**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) |
| 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. |
| 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. |
| 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 |
| 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 |