



Asymptomatic Bacteriuria:

Tips and Tricks to Reduce the Urge to Treat

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OVERVIEW

Scope of the problem

Mental models that lead to over-testing

Sociobehavioral strategies and nudges

Applying these strategies to Asymptomatic Bacteriuria



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Scope of the problem

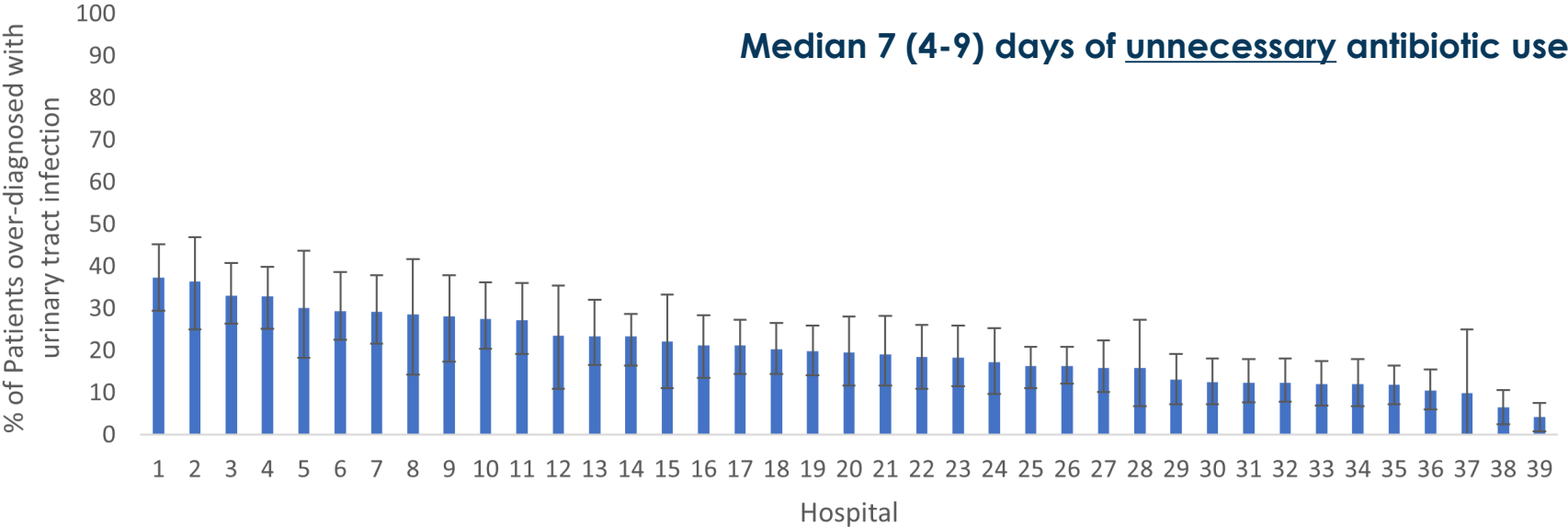
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Patients Treated for UTI that Actually Have ASB



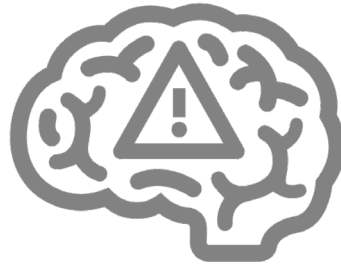


Risk Factors for Treatment of Asymptomatic Bacteriuria in Hospitalized Patients: **2733 patients, 46 hospitals**



Age

OR 1.1/10 years



Dementia

OR 1.6



Incontinence

OR 1.8

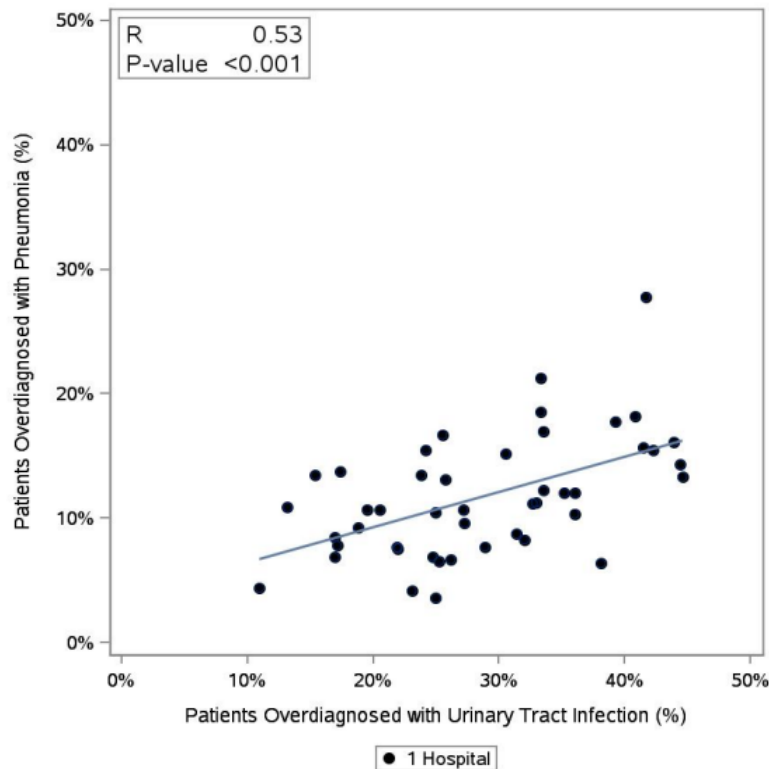


Altered

OR 1.9



Over-diagnosis of PNA is Associated with Over-diagnosis of UTI





Outcomes Associated with Treatment of Asymptomatic Bacteriuria in Hospitalized Patients: **2733 patients, 46 hospitals**

Treatment of ASB was associated with longer duration of hospitalization after urine testing (3→4 days)

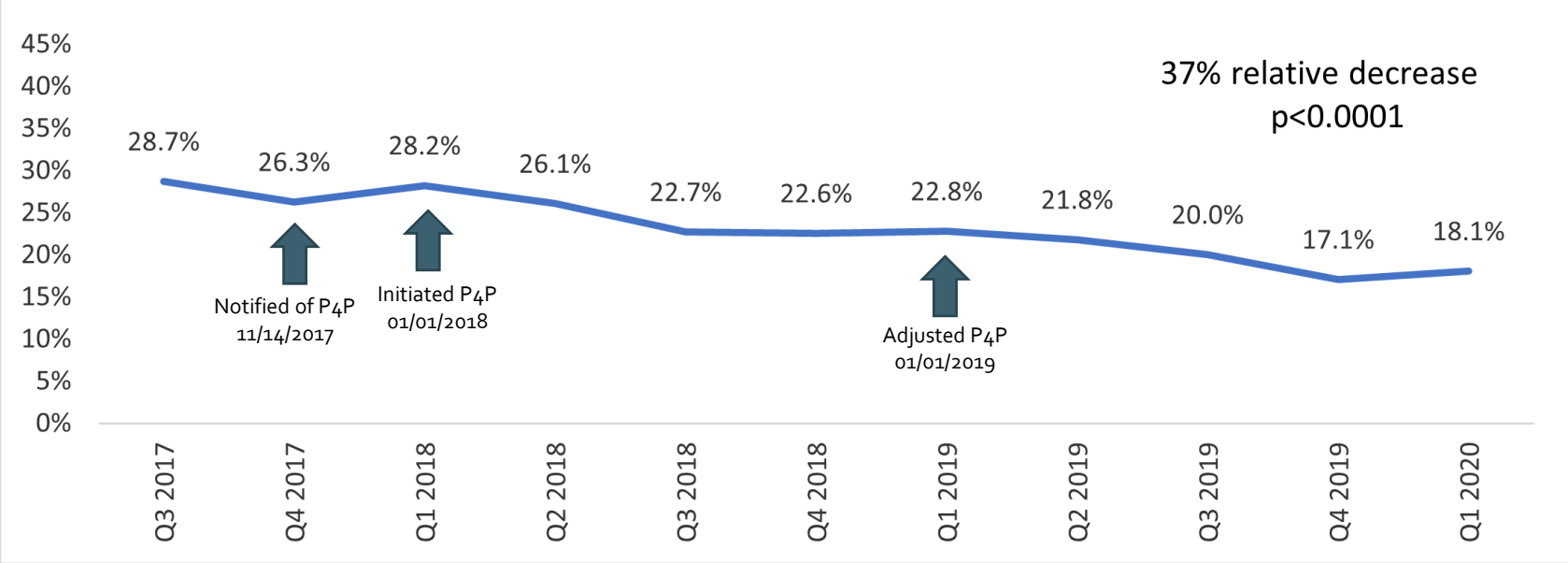
Treatment did not reduce mortality, readmissions, ED visits

Diagnostic stewardship vs. Antibiotic stewardship?

**Reducing use of
inappropriate urine
cultures**

**Reducing treatment of
asymptomatic patients with
positive urine cultures**

Quarterly Percentage: Patients Treated for UTI that Actually Have ASB



Pearl #1

80% of reduction of
unnecessary antibiotic use
was due to decrease in
inappropriate urine testing

Pearl #2

ASB diagnostic stewardship *hasto* start in the ED

ED clinicians order 80% of urine cultures in patients with ASB treated with antibiotics and initiate antibiotic therapy in 69%

Over 80% of patients with ASB started on antibiotics by an ED clinician remain on antibiotics on day 3 of hospitalization. (diagnostic momentum)

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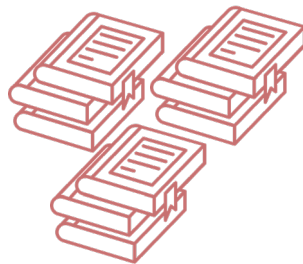
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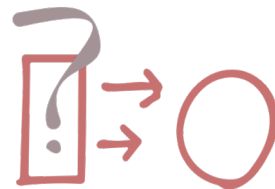
Three mental models that lead to over-testing



Reflexive
Testing

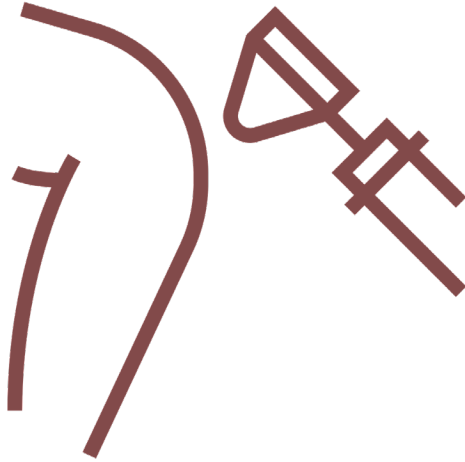


More
Data → More
Comfort



Misunderstanding
Normal vs.
Abnormal

Reflexive Testing

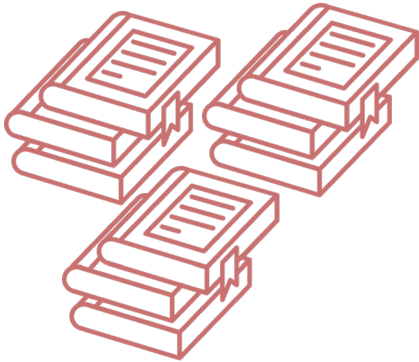


Habitual testing

- Disease
- Symptoms
- Circumstance (e.g., pre-op, upon arrival to ED)

More Data → More Comfort

“Just in case” testing

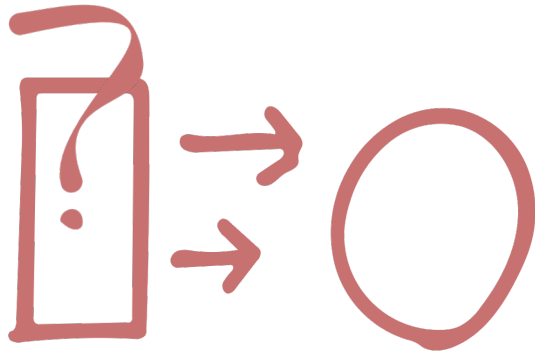


Jeff visits the doctor for his runny nose.



You're probably fine. But just to be on the safe side, let's get a CT scan, MRI, and 18 tubes of bloodwork

Misunderstanding Normal vs. Abnormal



Diagnostic testing for
normal “symptoms”



“The patient’s urine is dark and **smelly**, so I went ahead and sent a urine culture”

OVERVIEW

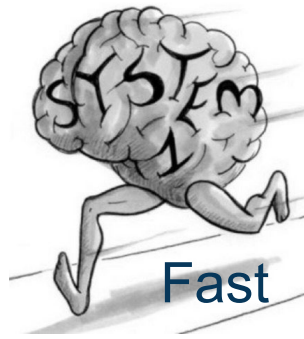
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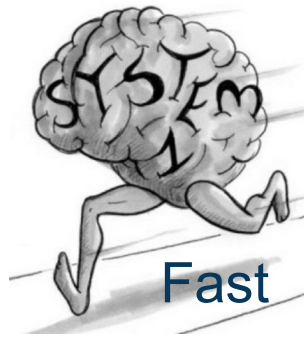
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Reflexes
Gut reactions
Habits

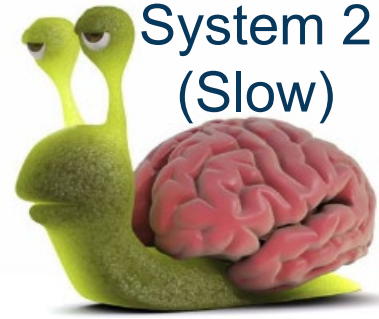
Daniel Kahneman. Thinking Fast and Slow. 2011



Reflexes
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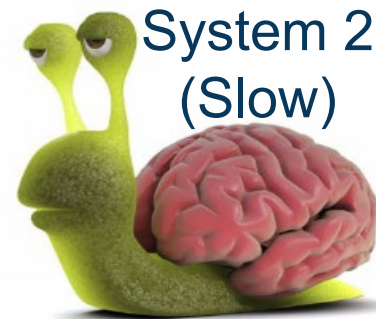
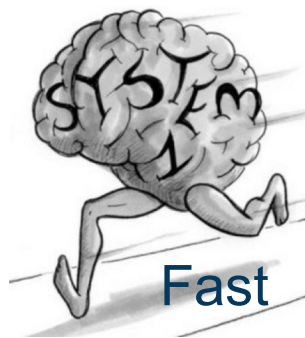
Prone to
cognitive biases
(often repetitive,
predictable)

Daniel Kahneman. Thinking Fast and Slow. 2011



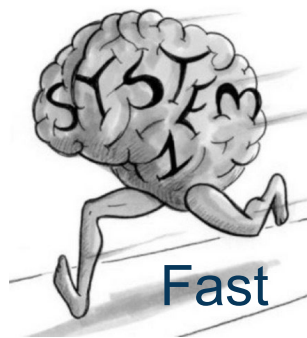
Deliberating
Weighing options

Cognitively burdensome



Poor attention (Multi-tasking)
Time pressure
High stress
Fatigue

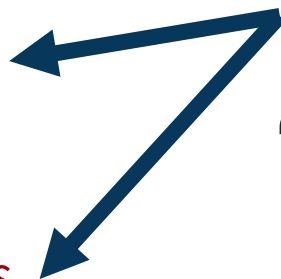




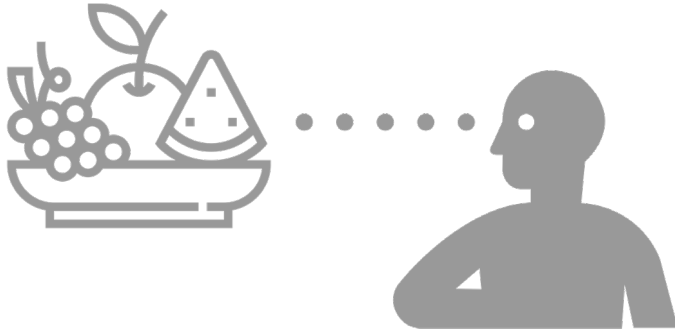
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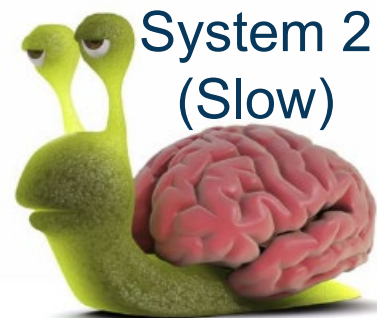
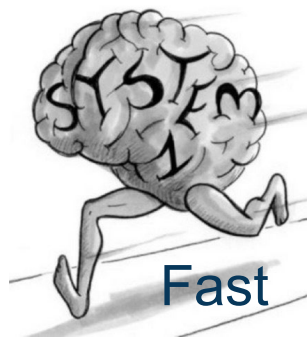
Prone to cognitive biases
(often repetitive,
predictable)

Take advantage of
these biases--
“nudging”
“choice architecture”



“Any aspect of the choice architecture that alters people's behavior in a **predictable** way **without forbidding any options** or significantly changing their economic incentives”





Sociobehavioral strategies
Change the social norms to
influence choice

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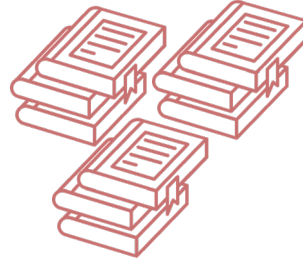
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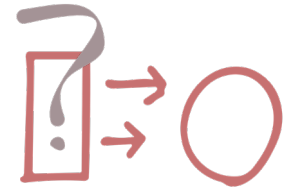




Reflexive
Testing



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Reflexive Testing

Sociobehavioral

Avoid ordering diagnostic tests *before* examining patients



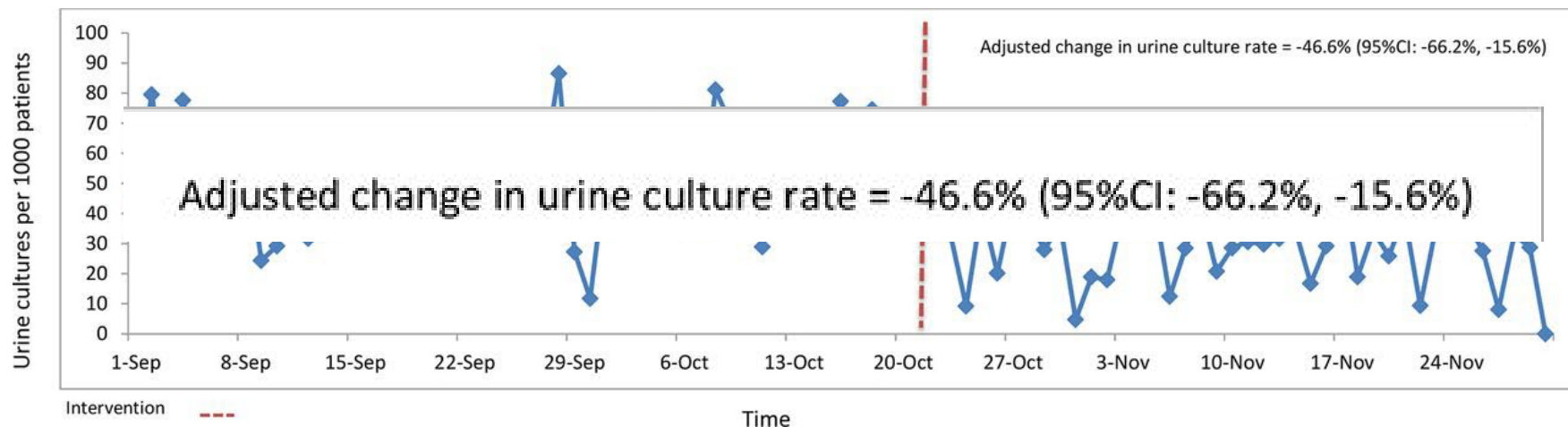
Less efficient

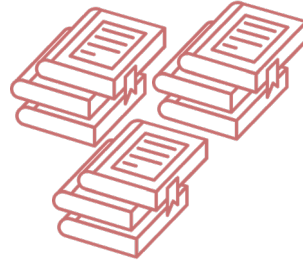
Nudge

Remove urine cultures from admission or ED ordersets.
(ordering is no longer automatic, thus requires MORE effort to order)

‘Urinalysis with reflex to microscopy’

All other urine tests required additional mouse clicks





More
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Comfort

Sociobehavioral

Practice, teach, and encourage mindful diagnostic testing

Mindfulness-Based Laboratory Reduction: Reducing Utilization Through Trainee-Led Daily “Time Outs”

THE AMERICAN
JOURNAL *of*
MEDICINE®

“Afternoon sign-out was modified to include a “time out” briefly addressing any required laboratory testing for the following day. Junior residents and medical students would propose tests to the senior residents and faculty who would, in turn discuss both value and necessity.”

10

fewer tests
per patient (25→15)

32%

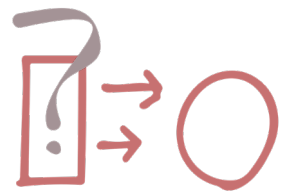
reduction in
per-patient cost

\$50,657

estimated
savings

Nudge

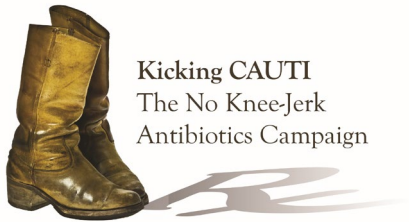
No urine cultures with negative UAs



Misunderstanding
Normal vs.
Abnormal



Kicking CAUTI
The No Knee-Jerk
Antibiotics Campaign



Fast and frugal algorithm



Pyuria, cloudy urine, and foul smell are not symptoms of UTI

Urine cultures in patients with catheters decreased by nearly 50%, overtreatment of catheter-associated ASB fell by nearly two-thirds

Nudge

Hiding urine culture results in non-catheterized patients.

BRIEF REPORT

CID 2014;58 (1 April)

Reducing Antimicrobial Therapy for Asymptomatic Bacteriuria Among Noncatheterized Inpatients: A Proof-of-Concept Study

Jerome A. Leis,^{1,2} Gabriel W. Rebick,¹ Nick Daneman,¹ Wayne L. Gold,¹
Susan M. Poutanen,^{1,3,4} Pauline Lo,³ Michael Larocque,³
Kaveh G. Shojania,² and Allison McGeer^{1,3,4}

¹Division of Infectious Diseases, Department of Medicine, University of Toronto;

²Department of Medicine, University of Toronto Centre for Quality Improvement and Patient Safety; ³Department of Microbiology, University Health Network/Mount Sinai Hospital, Toronto; and ⁴Division of Medical Microbiology, Department of Laboratory Medicine and Pathobiology, University of Toronto, Ontario, Canada

Positive Urine Culture

Reflex



Antibiotic Use

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Positive Urine Culture

Renex

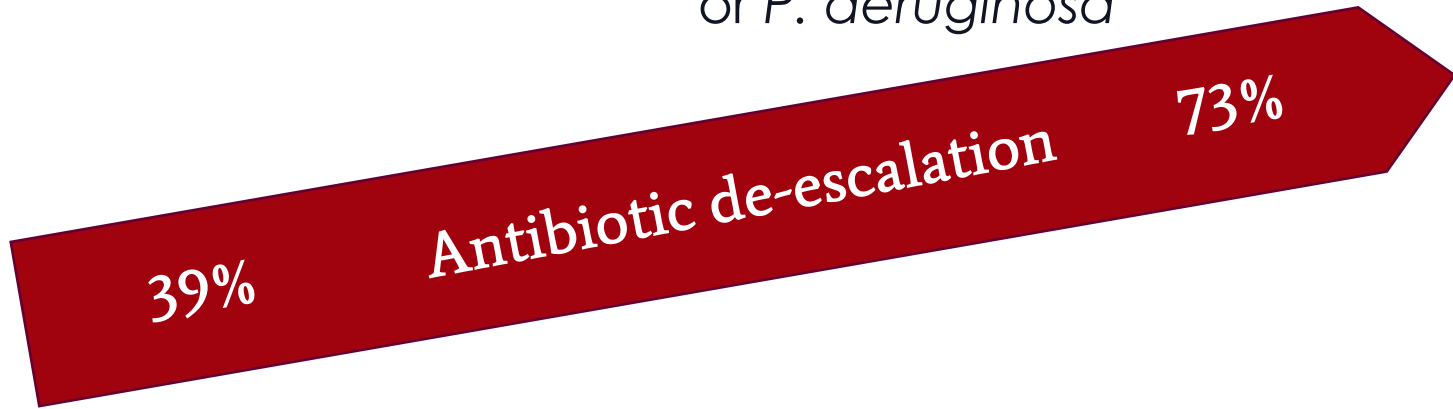
Antibiotic Use

“The majority of positive urine cultures from inpatients without an indwelling urinary catheter represent asymptomatic bacteriuria. If you strongly suspect that your patient has developed a urinary tract infection, please call the microbiology laboratory.”

Rates of antibiotic treatment for asymptomatic bacteriuria fell from 48% to 12%

Nudge

Framing culture results.



Practical Takeaways

Antibiotic treatment in asymptomatic bacteriuria associated with **longer length** of stay → *leadership*

Diagnostic stewardship is critical for ASB

Diagnostic stewardship HAS to involve the ED

Sociobehavioral Strategies and Nudges:

Remove cultures from ordersets, frame test results, implement diagnostic timeouts, use algorithms, maybe reflex cultures



Questions?

Keep In Touch!



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