

Supplementary Material

Table: Comparison of CAUTI, CLABI, and VAP prevention practices in use at US hospitals between 2013 and 2017

Prevention Practice	2013 (n=403)	2017 (n=430*)	P
CAUTI			
Portable bladder ultrasound scanner for determining post-void residual	56.4	74.8	<0.001
Urinary catheter reminder or stop-order	53.3	61.8	0.02
Nurse-initiated urinary catheter discontinuation	37.9	61.0	<0.001
Catheter reminder/discontinuation	62.7	76.9	<0.001
Silver alloy Foley catheters	31.1	27.6	0.29
Condom catheters in men	13.4	29.8	<0.001
Aseptic technique during indwelling urethral catheter insertion and maintenance	93.7	89.6	0.04
Intermittent catheterization	30.8	49.8	<0.001
Established surveillance system for monitoring urinary tract infection rates	85.1	94.2	<0.001
CLABSI			
Maximum sterile barrier precautions during central catheter insertion	98	98.1	0.97
Alcohol containing chlorhexidine gluconate for antiseptis of the insertion site	98.8	99.8	0.09
Antimicrobial catheters (i.e., chlorhexidine-silver sulfadiazine, minocycline-rifampin)	32.2	41.7	0.01
Antimicrobial dressing with chlorhexidine (Biopatch® disk or Tegaderm™ CHG)	78.2	90.0	<0.001
Established surveillance system for monitoring CLABSI rates	89.9	93.5	0.07
VAP			
Semi-recumbent positioning of the patient (head of bed elevated 30 degrees or more)	98.8	98.3	0.55
Antimicrobial mouth rinse (e.g., Peridex®)	79.4	85.6	0.02
Subglottic secretion drainage (via a special endotracheal tube)	54.7	60.4	0.12
Topical and/or systemic antibiotics for selective digestive tract decontamination	25.2	23.4	0.57
Silver-coated endotracheal tube	5.1	7.5	0.17
“Sedation vacation” (e.g., regular interruption of sedation)	83.1	88.1	0.05
Established surveillance system for monitoring VAP rates	95.7	93.4	0.19

Abbreviations: CAUTI = catheter-associated urinary tract infection, CLABSI = central line-associated bloodstream infection, VAP = ventilator-associated pneumonia.

*A total of 98 hospitals responding to the 2017 survey with total bed sizes less than 50 were dropped, to ensure greater comparability to the sampling strategy used in 2013 (which did not include hospitals with total bed size less than 50). All presented values represent the percentage of hospitals reporting regular use (defined as responses of almost always (4) or always (5) from 5-point Likert response questions) of the prevention practice.