591 **PEDIATRIC CATHETER ASSOCIATED URINARY TRACT INFECTION REDUCTION – AN ACHIEVABLE GOAL**

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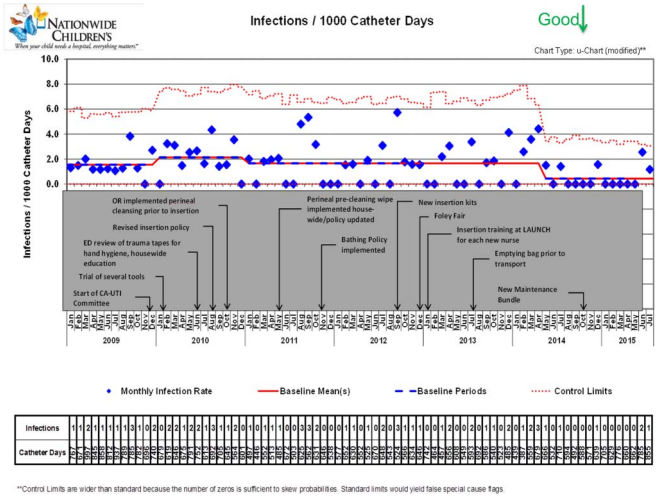

Figure 1

Background According to the Association for Professionals in Infection Control, urinary tract infections are among the most common of healthcare-associated infections (HAIs), accounting for 25.6 percent of all hospital HAIs. 70%–80% of healthcare-associated UTIs are caused by indwelling urethral catheters. Catheter-associated urinary tract infections (CAUTIs) are associated with increased morbidity, mortality, hospital cost, length of stay, and antimicrobial use.

Objectives The aim of this project was to decrease our hospital-wide CAUTI rate from 1.3 to <= 0.7 infections per 1000 catheter days.

Methods A multidisciplinary team implemented a comprehensive strategy to decrease CAUTIs and increase patient safety. Evidence based initiatives focused on catheter insertion, utilization, maintenance, and staff/family education. Staff RNs completed simulated insertion training with return demonstration of competency. Daily Goals were completed to reduce unnecessary catheter use. A maintenance bundle was implemented to ensure standardized practice which focuses on the reduction of perineal bio-burden. Staff huddles were required after each CAUTI to determine root causes.

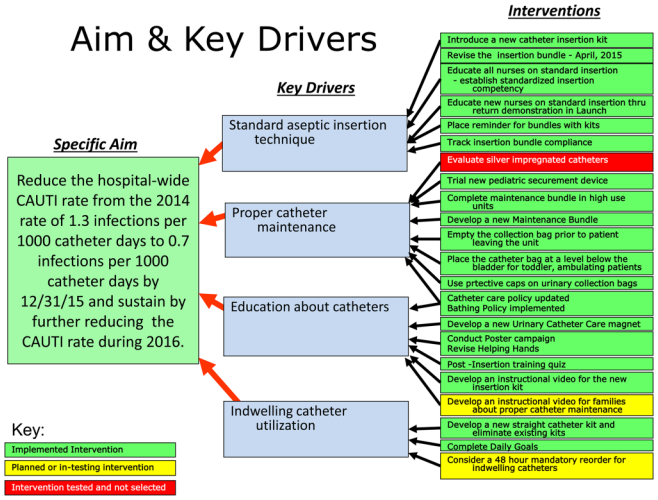

Figure 2

Results In 2013–2014, the CAUTI annual rate was 1.3 infections per 1000 catheter days. To date in 2015, the rate is 0.6 infections per 1000 catheter days. The Pediatric Intensive Care Unit has decreased its rate from 2.9 in 2014 to zero in 2015. In addition to reduction in our CAUTI rate, we achieved 193 days between infections.

Conclusions Published guidelines suggest that implementing evidence based practices can reduce CAUTIs. Our approach resulted in patient care standardization and reduction in patient harm. The reduction strategies used may help positively impact care in other hospitals.