

Stopping Infections One CAUTI at a Time

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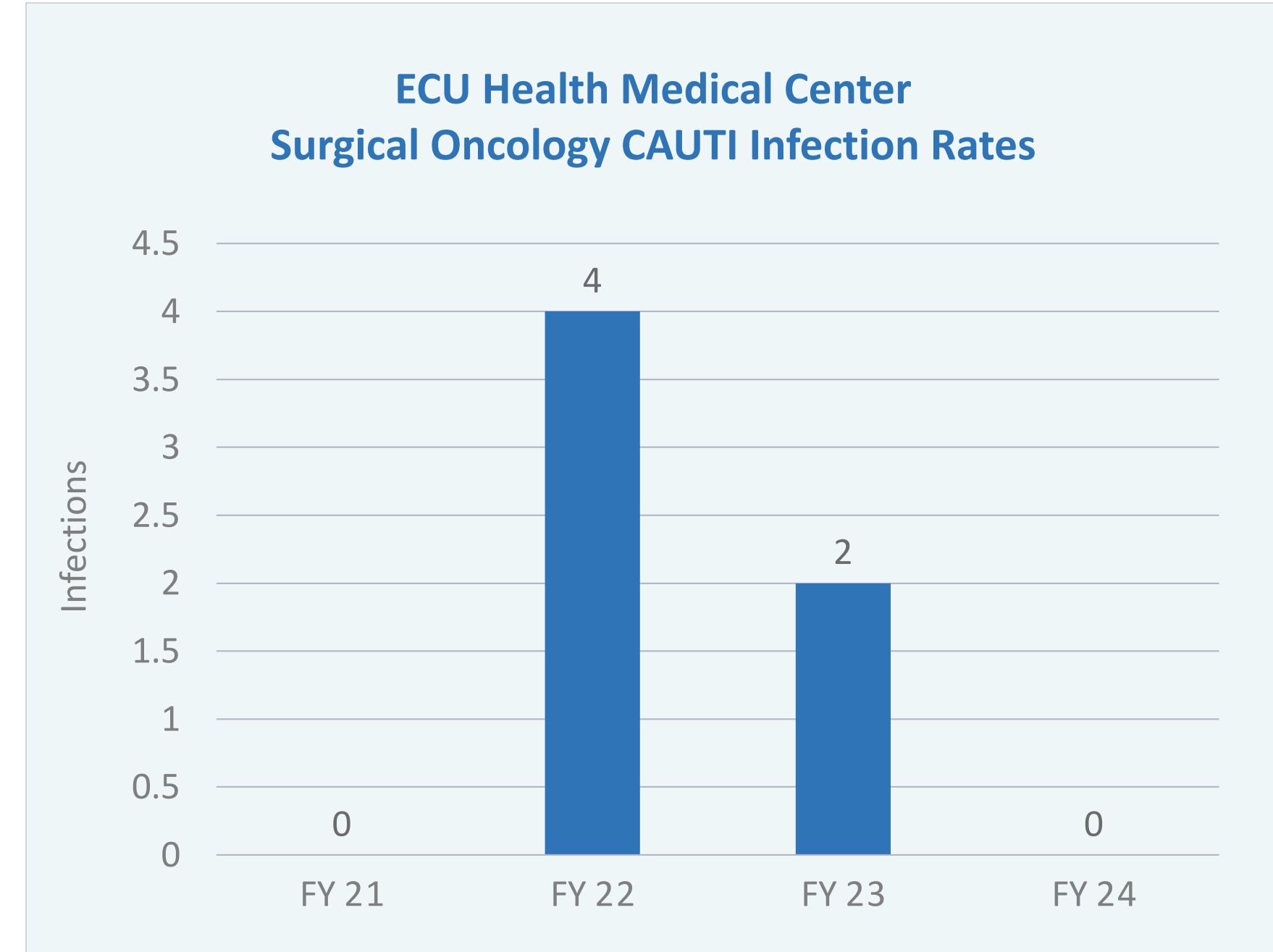
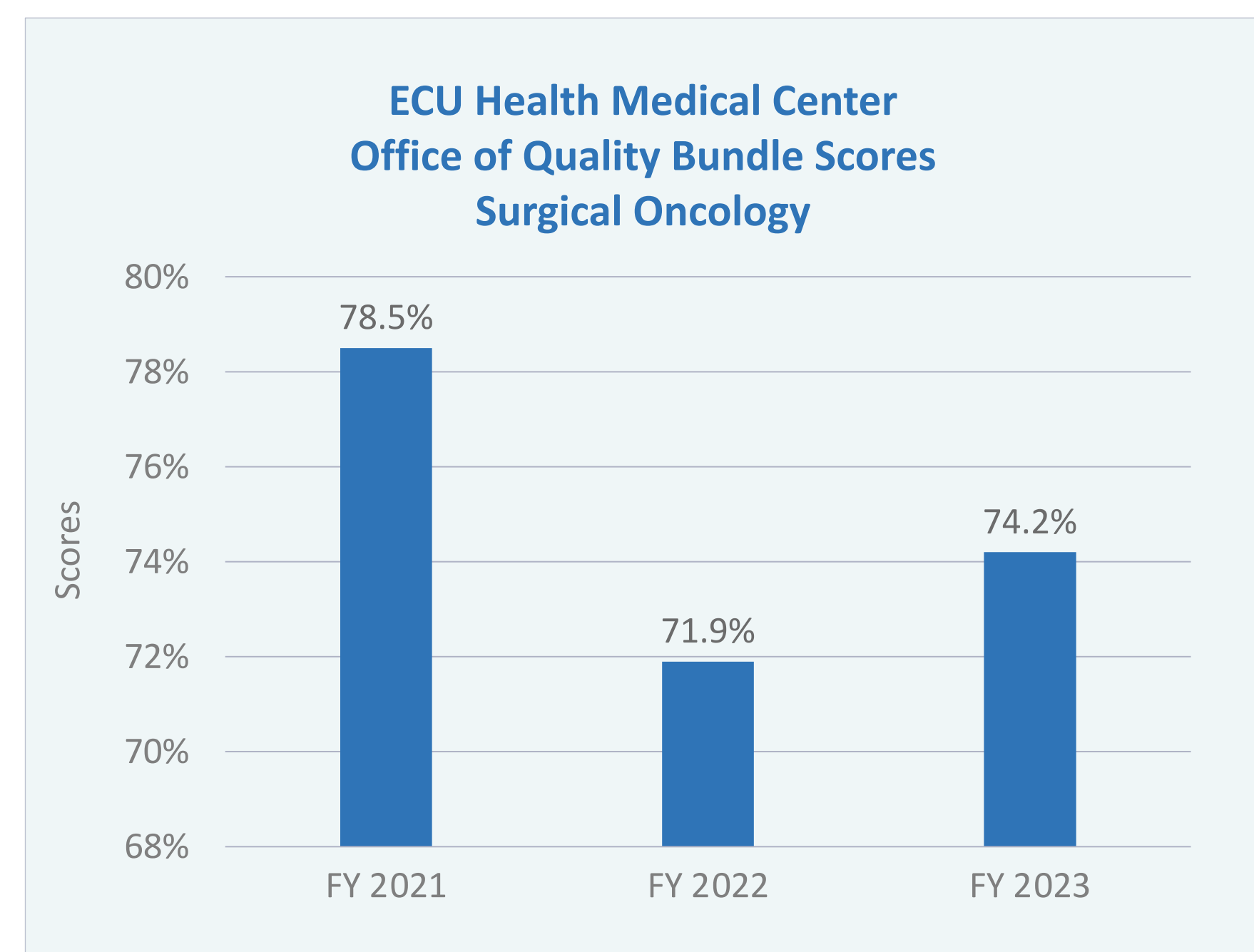
Background

- For any surgery, there is always the risk of post-operative infection and increased length of stay, and colon-rectal surgeries are no exception (Byrn et al., 2015).
- Hospital-acquired infection (HAI) affects the quality and safety of patients worldwide (Yallem et al., 2016).
- HAIs can evolve 48 hours post-admission or 30 days after surgery (Maindad et al., 2022).
- With infections in surgical patients, 20.6% of colon-rectal and ureteric stent surgical patients experience a catheter-associated urinary tract infection due to the nature of their diagnosis (CAUTI) (Farsi, 2021).
- For the rest of the hospitalized population, 40% of hospital-acquired infections are CAUTI (Farsi, 2021).

Project Overview

- Surgical Oncology is a 24-bed unit specializing in the care of post-operative colon-rectal, laryngeal, pancreatic, and urological oncology surgical services.
- This patient population is at high risk for CAUTI infections due to their co-morbidities.
- During the fiscal year 2022, surgical oncology had 4 CAUTIs.
- Leadership in surgical oncology, education and quality saw interventions needed to minimize future infections and implemented CAUTION: Foley Under Construction.
- This project was a series of education during huddles, insertions and daily care.

Process Improvement Methods



Target Outcomes

- Fiscal year 22 showed a 100% increase in CAUTIs compared to previous fiscal year 2021 with bundle Compliance of 33%.
- After implementing CAUTION: Foley Under Construction, Fiscal Year 2023 showed a 50% decrease in CAUTIs with 2.3% increase in bundle compliance.

CAUTION: Foley Under Construction

Lessons Learned

Collaboration with interdisciplinary teams can accelerate education to prevent HAIs, including CAUTIs.

References

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Acknowledgments

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