

Table 1.

On Survey Day	2016			2017			2018		
	13,398 Residents			12,307 Residents			20,030 Residents		
	287 Facilities			292 Facilities			407 Facilities		
	No.	%	95% CI	No.	%	95% CI	No.	%	95% CI
Residents with signs and/or symptoms of at least 1 suspected infection	417	3.1	2.8–3.4	349	2.8	2.5–3.1	581	2.9	2.7–3.1
Residents prescribed at least 1 antimicrobial	1,321	9.9	9.4–10.4	1,087	8.8	8.3–9.3	1,988	9.9	9.5–10.4

topical application. In addition, 19.0% of antimicrobials were prescribed for PRN (as needed) administration; most (94.4%) of these were for topical antimicrobials, most commonly clotrimazole (65.4%). **Conclusions:** The AC NAPS has identified infections and consistent patterns of antimicrobial use that may adversely affect the safety of care for Australian aged-care residents. Interventions are now being developed, implemented, and evaluated to address identified 'priority areas for improvement.'

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Poster Presentation

A National Intervention to Reduce Undesirable Urinary Tract Events in Internal Medicine Wards

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Background: Catheter-associated urinary tract infection (CAUTI) is considered a preventable healthcare-associated infection. Many local and national interventions using multimodal prevention measures have targeted CAUTI incidence as the primary outcome. Other undesirable events related to urinary catheters and infections such as overuse of urine culturing and antimicrobial prescribing for asymptomatic bacteriuria, are not captured by CAUTI surveillance, and may not be the targets of such interventions. The aim of this study was to assess the impact of expanded national surveillance targeting various aspects of urinary tract infections, culturing and treatment practices, and catheter use in internal medicine wards. **Methods:** The Israeli National Center for Infection Control (NCIC) issued CAUTI prevention guidelines and initiated in 2016 a urinary tract event surveillance system that targets the incidence of CAUTI, urinary catheter utilization ratio, and the proportion of urine cultures sent and patients treated in the absence of symptoms. The surveillance is conducted for 1 month 3 times per year. Hospitals are required to report all positive urine

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Table: Summary of results

	2016	2017	2018	2019	p value for comparison of 2016 to 2019
CAUTI rate per 1000 catheter-days	4.7	3.6	3.5	2.9	<0.001
Hospital-acquired SUTI (non-CAUTI) per 1000 patient-days	1.0	0.9	0.8	1.0	0.79
Catheter utilization ratio	0.25	0.25	0.24	0.23	<0.001
% positive cultures sent for patients without symptoms	44%	44%	43%	42%	0.56
% ASB treated with antibiotics	31%	25%	20%	20%	0.02
Positive cultures sent for asymptomatic patients per 1000 patient-days	1.5	1.2	1.1	1.1	<0.01

ASB asymptomatic bacteriuria; CAUTI- catheter-associated urinary tract infection; SUTI- symptomatic urinary tract infection

cultures (>100,000 CFU) collected in internal medicine wards, along with the following data: admission date, symptoms of infection, dates of urinary catheter use, and antibiotic treatment. These data enable the NCIC to validate hospital classifications of each event. In addition, during each surveillance month, hospitals conduct point-prevalence surveys of compliance with CAUTI prevention measures. An electronic data collection form with built-in algorithms supports the local teams during the surveillance process. **Results:** Between 2016 and 2019, a total of 3,028 positive urine cultures not present on admission were reported by internal medicine wards in 30 hospitals. A significant decrease was observed in the incidence of CAUTI (from 4.7 to 2.9; $P < .001$) and in the proportion of asymptomatic bacteriuria treated with antibiotics (from 31% to 20%; $P = .02$) (Table 1). The catheter utilization ratio decreased from 0.25 to 0.23 ($P < .001$). The rate of cultures sent from asymptomatic patients decreased from 1.5 to 1.1 ($P < .01$). Point-prevalence surveys in internal medicine wards detected a significant increase in the use of closed urinary drainage systems (from 79% to 97% in 2018, $P < .001$) and documentation of a daily nurse assessment of the need for a catheter (from 74% to 81%, $P < .001$). **Conclusions:** National surveillance of undesirable urinary tract events resulted in a significant reduction in CAUTI, antibiotic treatment for ASB, and the rate of cultures sent from asymptomatic patients. A small decrease was observed in catheter utilization ratio. CAUTI surveillance programs should include other undesirable urinary tract events.

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A Nosocomial Cluster of *Roseomonas mucosa* Bacteremia Possibly Linked to Contaminated Hospital Environment

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