**Supplemental Table 1.** Detailed Descriptions of multi-faceted, evidence-based strategies

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| **Strategy** | **Detailed Description** |
| Local Champions | * ID physician and CNS project leads served as local champions and implemented the multi-faceted strategies real-time feedback)
* Provided support for the initiative
* Disseminated cognitive aids and printed educational materials
* Attended clinician/staff meetings to provide education and answer questions
* Assisted with CAUTI case reviews and notified unit leadership with opportunities for improvement
* Provided logistical support throughout the initiative (presented CAUTI data at regular intervals, delivered booster sessions)
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| Cognitive Aids | * Laminated, pocket-sized cognitive aids listed appropriate indications for urine cultures
	+ Cognitive aids were given to all unit clinicians, posted on the work-stations-on-wheels, and posted in the nurses’ stations for easy accessibility
	+ Clinicians were encouraged to refer to cognitive aids prior to ordering urine cultures to ensure the culture order was appropriate.
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| Printed Educational Materials | * Two educational flyers were developed and disseminated via email to clinicians and nursing staff and posted throughout the units.
	+ **Flyer 1:** Overview of “6-Cs” of CAUTI prevention:
		- **Check** daily for an appropriate indication
		- **Consider** alternatives to indwelling urinary catheters
		- **Connect** with a securement device
		- Keep it **clean**
		- Keep it **closed**
		- **Culture** urine only when indication is clear
	+ **Flyer 2:** Focused on appropriate indications for urine cultures.
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| Educational Outreach Visits | * Local champions (ID physician and CNS project leads) attended clinician and nursing staff meetings in the month prior to project start.
* During meeting, local champions discussed:
	+ Rationale for the initiative
	+ “6-C” approach
	+ Reviewed the list of appropriate urine culture indications
	+ Clinicians and staff were encouraged to ask any clarifying questions
	+ Cognitive aids were distributed
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| Real-time Feedback | * When a surveillance CAUTI event was identified, a thorough case review was performed by the infection prevention team
* If the indication for the urine culture was either not identified, or found to not follow recommended guidance, the unit medical director and nursing leadership were notified
* Unit medical directors provided real time feedback to clinicians
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