Reduction in Catheter Associated Urinary Tract Infection Rates and Device Utilization in a Medical and a Respiratory Stepdown Unit

**Background**
- Hospital-acquired urinary tract infections are the third most common nosocomial infection
- 75% are associated with a urinary catheter
- A framework for daily inter-disciplinary communication of catheter necessity and monitoring of maintenance bundle practices is needed to reduce catheter utilization and the risk for catheter associated urinary tract infections

**Methods**
- Two units with fluctuating CAUTI rates, standardized infection ratios (SIR), and device utilization rates were chosen as the study units
- Patients with indwelling urinary catheters were followed on a daily basis for a period of two years
- The first year established baseline rates which were compared to post-intervention rates during the second year
- All rates, SIRs, and percentiles were compared to NHSN benchmarks using the "Rule Table for Catheter-Associated UTI Data" and the "SIR for All Catheter-Associated UTI Data" analysis reports

**Results**
- Prolonged immobilization
- Sacral wound
- Neurogenic bladder
- Terminal Care

**Conclusions**
- Implementation of daily interdisciplinary communication strategies and bundle monitoring tools led to a significant decrease in CAUTI rates, SIRs, and device utilization on both units
- Tools that guide healthcare providers to ensure compliance with maintenance bundles and removal of urinary catheters in a timely manner leads to the prevention of CAUTIs in hospitalized patients

**Disclosures**
- The authors have nothing to disclose.