**ASB Fallout Case Feedback:**

Dear [Provider],

Patient MRN: \*\*\* Admit date: \*\*\*

To help improve the care of hospitalized patients at [INSERT SITE NAME], we participate in a Quality Collaborative called HMS ([Michigan Hospital Medicine Safety Consortium](https://www.mi-hms.org/)). One of the measures we strive to improve is decreasing unnecessary antibiotic treatment of asymptomatic bacteriuria (ASB).

A patient that your team was caring for was identified by HMS as receiving inappropriate treatment for ASB. In this case, the patient did not have documented signs or symptoms consistent with a UTI but was prescribed [ANTIBIOTIC NAME(S)] for \*\*\* days. A positive urine culture without symptoms of UTI does not require antibiotics. The decision on whether to test for ASB was also inappropriate in this case without documented symptoms of a true UTI.

Your involvement: [inappropriate testing/inappropriate ordering of antibiotics]

\*\*\* [Brief clinical recap/synopsis] \*\*\*

Testing and treatment of ASB has not been shown to improve clinical outcomes or reduce risk of developing symptomatic urinary tract infections in the future. Treatment of ASB is associated adverse clinical outcomes due to adverse drug events, increasing resistance, clostridiodes difficle infection, and increased length of stay/healthcare costs etc.

Helpful resources/guidelines:

* [HMS UTI Guideline](https://mi-hms.org/sites/default/files/UTI%20Guideline-6.9.21.pdf)
* [IDSA Asymptomatic Bacteriuria Clinical Practice Guideline 2019](https://www.idsociety.org/practice-guideline/asymptomatic-bacteriuria/)

We appreciate your partnership to help provide the best care to our patients and are available for assistance in future difficult cases. Please reach out to the antimicrobial stewardship team with any questions or concerns.

Thank you,

 [SIGNATURE]