test Data Pull



Unexpected Setbacks...

Orderset changes are
not the answer!



Aug 2021

Oct-Nov 2021

Feb 2022

Meet w/ ED

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Meet w/ ED



Orders

Quick List

All Orders

Cosign Orders

Order Sets

Favorites (1)

UWM LEFT WITHOUT BEING SEEN

Quick Orders

Imaging

Meds

Nursing

Labs

POCUS

Hematology

- CBC with Diff
- CBC
- Prothrombin Time
- Partial Thromboplastin Time
- D-Dimer, Quant

Chemistry

- Basic Metabolic Panel
- Comprehensive Metabolic Panel
- Magnesium
- POC Glucose, Whole Blood - Docked
- L Lactate, Venous Plasma (To U/H Lab > 30 Min)
- Hepatic Function Panel
- Lipase
- Urinalysis with Reflex Culture

ID Labs

- Blood Cultures x 2
- Enteric Pathogens Panel
- C-Reactive Protein
- Erythrocyte Sedimentation Rate
- Mononucleosis Test
- Group A Strep, Rapid Detection
- Culture CSF w/Gram
- Culture Body Fluid, Bacterial w/ Stain

Diagnostics Other

- EKG 12-Lead

Public Health Screening

- HIV Antigen and Antibody Screen

Move UCx?

Add simple UA?

Back to Square One



Orderset changes are not the answer!



“It used to be there! Previously removed due to QI cases where cultures were missed.”

Omicron

Aug 2021

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Feb 2022

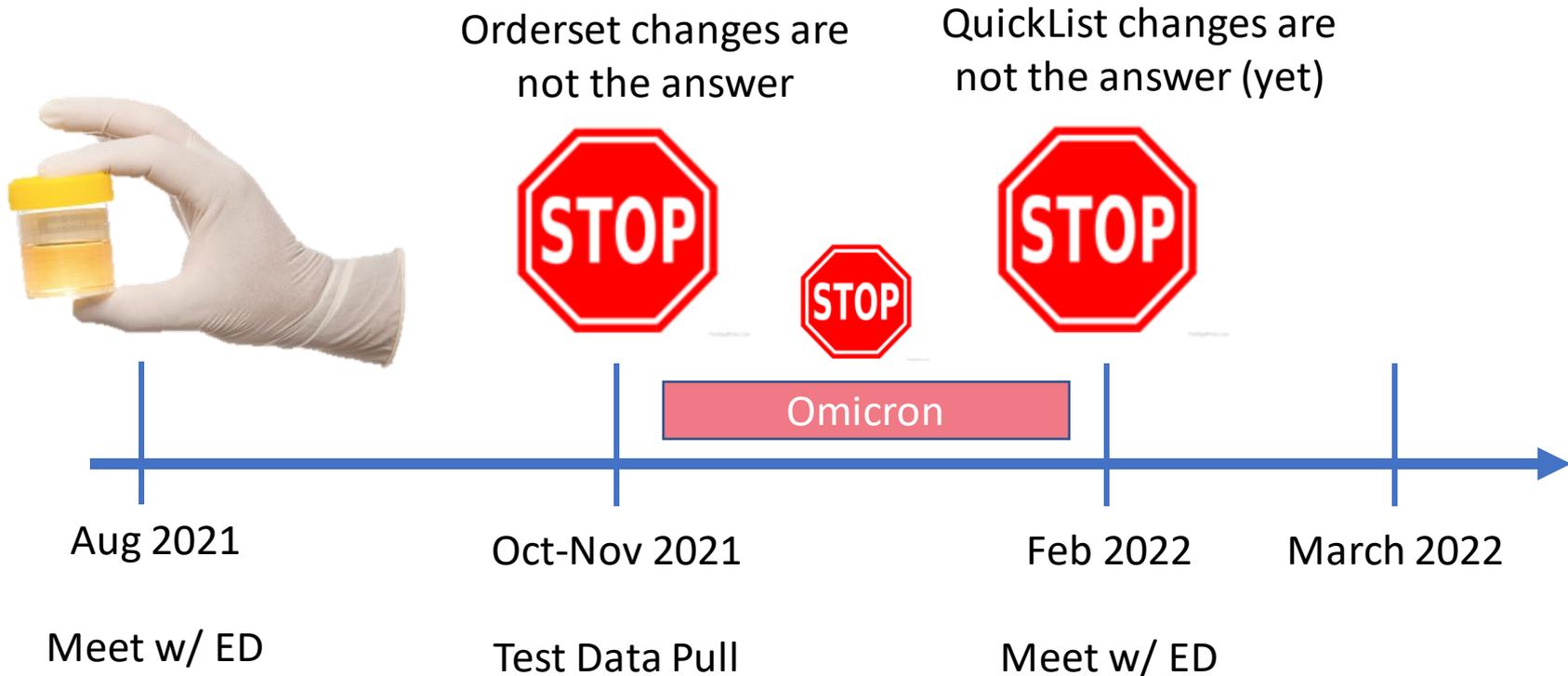
Meet w/ ED

Test Data Pull

Meet w/ ED



Another Unexpected Setback



Feeling Deflated?



Let's Reframe This!

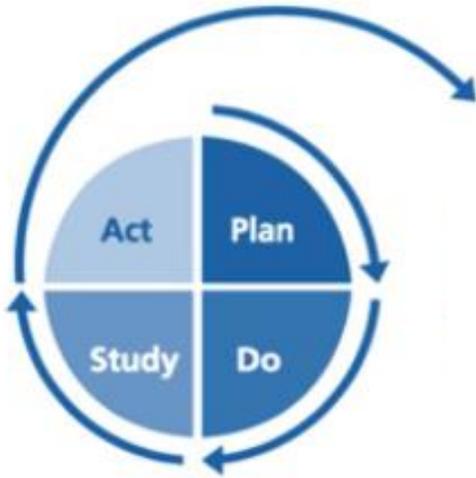
**“I haven't failed. I've just found
10,000 ways that don't work.”**

- Thomas Jefferson



PDSA Cycle 1

Orderset Changes



P: Remove reflex Ucx
from Trauma orderset

D: Evaluate the data

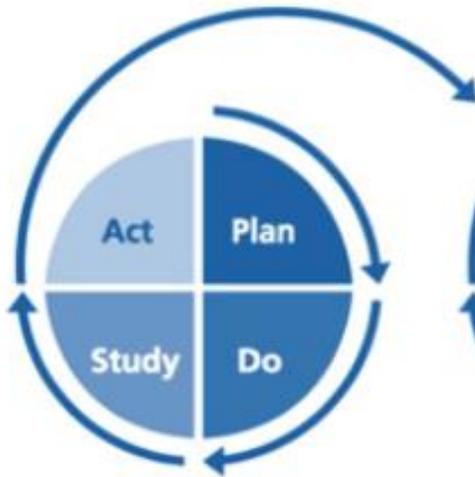
S: This is not a driving
contributor!

A: Do **not** implement –
low-yield intervention

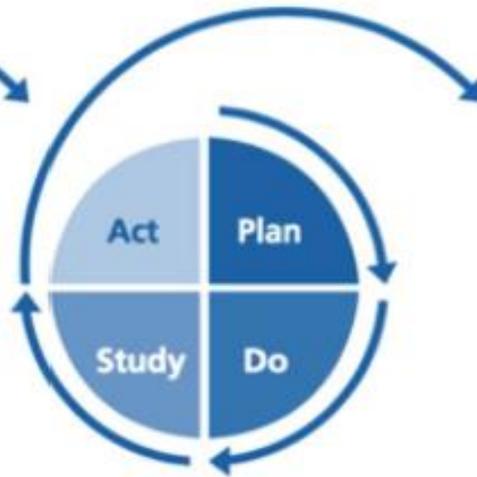


PDSA Cycle 2

Orderset Changes



Quicklist Changes



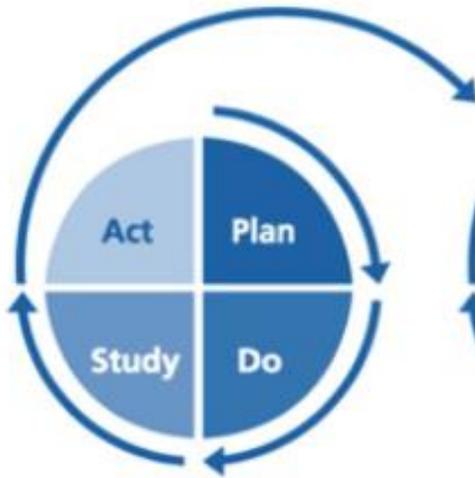
P: Remove reflex Ucx from Trauma orderset
D: Evaluate the data
S: This is not a driving contributor!
A: Do **not** implement – low-yield intervention

P: Add a simple UA to Quicklist
D: Discuss w/ ED colleagues
S: Significant resistance!
A: Do **not** implement – insufficient buy-in

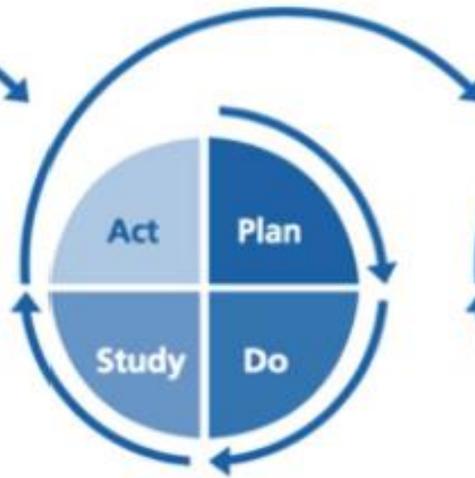


PDSA Cycle 3

Orderset Changes



Quicklist Changes



Education



P: Remove reflex Ucx from Trauma orderset
D: Evaluate the data
S: This is not a driving contributor!
A: Do not implement – low-yield intervention

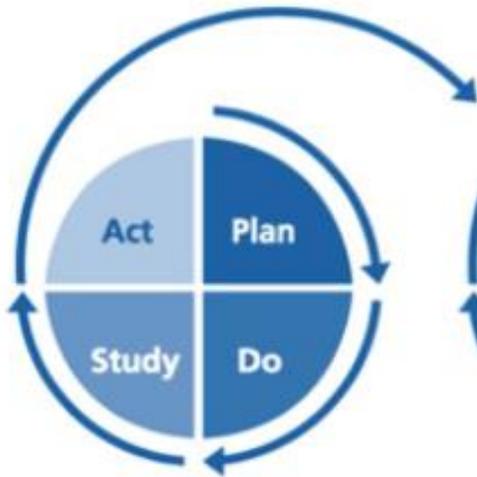
P: Add a simple UA to Quicklist
D: Discuss w/ ED colleagues
S: Significant resistance!
A: Do not implement – insufficient buy-in

P: Intensive education re: harms of ASB diagnosis and treatment in high-utilization group
D: Evaluate the data!

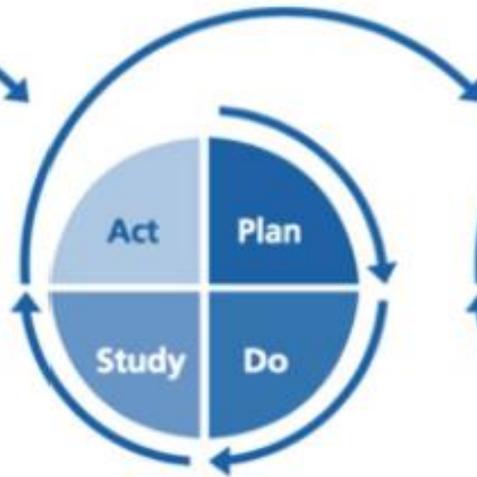


PDSA Cycle 4 and beyond!

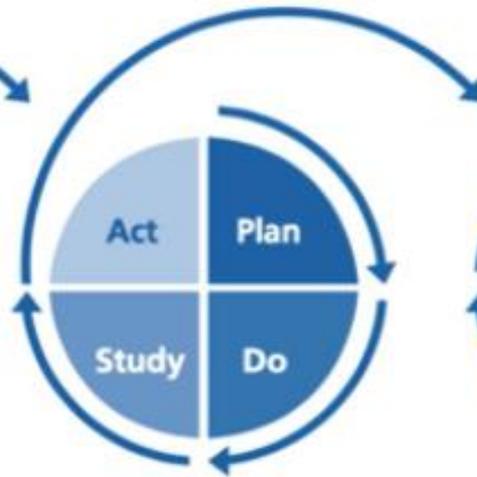
Orderset Changes



Quicklist Changes



Education



???



P: Remove reflex Ucx from Trauma orderset
D: Evaluate the data
S: This is not a driving contributor!
A: Do not implement – low-yield intervention

P: Add a simple UA to Quicklist
D: Discuss w/ ED colleagues
S: Significant resistance!
A: Do not implement – insufficient buy-in

P: Intensive education re: harms of ASB diagnosis and treatment in high-utilization group
D: Evaluate the data!



My Lessons Learned

- Prioritize understanding the problem and the process as fully as you can—keep asking questions!
- Nothing can replace knowing and exploring the data
 - It's time-consuming but will save time in the long-run!
- Give yourself credit for the knowledge learned—even if through trial-and-error

