| Prevention Practice | 2005 | 2009 | 2013 | 2017 | 2021 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| CAUTI |  |  |  |  |  |
| External catheters in women | - | - | - | - | 42.1\% |
| Established surveillance system for monitoring urinary tract infection rates | 69.4\% | 79.7\% | 97.6\% | 98.1\% | 98.8\% |
| Hospital has system for monitoring which patients have urinary catheters | 44.1\% | 57.3\% | 84.5\% | 94.8\% | 92.8\% |
| Hospital routinely monitors duration or urinary catheters | 25.9\% | 39.4\% | 78.6\% | 88.4\% | 85.9\% |
| Hospital reports urinary tract infection rates to direct care providers | 60.5\% | 69.4\% | 88.0\% | 90.1\% | 87.1\% |
| Hospital reports urinary catheter utilization ratios to direct care providers | - |  |  | 69.8\% | 65.0\% |
| Very/extremely important to hospital leadership to prevent urinary tract infections | - | 58.5\% | 74.7\% | 83.8\% | 78.7\% |
| CLABSI |  |  |  |  |  |
| Advanced securement device | - |  |  | - | 91.1\% |
| Use of cyanoacrylate glue at the exit site |  |  | - | - | 5.0\% |
| Established surveillance system for monitoring CLABSI rates | 92.3\% | 96.7\% | 98.0\% | 98.5\% | 97.2\% |
| Hospital reports central venous catheter-related infection rates to direct care providers | - | 87.6\% | 93.4\% | 92.9\% | 89.2\% |
| Very/extremely important to hospital leadership to prevent central venous catheterrelated infections | - | 80.3\% | 89.6\% | 86.8\% | 81.9\% |


| VAE |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Established surveillance system for monitoring VAE rates | 93.1\% | 95.6\% | 96.4\% | 93.7\% | 88.8\% |
| Hospital encourages early mobilization of ventilated patients | - |  | 74.7\% | 74.5\% | 74.0\% |
| Hospital reports ventilator-associated event rates to direct care providers | - | 90.7\% | 92.1\% | 87.4\% | 78.3\% |
| Very/extremely important to hospital leadership to prevent VAEs | - | 76.5\% | 77.6\% | 73.2\% | 62.3\% |

[^0]
[^0]:    Abbreviations: CAUTI = catheter-associated urinary tract infection, CLABSI = central line-associated bloodstream infection, VAE = ventilator-associated event.
    a 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, unless otherwise indicated.

