Purpose
The purpose of this study was to compare the effectiveness of two methods of patient bathing and incontinence care on overall cost and patient outcomes for catheter-associated urinary tract infections (CAUTI) in critically ill patients.

Background
Healthcare-associated infections (HAI) are common, costly, and associated with significant morbidity and mortality. Prevention strategies are often underutilized, particularly for CAUTI. CAUTI rates by hospital are now publically available and the Centers for Medicare and Medicaid Services (CMS) will no longer reimburse hospitals for the additional costs of caring for patients who develop CAUTI. A growing body of evidence supports that the removal of reusable bath basins can reduce CAUTI.

Results
- There were 22 CAUTIs in the 2014 time period and 9 CAUTIs in the 2015.
- This represents a 59% reduction in CAUTI.
- Return-on-investment (ROI) was calculated by using the differences in supply costs associated with each bathing process as well as the cost avoidance attributed to CAUTI reduction.
- ROI for the 12-month intervention period was $33,234.

Methods
- CAUTI rates were measured for a 12-month period on all hospital units (2014) to provide a baseline measure.
- The 2014 standard of care in the general care units was once-daily bathing with soap, water, peri-spray and reusable bath basins; incontinence care was performed as needed using the same supplies.
- In January 2015 a new bathing and incontinence care protocol was implemented where all basins were eliminated and replaced by a one-time use packaged bathing product.
- Product cost and CAUTI were measured for a 12-month period (January –December, 2015).

Conclusion
The use of the new bathing and incontinence care protocol will continue throughout the hospital, with ongoing tracking of compliance, clinical outcomes and cost. These findings add to the emerging body of evidence supporting the benefit of basin elimination on HAI reduction and the associated economic benefits.