Columbia Memorial Hospital

Antimicrobial Stewardship Update

Overdiagnosis of UTI in the ED

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Research
UQuAL
Quality Education

CSiM
CENTER FOR STEWARDSHIP IN MEDICINE

Agenda

1) Background
2) Antimicrobial Stewardship Goal
3) Data collection
4) Data findings
5) Next Steps

Asymptomatic Bacteriuria

- "Isolation of bacteria in an appropriately collected urine specimen from an individual without symptoms of a UTI"
- Sx: dysuria, urinary frequency/urgency, suprapubic pain, fevers, flank pain, CVA tenderness
  - Notably missing from this list: AMS
- Tx: not associated with any clinical improvement
  - Caveats: pregnancy, pre-urologic procedure

Fekete T & Hooten TM, Asymptomatic bacteriuria in adults. UpToDate, 2022

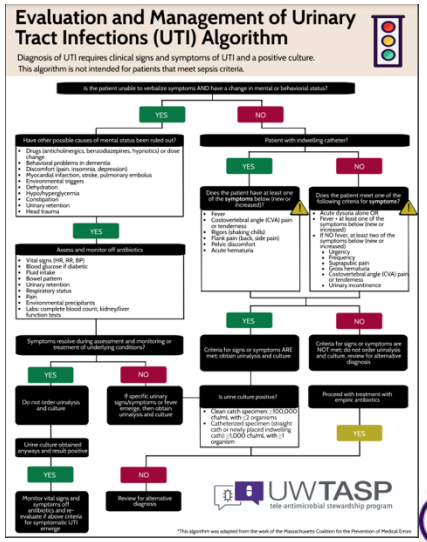
citations

Antimicrobial Stewardship Goal

Achieve a 10% reduction in antibiotics prescribed for asymptomatic bacteriuria in the ED by year end 2022. Baseline is 2021 total % of patients who received necessary antibiotics for bacteriuria in the presence of specific symptoms as outlined by UW-TASP algorithm.

Data Collection 2021- Baseline data

- IPP: ED encounter + order for UA + prescribed ABX (*there were so many!)*
  - Manual chart abstraction to apply exclusion criteria
    - Under 18; pregnant; altered urinary anatomy, ABX rx'd for something else, etc.
  - 390 pts in denominator
  - 252 cases of necessary use of ABX in accordance with UW-TASP Evaluation and Management of UTI Algorithm
  - **64.62%** performance rate



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Data Collection 2022 and 2023

- 2022
  - Initial interventions applied in May 2022
    - Video education provided by UW-TASP (CSiM) for CMH ED providers
    - Evaluation and Management of UTI Algorithm
    - UW TASP Improving Diagnosis and Treatment of UTI: Focus on ASB
  - **68.34%** performance rate
    - Did not achieve our goal of 10% improvement
- 2023
  - **73.75%** performance rate
    - Noted improvement, but goal not met
    - Reassessed interventions
- **Takeaways**
  - Lots of ED resident physicians
  - NQF definition of UTI is more permissive than UW-TASP algorithm, yet our performance is relatively consistent across both arms

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Data Collection 2024

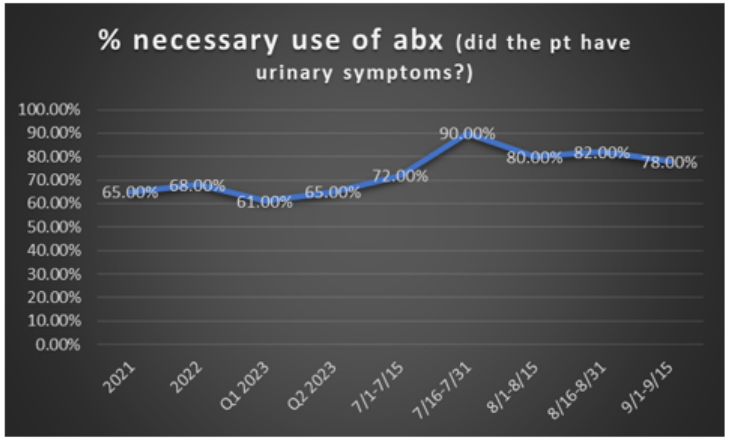
- 2024
  - **82.47%** performance rate (Did we really do it?!?!)

- Takeaways
  - Lots of ED resident physicians
  - NQF definition of UTI is more permissive than UW-TASP algorithm, yet our performance is relatively consistent across both arms
  - Why are we doing two arms of this project?

Most meaningful intervention?

Excellent work!

In support of CMHs Antimicrobial Stewardship efforts (required by CMS and ACHC), we have been tracking the use of antibiotics for UTIs with and without reported symptoms (asymptomatic bacteriuria). We set a goal of 10% improvement over 2021 baseline data and that *goal has now been achieved and sustained since July 2023.*



*necessary use is defined by the presence of specific urinary symptoms and/or other signs of systemic infection as outlined by the University of Washington's Evaluation and Management of Urinary Tract Infections Algorithm.

Special thanks to the following providers who achieved >75% since July 1st:

Here is where I list specific Physician and APP names

We hope to continue providing updates every 2 weeks. Your continued efforts in support of Antimicrobial Stewardship are sincerely appreciated.

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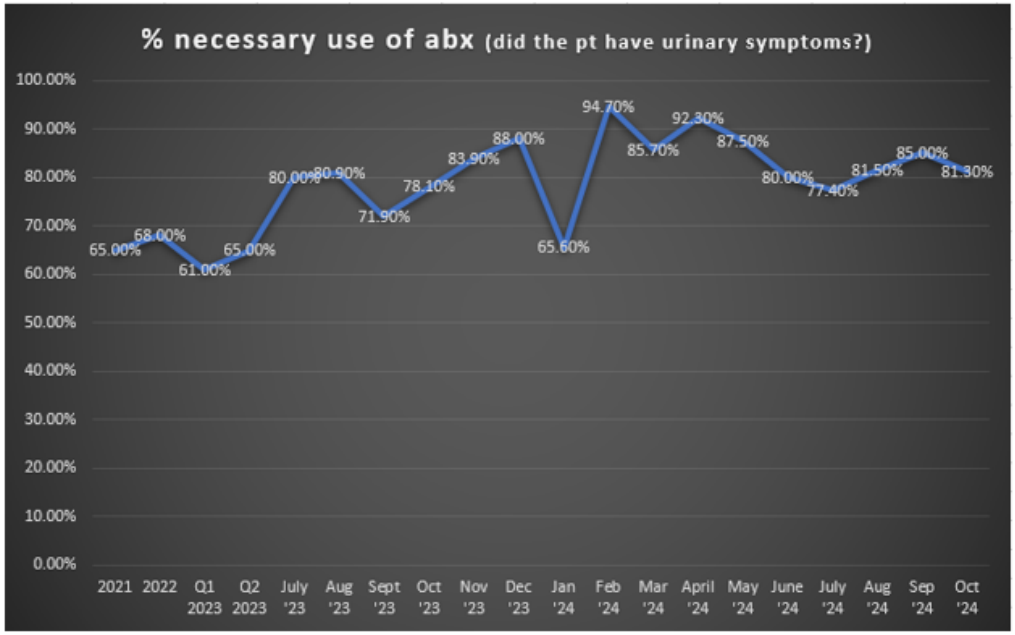
Most meaningful intervention?

October 2024 ASB update

In support of CMHs Antimicrobial Stewardship efforts (required by CMS and ACHC), we have been tracking the use of antibiotics for UTIs with and without reported symptoms (asymptomatic bacteriuria). **We set a goal of 10% improvement over 2021 baseline data (65%).**

We have maintained performance above our target of 75% for 9 consecutive months. Well done!



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We hope to provide updates monthly. Your continued efforts in support of Antimicrobial Stewardship are sincerely appreciated.

CMH Antimicrobial Stewardship Committee and Asymptomatic Bacteriuria Workgroup

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Recent challenges

- January-March 2025
  - Project owner and primary data abstractor out on unexpected family leave for 10 weeks

- Staffing challenges
- Record ED volumes
- Leadership changes (Pharm mgr who oversaw our AMS Program retired)

Summary

Things we're doing well	Opportunities for improvement
• Fluoroquinolone use is low (<10% for both ASB and UTI) • Overall duration (7 days) • Data collection	• Provider engagement • Real time collaboration? • Include inpatient mgmt • Include nursing

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Next Steps

- Resume project engagement to confirm or disprove sustained improvement
- Train additional Quality staff to perform abstractions
- Ensure appropriate interventions based on data