1. Provide a brief narrative introduction to your project topic or idea that covers the following points:

    a. The problem was misuse of blood cultures being drawn for unnecessary reasons. This problem was initially identified in situations where hospice patients/near hospice patients were having blood cultures drawn (for non-specific symptoms).

    b. How the problem was identified because it was recognized that providers were demanding cultures to be drawn off peripheral lines, and then it was recognized cultures were being drawn inappropriately without following an algorithm or checklist.

    c. The proposed solution was to follow/create blood culture stewardship guidelines such as an algorithm or checklist, if not already in place to be followed for specific symptoms to recognize the need for blood cultures to be drawn. If there was already an algorithm that was set in place to be followed, to have staff use the algorithm according to policy.

    d. The potential benefits to the organization that the proposed change, blood culture stewardship, will bring about will implement a positive approach to improve necessary blood culturing in patients throughout the healthcare organization. The goal of blood culture stewardship is to decrease needless costs and testing while improving patient outcomes. Overall, blood culture stewardship can include the use of algorithms and/or checklists that help determine when blood culturing is appropriate. A study by Zou et al. (2023) found that restricting blood cultures and following specific guidelines for proper culturing will improve healthcare outcomes.

2. Post an initial draft of your five PICOT REVISED Per Professor elements (see below for further requirements).

    P- On adult inpatient units at Medical Center where blood cultures are indicated,

    I- does the development and implementation of blood culture stewardship guidelines and compliance with the checklist for obtaining blood cultures,

    C- compared to non-compliance to blood culture stewardship and checklists,

    O- result in a decrease in inappropriate testing and cost related to blood

    cultures T- within six months after implementation?

    On adult inpatient units at Medical Center where blood cultures are indicated, does the development and implementation of culture stewardship guidelines and compliance with the checklist for obtaining blood cultures, compared to non-compliance to blood culture stewardship and checklists, result in a decrease in inappropriate testing and cost related to blood cultures within six months after implementation?