



Collaborative Deep Dive: Analyzing CLABSI & CAUTI through Drilldowns

Dr. Jacob Pierce; Jamie Hall, MSN, RN, CIC; Erin Pearson, BSN, RN

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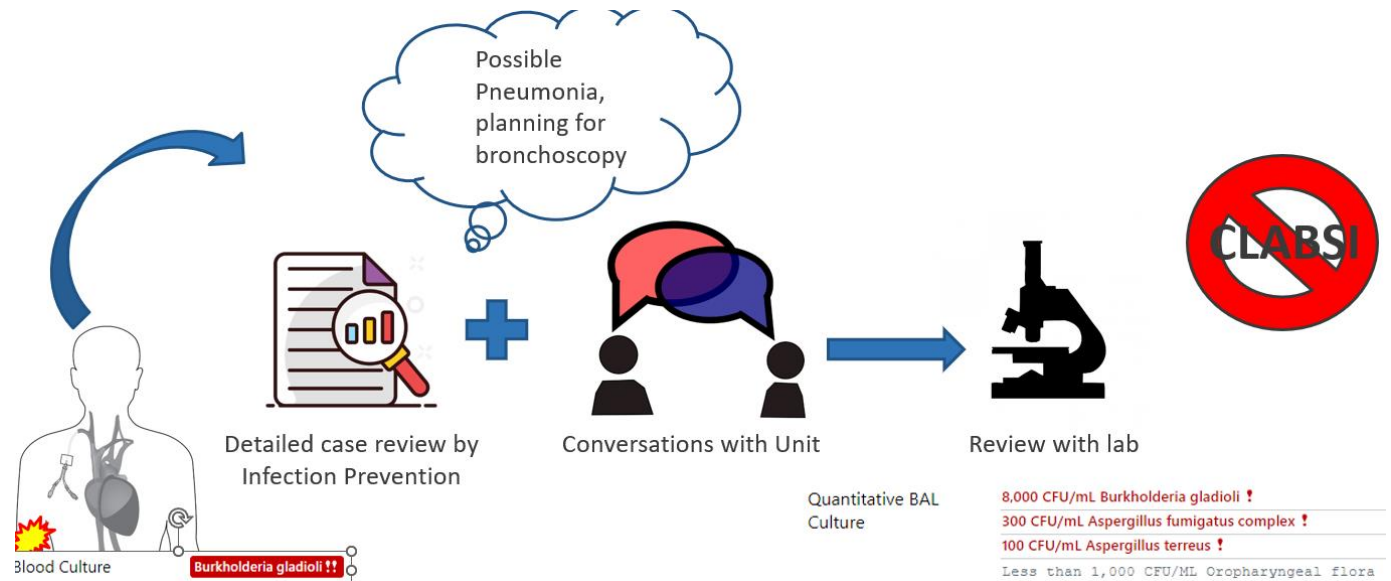
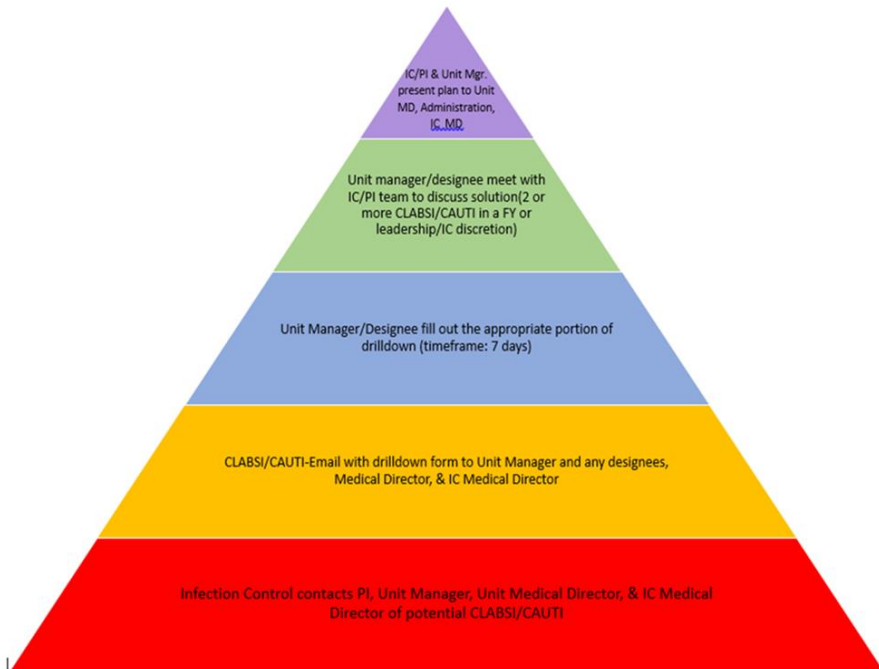
Background/Introduction

- Increasing CLABSI and CAUTI rates impacting patient safety and increasing costs
- Leadership recognition urgent need to address opportunities to improve
- Identified specific units with CLABSI and CAUTI opportunities
- Current drilldown process ineffective

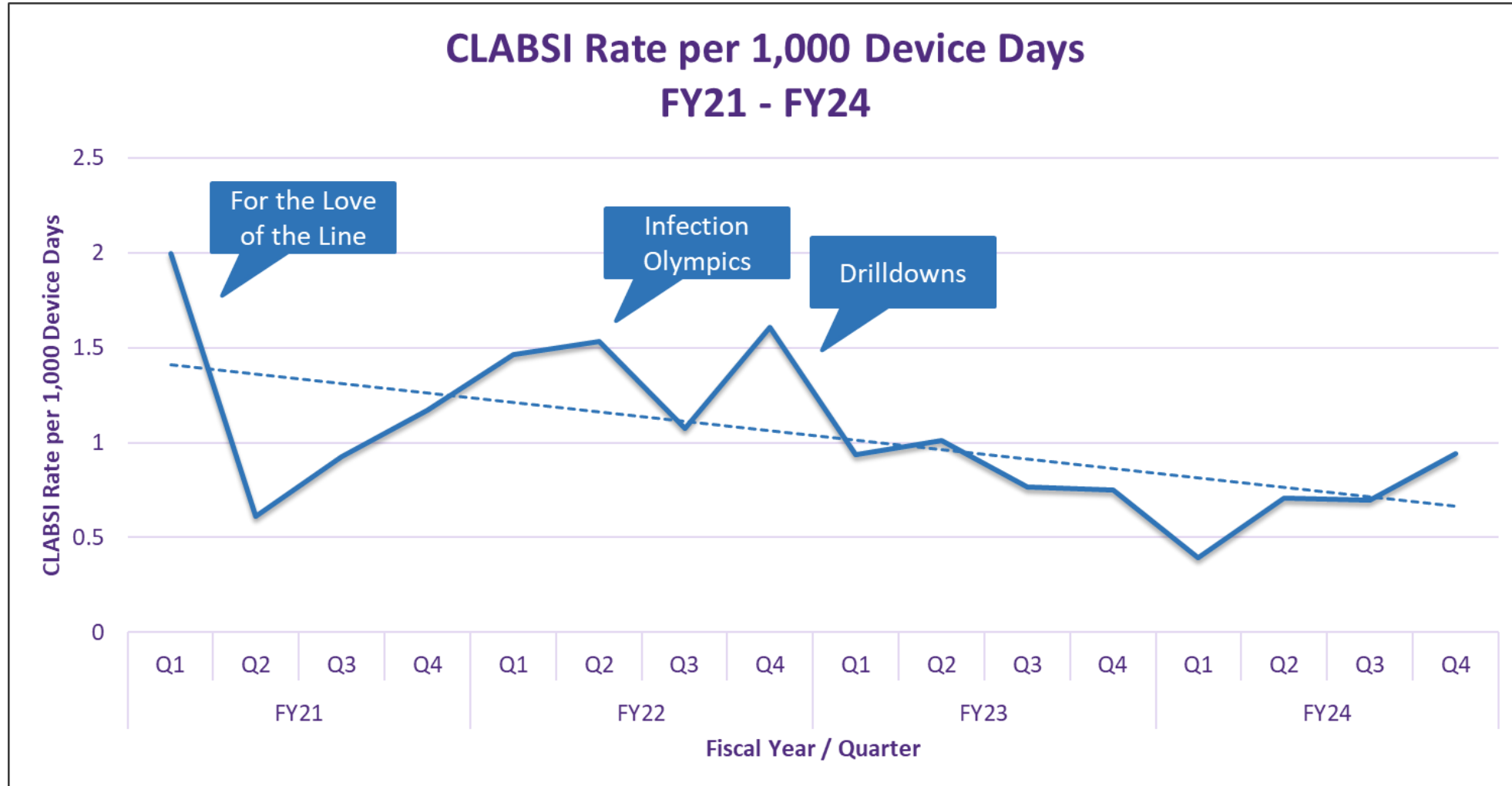
Aim statement: To reduce CLABSI and CAUTI rates each Fiscal year by 10% system-wide by collaborating with unit leadership, identifying key opportunities and strategies using evidence-based practice.

Methods

A multidisciplinary team conducted drilldowns on each CLABSI and CAUTI case to identify contributing factors. Interventions included enhancing staff training on infection prevention, standardizing protocols for line insertion and maintenance, and reinforcing catheter care practices. All staff members participated in these initiatives, ensuring a comprehensive and consistent approach across units.



Results



Results

FY 23 results:

- 14 CLABSI and 3 CAUTI cases prevented
- Potential cost savings \$967, 525
- CAUTI reduction 24%
- CLABSI reduction 36%
- 100% staff participation
- Created a culture of accountability and engagement

FY 24 results:

- 5 CLABSI and 5 CAUTI cases prevented
- Potential cost savings \$526,915
- CAUTI reduction 15%
- CLABSI reduction 15%
- 100% staff participation

Conclusion

The collaborative effort successfully reduced CLABSI (Central Line-Associated Bloodstream Infections) and CAUTI (Catheter-Associated Urinary Tract Infections) rates, highlighting the effectiveness of a systematic, team-based approach to infection control. Engaging staff at all levels resulted in lasting improvements in patient safety and infection control practices.

Recommendations for Practice:

Consider expanding use process in other hospital-acquired infections.