



January 27, 2022

UW-TASP | Flex Program | HRSA

- **QI Project: Asymptomatic Bacteriuria**

Today's Schedule

Reflecting on Reflexing: A Pro/Con Debate

Chloe Bryson-Cahn MD &
Zahra Kassamali Escobar PharmD

New Data Collection Tool
Whitney Hartlage, PharmD



The Objective of this Cohort

To locally adapt antimicrobial stewardship strategies and optimize patient care



Reflecting on Reflexing

Urine cultures
should be reflexed
from UA!

UA reflex is a farce!

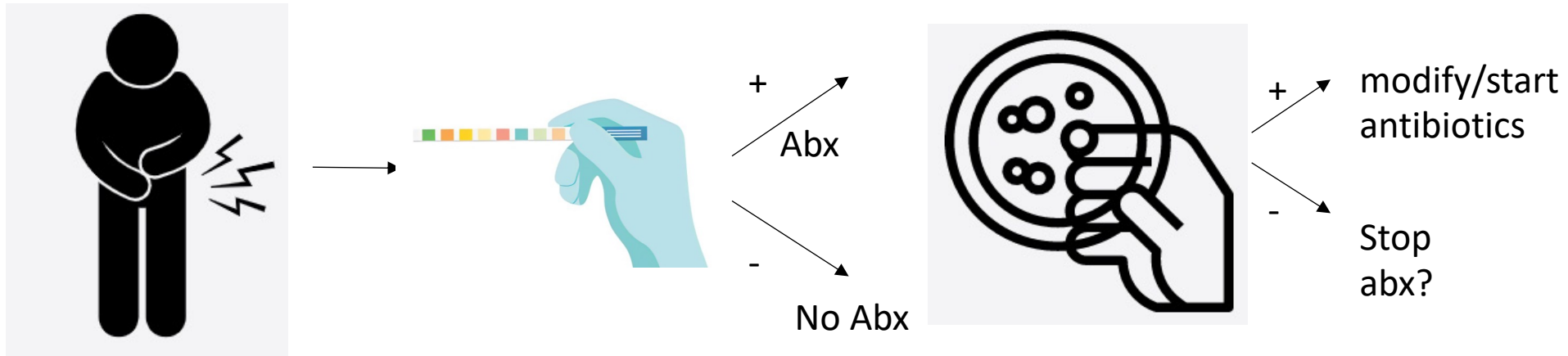


Positive Predictive Value & Negative Predictive Value

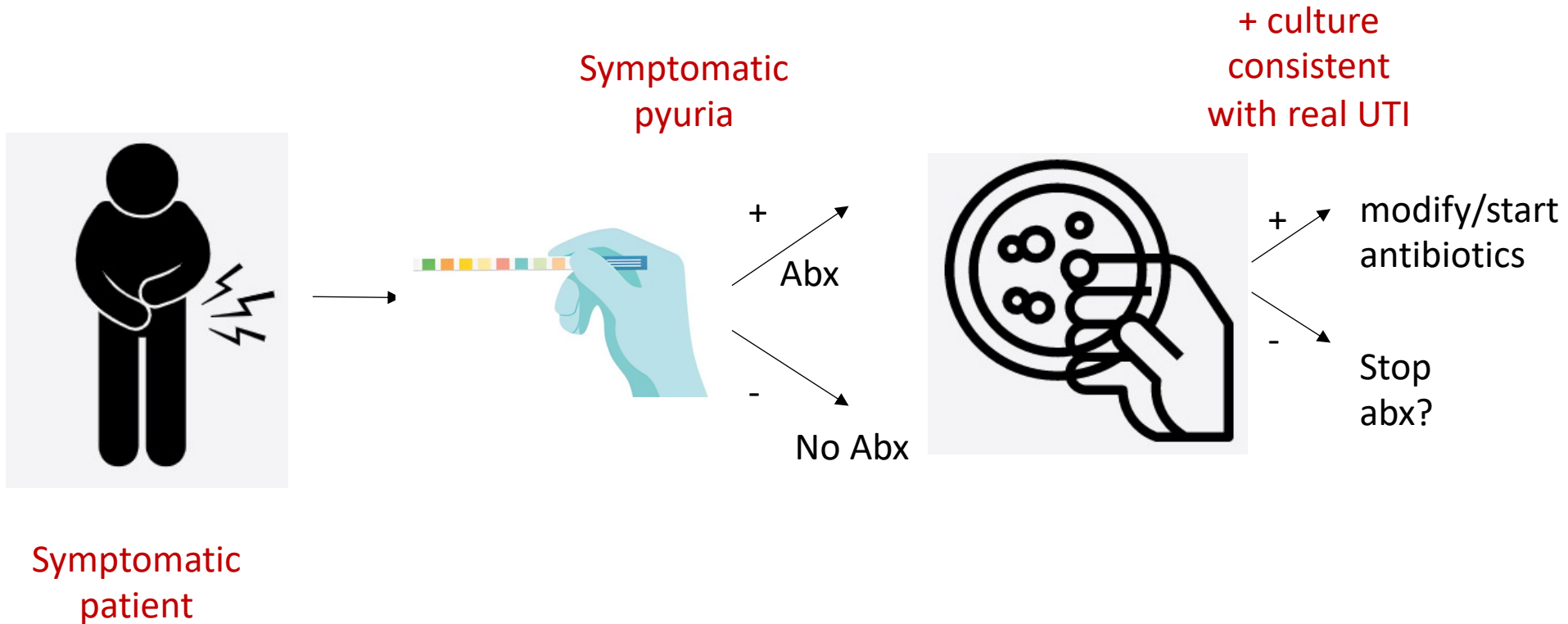
- PPV - probability that someone with a positive test actually has the disease
- NPV – probability that someone with a negative test actually has NO disease



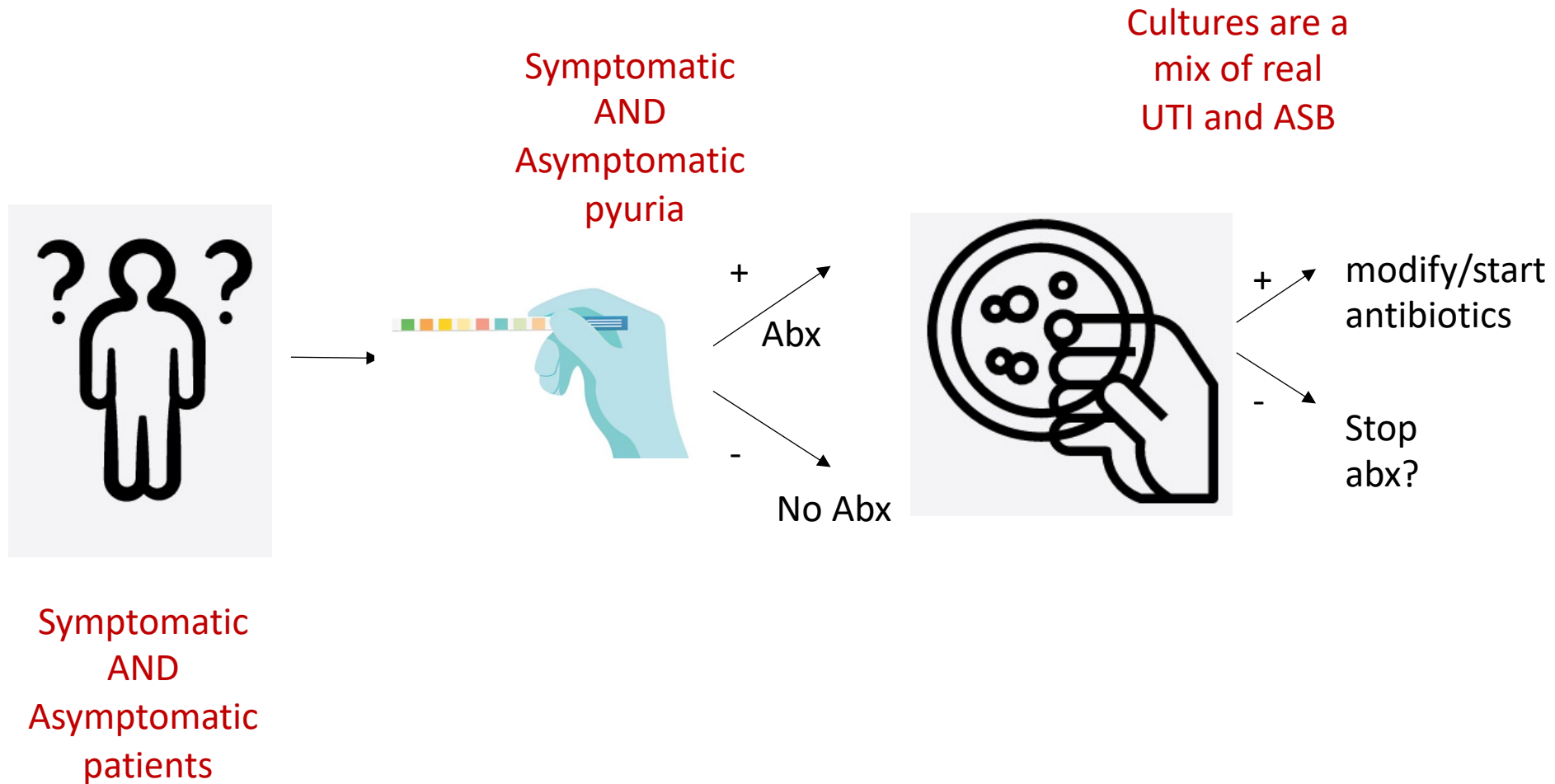
Ideal State (non-sepsis)



Ideal State (non-sepsis)



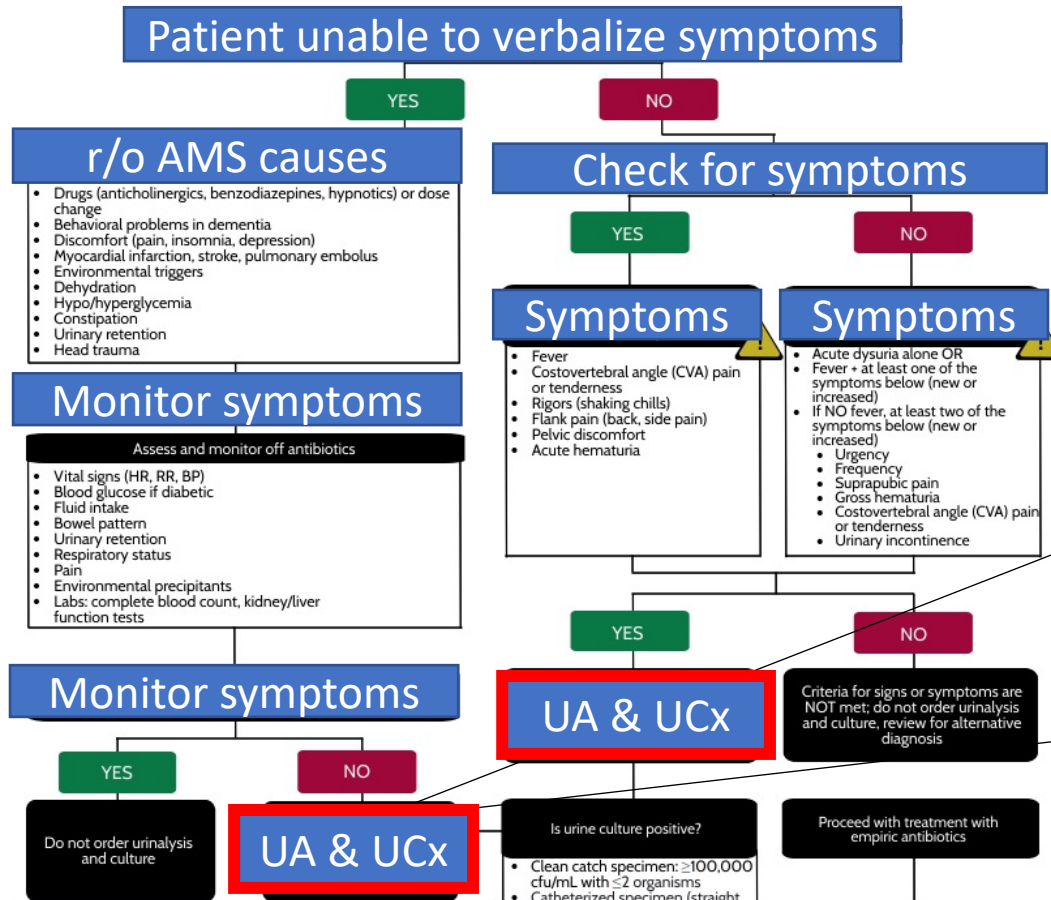
The Problem



Laboratory Diagnostics and UTI:

Tract Infections (UTI) Algorithm

Diagnosis of UTI requires clinical signs and symptoms of UTI and a positive culture.
This algorithm is not intended for patients that meet sepsis criteria.



Note: Using UA/Urine culture doesn't come in until the bottom of this algorithm

If specific urinary signs symptoms or fever, then obtain urinalysis and culture



Urine Analysis: What are we looking at?

GROUP	COMPONENT	DATA
URINALYSIS	Color,Urine	Yellow
	Clarity, Urine	Clear
	Glucose, Urine	Negative
	Bilirubin Urine	Negative
	KETONES, URINE	Negative
	Specific Gravity, ...	>=1.030 ▲
	Blood, Urine	Moderate !
	pH, Urine	5.5
	Protein, Urine	100 !
	Urobilinogen, Urine	0.2
	Nitrite, Urine	Negative
	Leukocyte Esterase...	Small !
	WBC, Urine	11-25 !
	RBC, Urine	0-3
	Bacteria, UA	Moderate !
	Squamous Epithelia...	Moderate !
	Hyaline Casts, Urine	0-5

UA Component	Indicates Presence of	Normal range
Nitrite	Gut bacteria (e.g. <i>E.coli</i>)	Negative
Leukocyte Esterase	WBCs	Negative
WBC	Pyuria	(0, 5)
Bacteria	Bacteria	None



Urine Analysis:

Pros of starting with this test (clinical)

- Rapid turnaround
- Point of Care Test (POCT)
- High negative predictive value (NPV*)
to rule-out UTI

*NPV = probability that someone with a negative test actually has NO disease



Urine Analysis:

Pros of starting w this test (stewardship)



- Reduces burden of urine cultures in micro lab



- Avoid unnecessary initial antibiotics



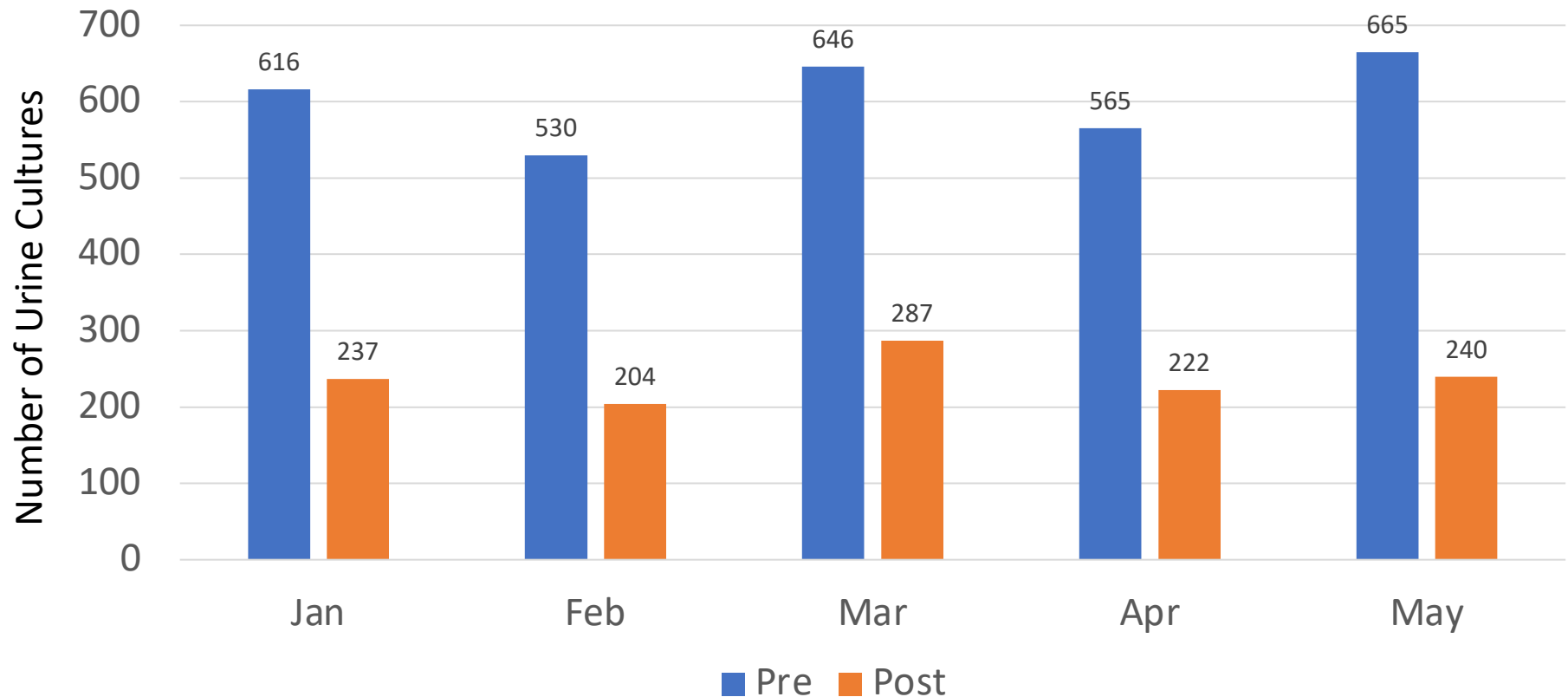
- Negative result to change the diagnostic momentum



Reducing burden of urine cultures in micro lab



Urine cultures before & after change in UA reflex criteria



Valley Medical Center. Urine cultures reflexed from UA before and after UA criteria change. Jan-May 2021.




Challenge: What Reflex Criteria to Use?

	Microscopic Analysis Reflex Criteria	Current Culture Reflex Criteria (any 1 of the following)	Future Culture Reflex Criteria (Requires both)
Nitrites	Positive	Positive	N/A
Leukocyte Esterase	\geq Small	\geq Small	N/A
Blood	\geq Trace	N/A	N/A
Protein	\geq 30 mg/dL	N/A	N/A
WBC	N/A	>5 / hpf	> 10 / hpf
Bacteria (microscopic)	N/A	N/A	\geq Moderate



A Little more on Reflex Criteria to Use

UA Component	Indicates Presence of	Normal range	Negative Predictive Value Likelihood of negative urine culture	Positive Predictive Value Likelihood of positive urine culture
Nitrite	<i>E.coli</i> , <i>K.pneumo</i> , other gut bacteria	Negative	86%	 38% (24-52) Increasing variables = increased PPV
Leukocyte Esterase	WBCs	Negative	93%	
WBC	Pyuria	(0, 5)	92%	
Bacteria	Bacteria	None	96%	

Humphries and Bard. J Clin Microbiol 2016;54(2):254-258.

Pallin. Open Forum Infect Dis 2014; 1(1) doi: 10.1093/ofid/ofu019.

Marques. Einstein(Sao Paulo) 2017; 15(1) doi: [10.1590/S1679-45082017AO3936](https://doi.org/10.1590/S1679-45082017AO3936)



Urine Analysis:

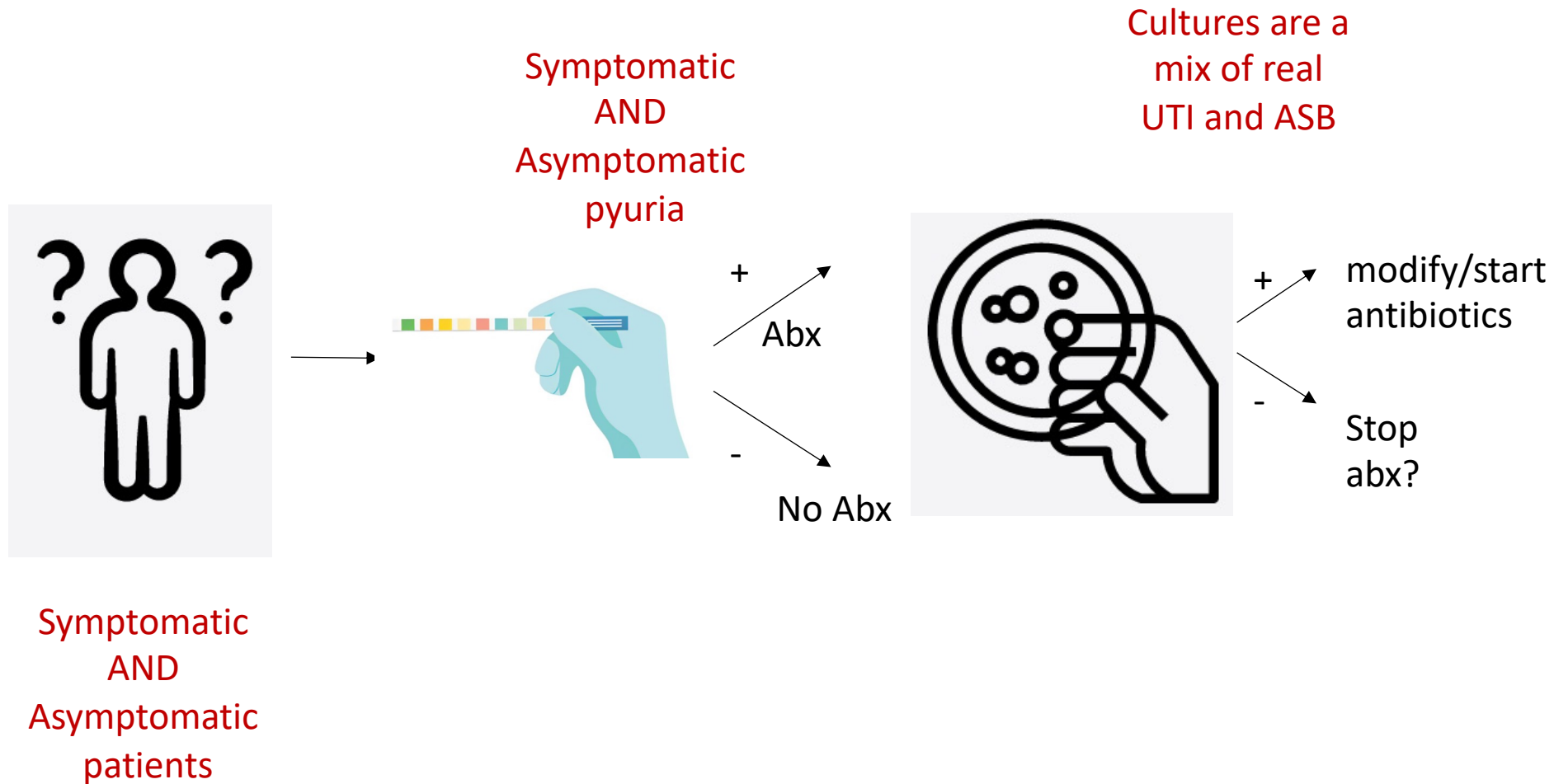
Cons of starting with this test

- Patients with ASB can have a positive UA
- Presence of pyuria is much higher among inpatients
 - 90% of LTCF
 - 90% HD
- Low positive predictive value (**PPV***) – does not rule-in UTI

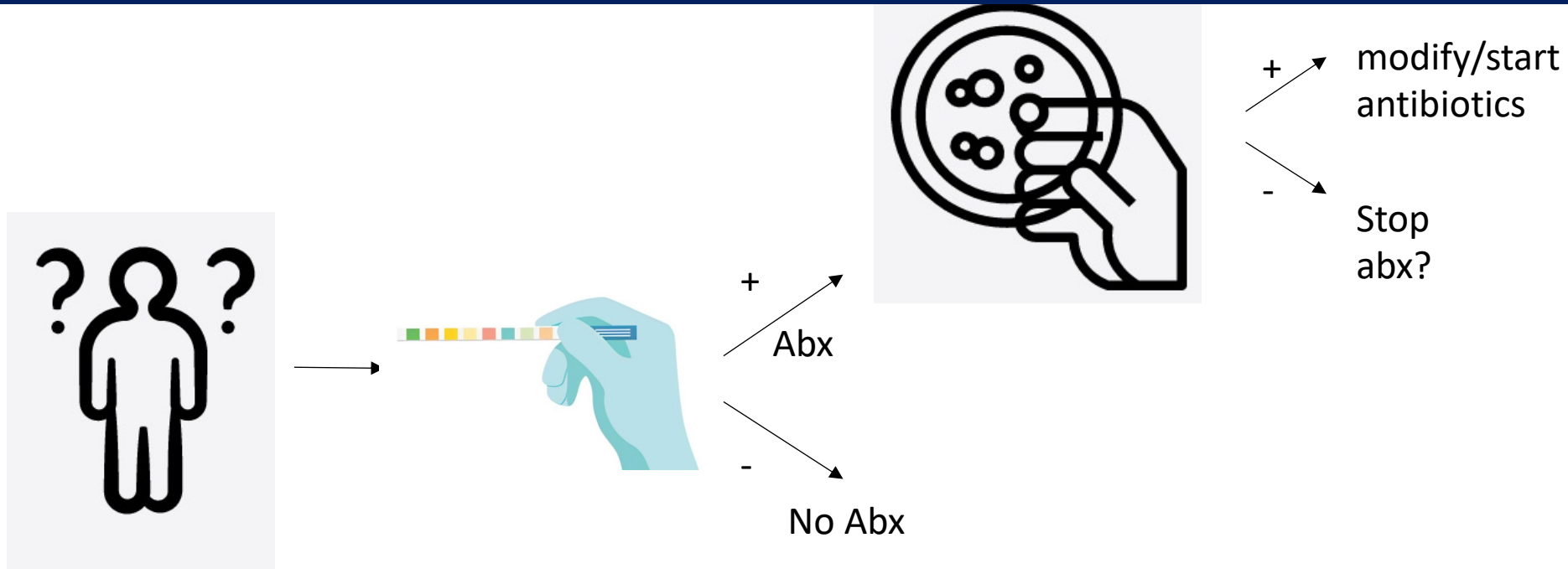
***PPV** - probability that someone with a positive test actually has the disease



The Problem



The Fix? Reflexive Culture



Question: Does this help?



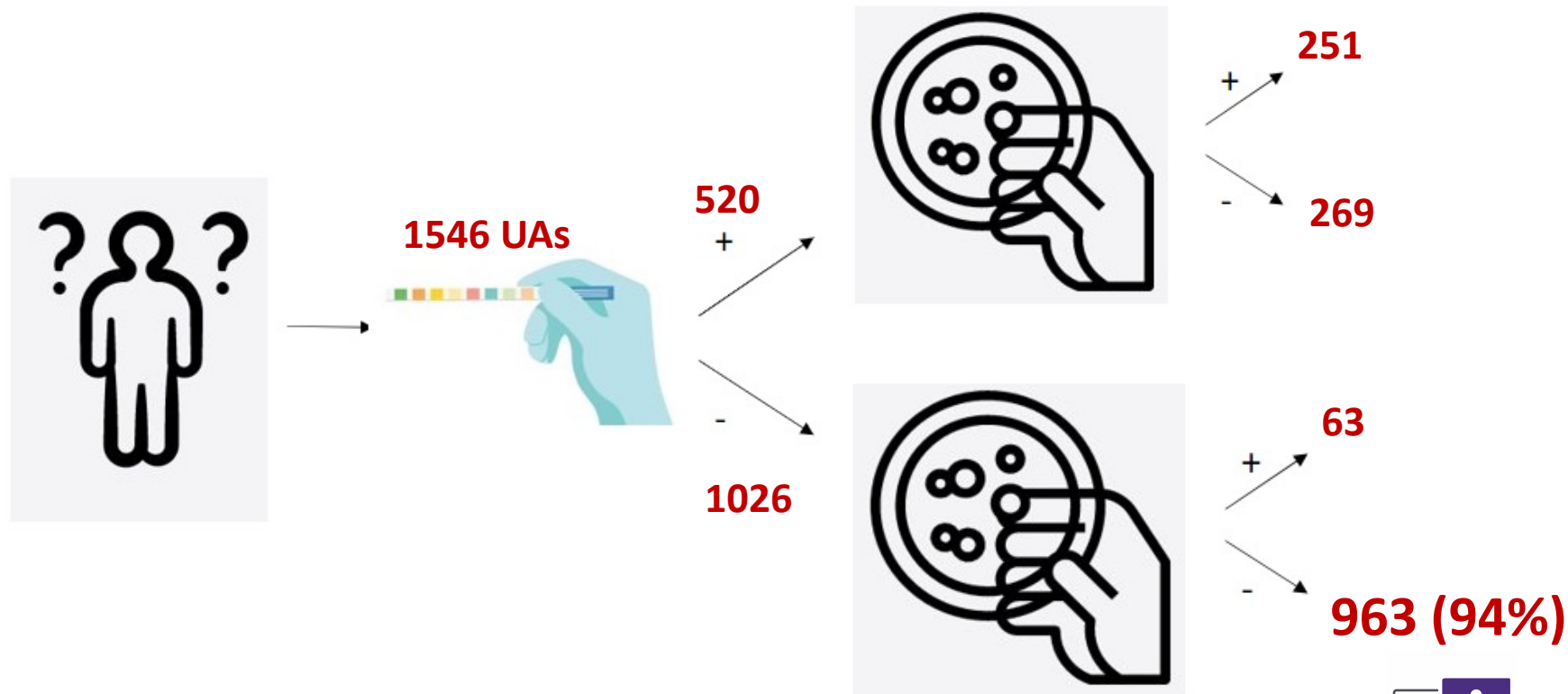
That High NPV

- NPV of UA is high (for urine culture results)
 - Meaning the probability is high that someone with a negative culture will have a negative UA
- So all those urines that we reflexed away from doing were going to be negative anyhow!



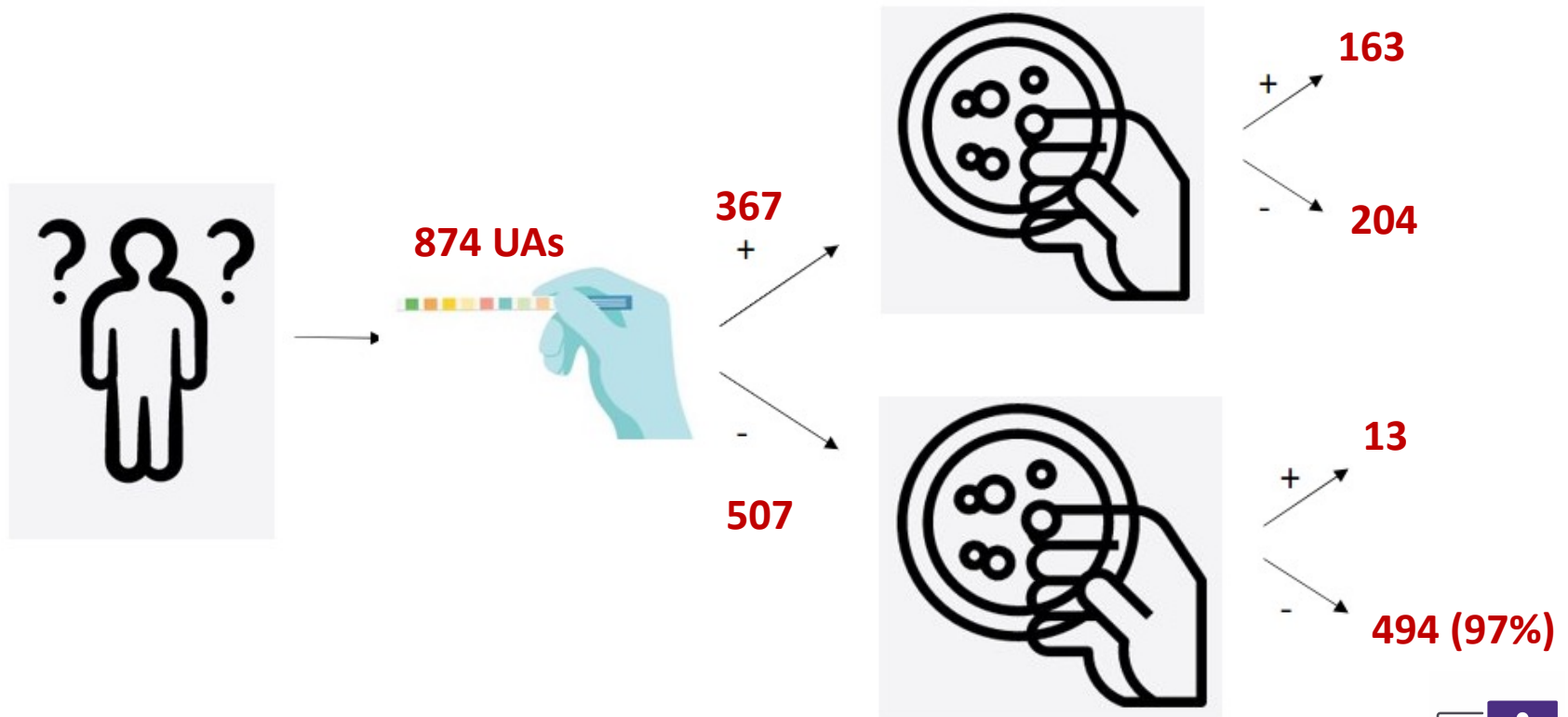
Show me the data

ED Review, 6 months
72% female, median 39 yrs
20% culture positive
Using WBC criteria >5



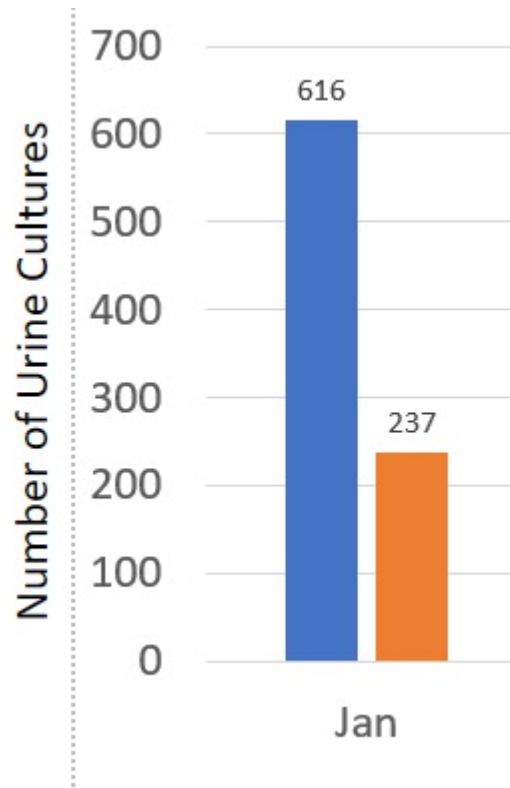
Show me the data

Urology clinic review, 2006
All male patients
20% culture positive
Using WBC criteria >5



What about that amazing data Zahra showed?

Decreasing the number of cultures your lab is doing



Decreasing overtreatment of ASB by decreasing + cx



Zahra Escobar <Zahra_Escobar@Valleymed.org>

Tue 9/28/2021 10:51 AM

To: Rupali Jain; Chloe Bryson-Cahn; Jeannie Chan; Alyssa Y. Castillo <ayc20@uw.edu>

FYI- here's how changing UA to urine culture criteria changed the total number of urine cultures run at Valley.

Zahra



Chloe Bryson-Cahn

Tue 9/28/2021 1:00 PM

To: Zahra Escobar; Rupali Jain; Jeannie Chan; Alyssa Y. Castillo <ayc20@uw.edu>

Amazing!

Would be very cool to look at the number of positive urine cultures as well in the pre/post period.

-Chloe



Zahra Escobar <Zahra_Escobar@Valleymed.org>

Tue 9/28/2021 1:05 PM

To: Chloe Bryson-Cahn

I am out of the office, returning 8/19/21. I will respond to your email when I return.

UTI is a *clinical* diagnosis

Tract Infections (UTI) Algorithm

Diagnosis of UTI requires clinical signs and symptoms of UTI and a positive culture.
This algorithm is not intended for patients that meet sepsis criteria.



Patient unable to verbalize symptoms

YES

r/o AMS causes

- Drugs (anticholinergics, benzodiazepines, hypnotics) or dose change
- Behavioral problems in dementia
- Discomfort (pain, insomnia, depression)
- Myocardial infarction, stroke, pulmonary embolus
- Environmental triggers
- Dehydration
- Hypo/hyperglycemia
- Constipation
- Urinary retention
- Head trauma

Monitor symptoms

Assess and monitor off antibiotics

- Vital signs (HR, RR, BP)
- Blood glucose if diabetic
- Fluid intake
- Bowel pattern
- Urinary retention
- Respiratory status
- Pain
- Environmental precipitants
- Labs: complete blood count, kidney/liver function tests

Monitor symptoms

YES

Do not order urinalysis and culture

NO

UA & UCx

NO

Check for symptoms

YES

Symptoms

- Fever
- Costovertebral angle (CVA) pain or tenderness
- Rigors (shaking chills)
- Flank pain (back, side pain)
- Pelvic discomfort
- Acute hematuria

NO

Symptoms

- Acute dysuria alone OR
- Fever + at least one of the symptoms below (new or increased)
- If NO fever, at least two of the symptoms below (new or increased)
 - Urgency
 - Frequency
 - Suprapubic pain
 - Gross hematuria
 - Costovertebral angle (CVA) pain or tenderness
 - Urinary incontinence

YES

UA & UCx

NO

Criteria for signs or symptoms are NOT met; do not order urinalysis and culture, review for alternative diagnosis

Is urine culture positive?

- Clean catch specimen: $\geq 100,000$ cfu/mL with ≥ 2 organisms
- Catheterized specimen (straight)

Proceed with treatment with empiric antibiotics

Note: Using UA/Urine culture doesn't come in until the bottom of this algorithm

If specific urinary signs symptoms or fever, then obtain urinalysis and culture



Urine Analysis: Local Considerations

➤ How are prescribers diagnosing UTI?



Based on symptoms (keep up the good work!)



Based on urine culture (consider UA reflex)

➤ Where are urine cultures done &

➤ Who follows-up on positive results?



UA reflex may help reduce # of cultures

➤ What is the turnaround time on urine culture?



Delays in identifying or treating non-UTI etiologies

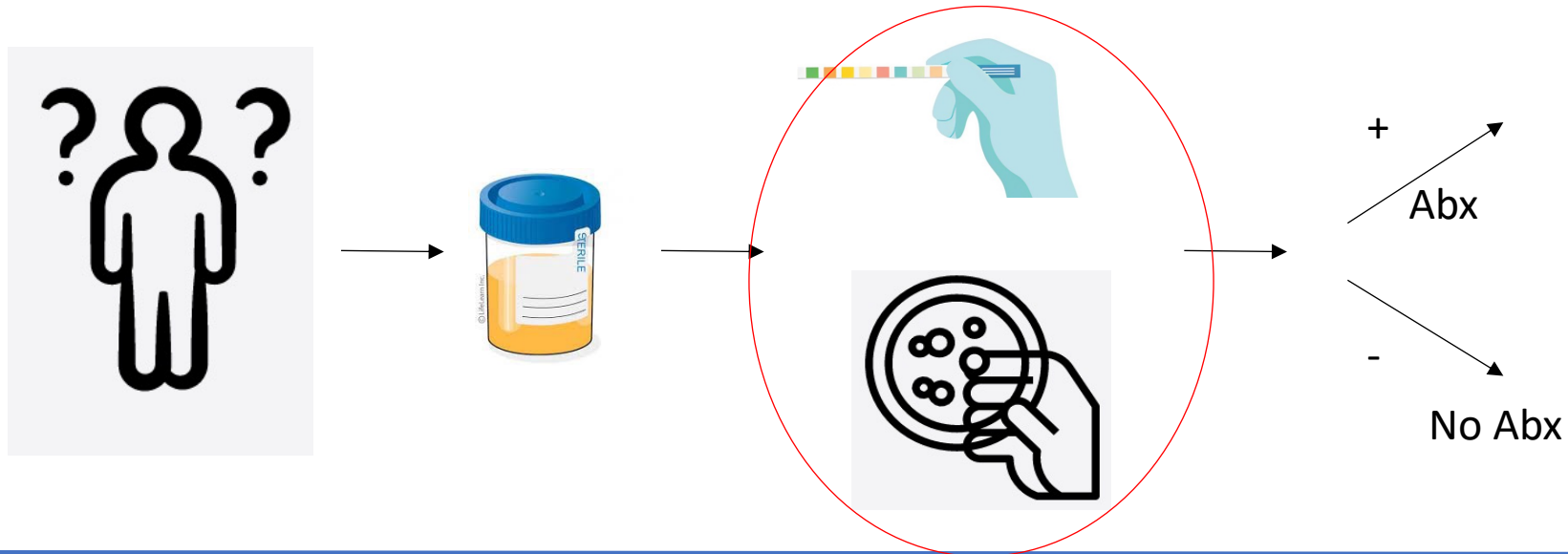


Designing a Local Strategy

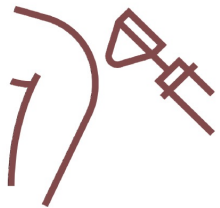
- How are prescribers diagnosing UTI?
- Where are urine cultures done & how are they ordered (UA with reflex? Direct order?)
- Who follows-up on positive results?
- What is the turnaround time on urine culture?



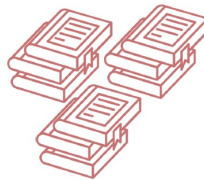
3/3 Mental models leading to over-testing



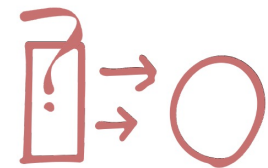
Reflexive Testing



More Data, More Comfort

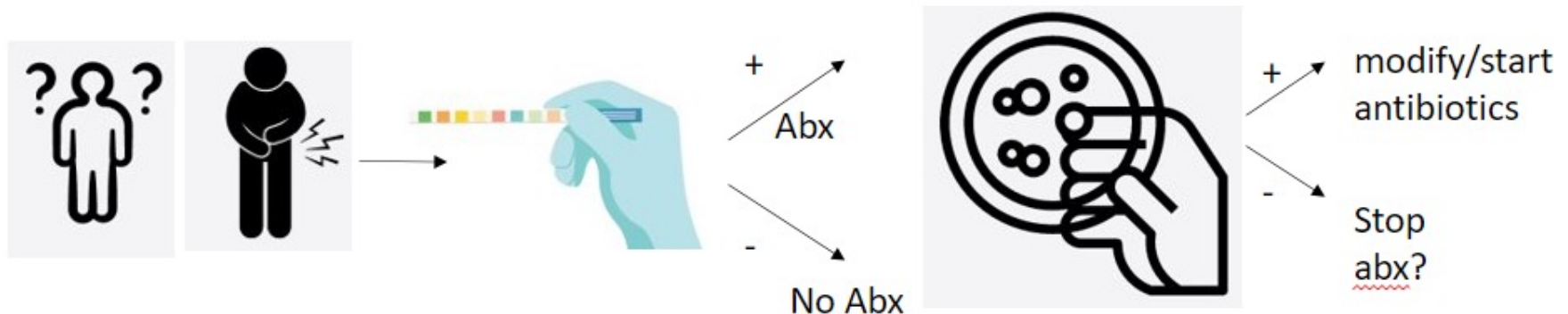


Misunderstanding normal vs. abnormal

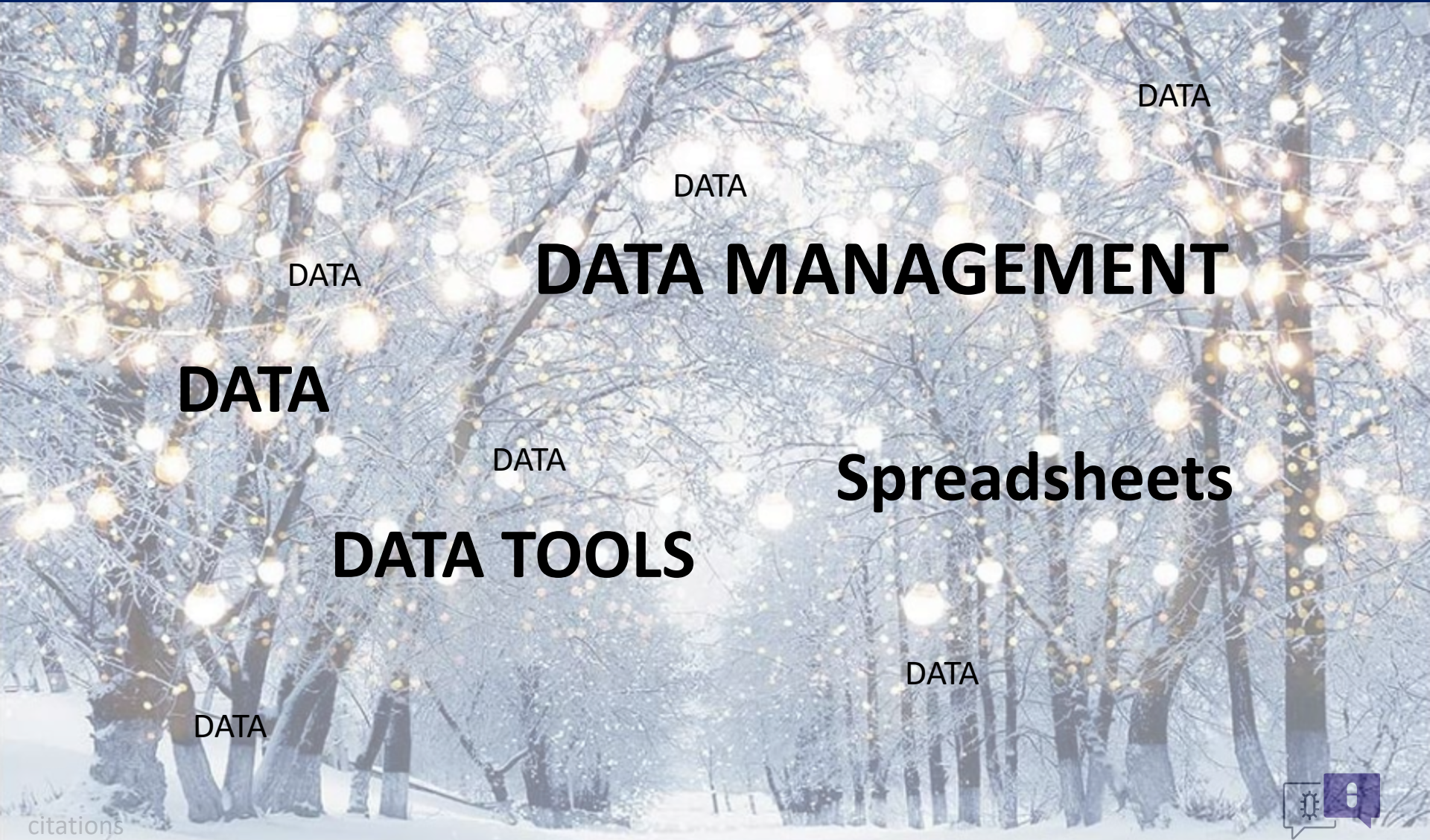


Designing a Local Strategy

- How are prescribers diagnosing UTI?
- Where are urine cultures done & how are they ordered (UA with reflex? Direct order?)
- Who follows-up on positive results?
- What is the turnaround time on urine culture?



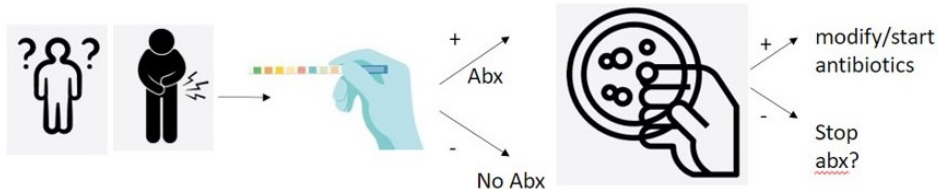
Process Mapping + Data Collection =



Homework: Plan/Study

Designing a Local Strategy

- How are prescribers diagnosing UTI?
- Where are urine cultures done & how are they ordered (UA with reflex? Direct order?)
- Who follows-up on positive results?
- What is the turnaround time on urine culture?



- **Set improvement goal**
- Predict what will happen
- Who, what, when, where, how
- Decide what data to gather



And if you've done that:

Implement change

Study changes after intervention

****Data Collection form****

Next Session:
Thursday March 3
The Data in the Details



Dolly Parting Advice



On mapping your local process:

“Find out [why] you are [ordering urine cultures] and do it on purpose”

Next Session: Thursday March 3

The Data is in the Details



Image Citations

- Noun Project
- <https://media.istockphoto.com/>

