Figure 2. Inter-Reviewer Agreement *

A. All Cases (n=50)

	fellow 1	fellow 2	fellow 3	attending 1	attending 2	attending 3
fellow 1	*26%*	0.49 (0.20,0.79)	0.23 (-0.08,0.54)	0.27 (-0.02,0.57)	0.48 (0.19,0.77)	0.13 (-0.15,0.40)
fellow 2		*20%*	0.34 (0.02,0.66)	0.39 (0.10,0.67)	0.27 (-0.04,0.58)	0.03 (-0.24,0.30)
fellow 3			*22%*	0.35 (0.06,0.64)	0.23 (-0.08,0.54)	0.17 (-0.14,0.48)
attending 1				*32%*	0.18 (-0.12,0.47)	0.08 (-0.15,0.31)
attending 2					*26%*	0.13 (-0.15,0.40)
attending 3						*8%*

B. Cases not meeting NHSN criteria for CAUTI (n=34)

	fellow 1	fellow 2	fellow 3	attending 1	attending 2	attending 3
fellow 1	*12%*	0.15 (-0.35,0.65)	-0.06 (-0.51,0.39)	0.02 (-0.52,0.55)	0.26 (-0.25,0.77)	-0.03 (-0.36,0.31)
fellow 2		*12%*	0.14 (-0.40,0.68)	0.35 (-0.16,0.87)	0.10 (-0.45,0.64)	-0.23 (-0.53,0.07)
fellow 3			*21%*	0.33 (-0.16,0.82)	0.33 (-0.16,0.82)	-0.20 (-0.43,0.03)
attending 1				*26%*	0.24 (-0.30,0.78)	0.03 (-0.37,0.44)
attending 2					*18%*	0.03 (-0.37,0.44)
attending 3						*6%*

C. Cases meeting NHSN criteria for CAUTI (n=16)

	fellow 1	fellow 2	fellow 3	attending 1	attending 2	attending 3
fellow 1	*56%*	0.72 (0.33,1.00)	0.47 (0.06,0.87)	0.36 (-0.02,0.73)	0.53 (0.12,0.95)	0.28 (-0.25,0.81)
fellow 2		*38%*	0.47 (0.06,0.87)	0.36 (-0.02,0.73)	0.30 (-0.14,0.74)	0.28 (-0.25,0.81)
fellow 3			*25%*	0.35 (-0.03,0.73)	0.15 (-0.25,0.54)	0.39 (-0.02,0.80)
attending 1				*44%*	0.07 (-0.29,0.43)	0.09 (-0.21,0.40)
attending 2					*44%*	0.18 (-0.24,0.59)
attending 3						*13%*

* Responses grouped as "yes" vs "no or unclear"; diagonal squares (bold, italic) = % of responses that were yes; other cells contain Kappa statistic (95% CI) for pairs of reviewers

Figure 3: Inter-reviewer agreement allowing for three responses

A. All Cases (n=50)

	fellow 1	fellow 2	fellow 3	attending 1	attending 2	attending 3
fellow 1	*26%*	0.51 (0.24,0.79)	0.26 (-0.03,0.56)	0.28 (0.01,0.55)	0.26 (0.09,0.43)	0.14 (-0.09,0.37)
fellow 2		*20%*	0.34 (0.05,0.63)	0.36 (0.10,0.61)	0.22 (0.05,0.38)	0.07 (-0.15,0.28)
fellow 3			*22%*	0.41 (0.17,0.65)	0.09 (-0.08,0.26)	0.05 (-0.20,0.29)
attending 1				*32%*	0.06 (-0.13,0.24)	0.01 (-0.18,0.21)
attending 2					*26%*	0.04 (-0.14,0.21)
attending 3						*8%*

B. Cases not meeting NHSN criteria for CAUTI (n=34)

	fellow 1	fellow 2	fellow 3	attending 1	attending 2	attending 3
fellow 1	*12%*	0.19 (-0.27,0.66)	-0.01 (-0.43,0.42)	0.07 (-0.43,0.56)	0.19 (-0.18,0.56)	0.06 (-0.25,0.38)
fellow 2		*12%*	0.15 (-0.29,0.60)	0.32 (-0.12,0.76)	0.22 (-0.17,0.62)	-0.19 (-0.49,0.10)
fellow 3			*21%*	0.42 (0.05,0.80)	0.24 (-0.06,0.54)	-0.26 (-0.45,-0.08)
attending 1				*26%*	0.21 (-0.15,0.58)	0.00 (-0.34,0.34)
attending 2					*18%*	-0.10 (-0.40,0.19)
attending 3						*6%*

C. Cases meeting NHSN criteria for CAUTI (n=16)

	fellow 1	fellow 2	fellow 3	attending 1	attending 2	attending 3
fellow 1	*56%*	0.72 (0.33,1.00)	0.47 (0.06,0.87)	0.32 (-0.03,0.67)	0.22 (0.02,0.42)	0.14 (-0.25,0.53)
fellow 2		*38%*	0.47 (0.06,0.87)	0.32 (-0.03,0.67)	0.17 (-0.01,0.34)	0.27 (-0.10,0.64)
fellow 3			*25%*	0.39 (0.05,0.73)	0.00 (-0.20,0.21)	0.24 (-0.12,0.60)
attending 1				*44%*	-0.06 (-0.27,0.15)	-0.01 (-0.25,0.24)
attending 2					*44%*	0.10 (-0.13,0.34)
attending 3						*13%*

* Responses grouped as "yes", "no", or "unclear" (separately); diagonal squares (bold, italic) = % of responses that were yes; other cells contain Kappa statistic (95% CI) for pairs of reviewers

especially in patients with abnormal genitourinary (GU) anatomy. Our study assessed inter-provider variability in diagnosing CAUTI in 50 such patients, including those meeting NHSN(National healthcare safety network) criteria. **Methods:** We included a random set of 50 adults (18+) with abnormal GU anatomy admitted to the University of Miami hospitals from January 2018 to November 2021 who had a urinary foley catheter and at least one positive urine culture during their hospitalization. Three Infectious disease fellows and three board-certified Infectious disease physicians independently reviewed each patient's chart, classifying them as having or not having a CAUTI. Inter-physician reliability was assessed using kappa statistics. **Results:** Our findings highlight substantial variation in clinician-determined CAUTI incidence among the 50 patients with abnormal GU anatomy, ranging from 8% to 32% (Figures 2,3). Inter-rater agreement on CAUTI diagnosis was generally poor (Kappa Hollenbeak CS, et al. The attributable cost of catheter-associated urinary tract infections in the United States: A systematic review. Am J Infect Control. 2018 Jul;46(7):751-757. Trautner BW, et al. Development and validation of an algorithm to recalibrate mental models and reduce diagnostic errors associated with catheter-associated bacteriuria. BMC Med Inform Decis Mak. 2013 Apr 15;13:48. Gafary M, et al. Catheter Associated Urinary Tract Infections (CAUTI) in Bladder Cancer Patients Post Cystectomy With a Neobladder, Open Forum Infectious Diseases, Volume 2, Issue suppl_1, December 2015, 293.

Presentation Type:
Poster Presentation - Poster Presentation
Subject Category: CLABSI
The Next Target for Readmission Reporting? Exploring Readmission Rates of Patients with CLABSI
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Background: Multi-drug resistant organisms (MDROs) are a common cause of healthcare-associated infections, particularly central line-associated bloodstream infections (CLABSIs). Prior research has shown that MDROs cause up to 67% of CLABSIs and have up to a 37% increase in 30 day readmission, which is higher than readmission rates for other conditions reported to the Centers for Medicare and Medicaid Services (CMS). The objective of the study was to determine overall 90-day readmission rates, and if there was a difference in readmission rate within 90 days post discharge for patients who had a MDRO as the causative pathogen of their CLABSI compared to patients who did not have an MDRO. **Methods:** A retrospective analysis of patient data from a nine-hospital system was performed on patients who had a CLABSI and were discharged alive between January 1st, 2018, and December 31st, 2019. Basic descriptive statistics were performed, and the potential differences in readmission rates were examined using Chi-square analyses. **Results:** The overall readmission rate for all CLABSIs was 46.9%. The chi-square analysis determined there was not a significant difference in readmission rates in patients who had a MDRO CLABSI compared to patients with a non-MDRO CLABSI (59.1% vs. 44.6%, x2= 1.564 , p= 0.211). **Conclusion:** There was not a significant difference in readmission rates between patients with an MDRO CLABSI compared to a non-MDRO CLABSI. However, the overall readmission rate for this patient population was much higher than seen in previous literature and other publicly reported readmission rates. Additional research is recommended to explore if the increased CLABSI readmission rates seen are a unique finding to this health system.

Presentation Type:
Poster Presentation - Poster Presentation
Subject Category: CLABSI
The Mechanics, Art, and Value of Central Line Stewardship
Jennifer Gutowski, Rochester Regional Health; Maryrose Laguio-Vila, Rochester General Hospital; Gaby Razzouk, Rochester Regional Health; Anil Job, Rochester Regional Health; Chris Reynolds, Rochester Regional Health; Elizabeth Duxbury, Rochester Regional Health; Cunningham Kelly, Rochester Regional Health; Farhad Nasar, Rochester Regional Health and Emil Lesho, Rochester Regional Health

Background: Central venous catheter (CVC) utilization and central-line associated bloodstream infection (CLABSI) have increased nationwide. Busy providers can easily overlook the recommended practice of daily assessment of the ongoing indication for CVC. Prospective audit and