

## 2018 Performance Improvement Report STRATEGIC PRIORITY I

Medical Research and Academic excellence

## **Project Name**

Decrease Catheter Associated Urinary Tract Infection (CAUTI) in Adult Oncology Unit None Bone Marrow Transplant Service.

SiteDepartmentJeddahAdult Oncology

Project Status	Project Start Date	Project End Date
Completed	01-01-2018	06-30-2018

## Problem: Why the project was needed?

There was an increased rate of CAUTI in the unit reached (2.4 in July 2017 year to date result as Per infection control report existed and the arte reach 3.7 on moth of July 2017 as per nursing practice quality and research department report existed above the NHSN - National Healthcare Safety Network Benchmark 2.1 in adult oncology Unit none bone marrow transplant Service.

Benefits/Impact: What is the improvement outcome?

- □ Contained or reduced costs
- ☐ Improved work process
- ☐ Improved cycle time
- ☐ Other (please explain)

Click or tap here to enter text.

Aims: What will the project achieve?

To decrease the catheter associated urinary tract infection (CAUTI) in adult oncology unit none bone marrow transplant service from NHSN - National Healthcare Safety Network Benchmark (2.4) to below the NHSN - National Healthcare Safety Network Benchmark 2.1 with stretch goal to reach zero by the end of June 2018.

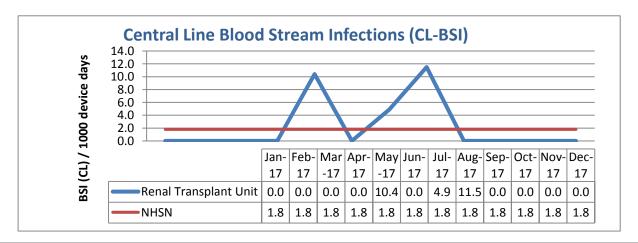
**Quality Domain:** Which of the domains of healthcare quality does this project support? **Patient Centred** 

## Interventions: Overview of key steps/work completed

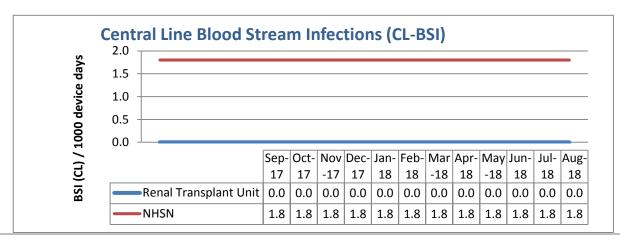
- Multidisciplinary team was created.
- · Focusing on practice, education and auditing nursing care and documentation for the bundle to ensure compliance
- Increase Patient & Family education by distribute educational material for patients once catheter in.
- Insure equipment's are available all the time.
- Provide clamps inside patient's rooms while catheter is in.
- · Monitoring nurses practice intensively.
- Staff education quarterly.
- Hand washing campaign quarterly.

Results: Insert relevant graphs and charts to illustrate improvement pre and post project

• Graph 1, that represent the pre data:



Graph 2, that represent the post data:



**Project Lead** 

**Team Members** 

Name

Ehab Abdulghani

Names

Nour Al-Attas (QM Facilitator)

Mossairy, Shereefah

Princess Austria

Moneda, Jennifer

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Emma Mendoza

Mary Pica

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Judy Enciso

Melanie Poganga

Sithara John

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Lerato Mosia

Janice Tabanag

Shirin Joseph

Dhanyah Sibastean

Shini Philipose

Kochimol Devasia

Anne Chavez

Thushara Thankashan

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