

Implementation of a Clinical Decision Support Panel to Optimize Urine Culture Ordering

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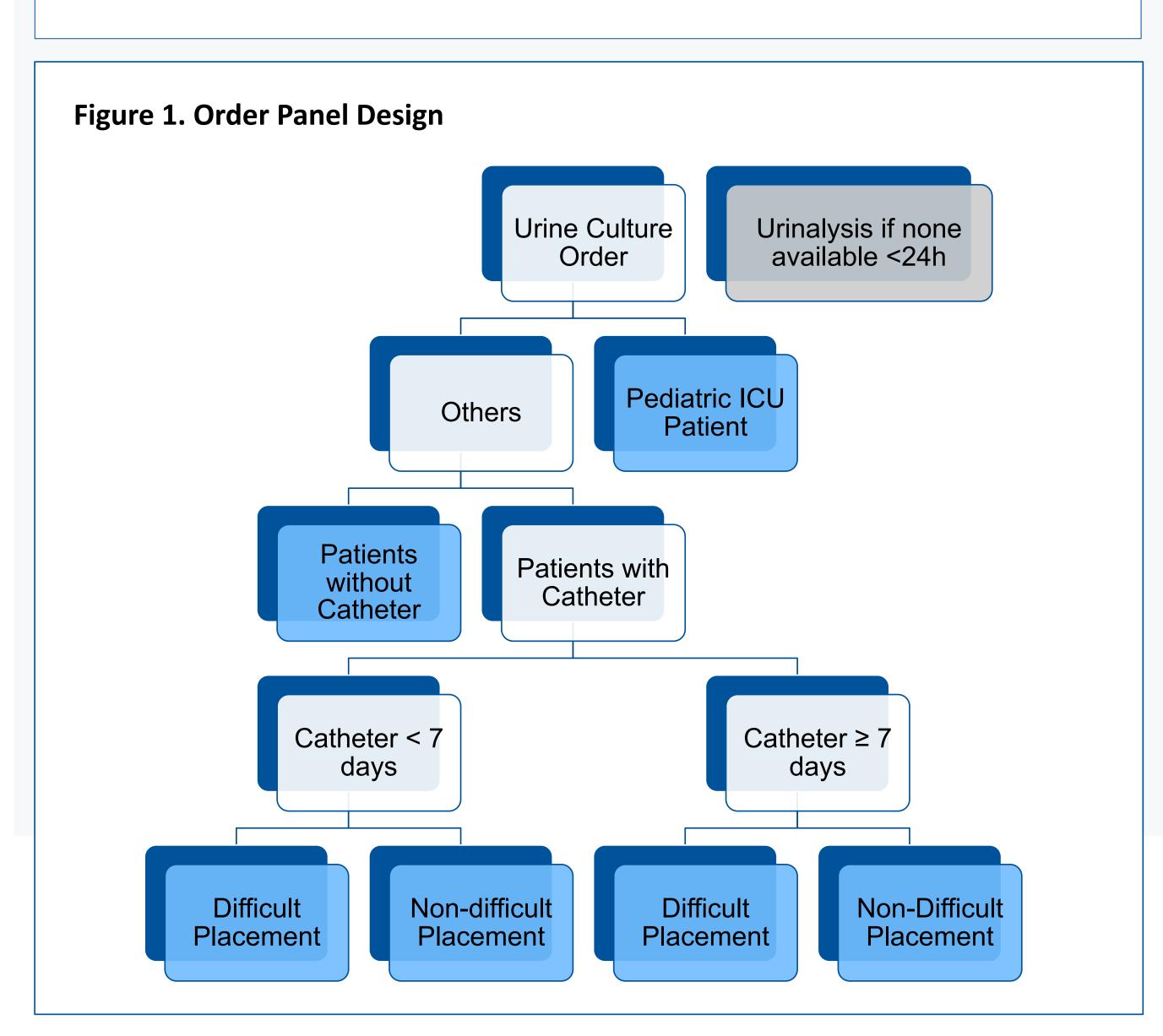
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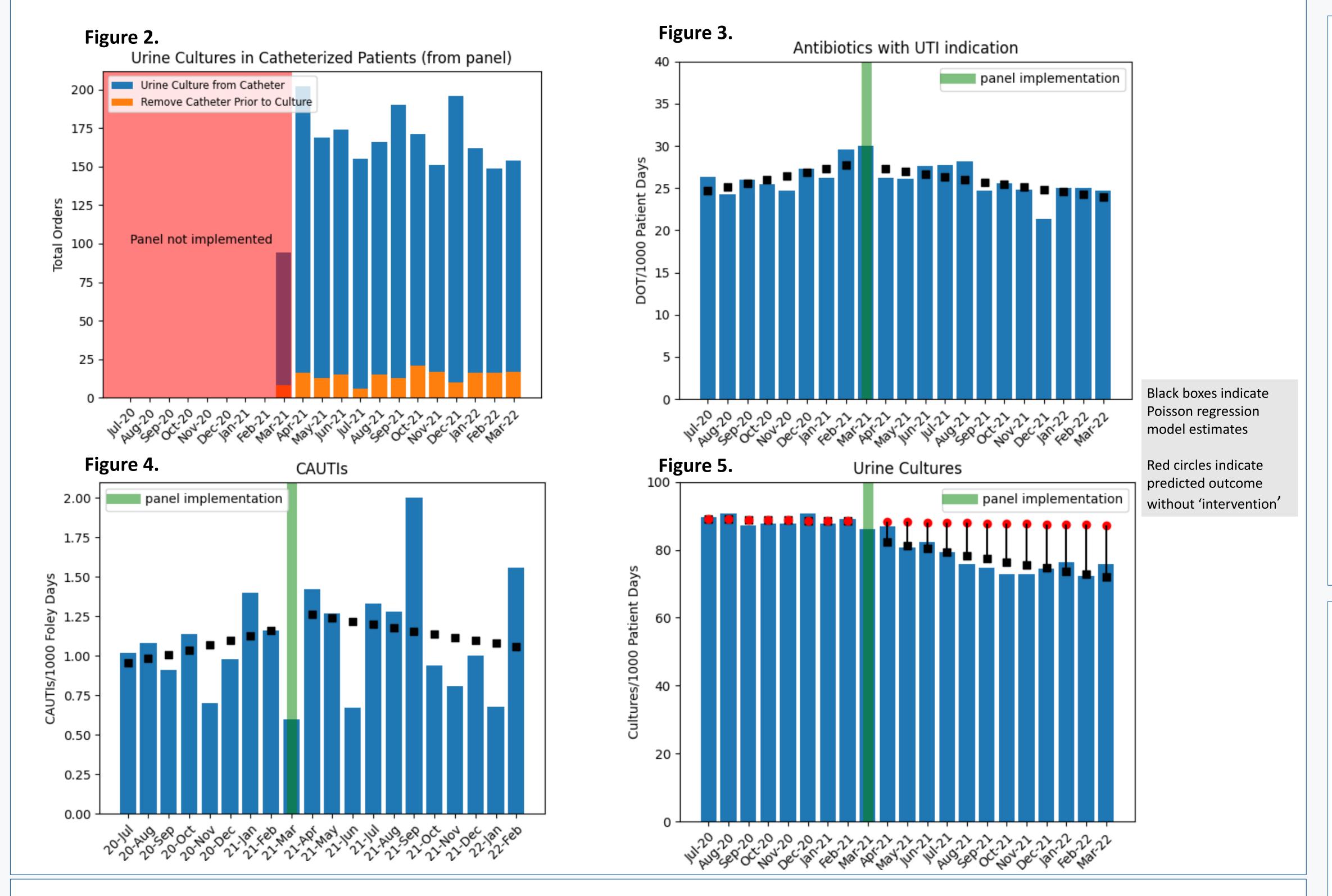
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Abstract # 2240

Background

- Standard urine culture collection techniques have a high risk of false positive results in catheterized patients
- IDSA guidelines recommend replacing long-term catheters before specimen collection for cultures
- Clinical decision support (CDS) may aid in appropriate urine testing and collection techniques thus reducing diagnostic error
- Our Objective was to evaluate the effect of a CDS tool on urine culture orders and antibiotic use in catheterized patients





Methods

- CDS order panel implemented 3/2021, identifies: if a urinalysis was ordered, special patient populations (i.e., PICU), presence and duration of an indwelling urinary catheter, If catheter had difficulty with placement (Fig.1)
- Retrospective evaluation of CDS order panel: Pre-implementation (7/2020-3/2021) and Post-implementation (4/2021-3/2022). Analysis via Poisson Regression

Results

- 69,280 urine culture orders were included within the study period
- Catheter removal selected from the panel in 183 of 2133 (8.5%) instances of ordering a urine culture when a catheter was detected
- During the post-implementation period, there was a decrease in trend of antibiotic use with UTI indications (Figure 3, 2.8% decrease/month, p<0.05)
- Similarly, there was a decrease in urine culture orders (Figure 5, 1.1% decrease/month, p<0.05)
- No significant change in CAUTI rates or catheter utilization postintervention
- There was no change in numbers of safety events related to catheter insertion (2 pre-, 0 post-intervention)

Conclusions

- CDS can aid in optimizing urine culture collection practices and serve as a reminder for removal or replacement of long-standing catheters before urine culture
- Diagnostic test decision support can modify downstream outcomes such as antibiotic utilization
- We did not observe any unintended consequences like catheter trauma as a result of our intervention
- The recommended interval of 7 days for prompting catheter removal or replacement provides a feasible time frame, as compared to prior studies that have recommended replacement too early (24-48hrs) or too late (14 days)