2017 Performance Improvement Report

STRATEGIC PRIORITY

1. Develop world-leading healthcare and research

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| **Project Name** | | | |
| Reducing Catheter Associated Urinary Tract Infections (CAUTI) in Cardiovascular Telemetry Unit (CVT) below National Health Safety Network Benchmark (NHSN) | | | |
| **Site** | | **Department** | |
| Jeddah | | Cardiovascular Telemetry Unit | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 03-03-2017 | | 09-30-2017 |

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| **Problem:** Why the project was needed?  There was an increased rate of CAUTI in the unit reached 26.3 above the benchmark days during the year 2016. | **Aims:** What will the project achieve?  Reduce the incidence of CAUTI in CVT From 26.3 to below NHSN Benchmark 1.4 |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Safe** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | Catheter Associated Urinary Tract Infections (CAUTI) rate. | Reduce the incidence of CAUTI in CVT from 26.3 to below NHSN Benchmark 1.4. With stretch goal to reach 0 at the end of 30 Sept 2017. | |
| **Interventions:** Overview of key steps/work completed   * The infection control and nursing KPIs (Infection control and Nursing Quality and Practice monthly data) from 2016 were reviewed and analyzed and the team brainstormed the potential causes and actions needed to be taken. These actions included;   + Hand Hygiene awareness for staff.   + Internal and external auditors for Hand Hygiene.   + Foley Catheter audits every other day.   + Assign staff as “CVT Infection Control Officers” to help promote and ensure good practice.   + Ensure compliance with Urinary Tract Infection Bundle and documentation |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)*   * The data before the project has an increased incidence in CAUTI reached the rate 26.3 which is above the NHSN benchmark of 1.4.     After completion of the Performance Improvement project data shows 0 infections from January 2017 to October 2017 Which exceed the new adopted NHSN benchmark which is 1.3  cid:image003.png@01D35D5B.B1C54920 |

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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Adel Al Hyari | Ruth Descalzo  Keisha Anglin  Ivy Zulu  Deva Thachinamoorthy  Cynthia Filiteo  Gissele Pimental  Wejdan Barayan  Jo Ann Virtucio  Abrar Maghrabi  Batoul Bugis  Wessal Assiri  Thamer Al-Khalyleh  Eireen Macalimao  Medalin Sundaresan  Nezar Mohamed  Samer Dardas |