

2017 Performance Improvement Report STRATEGIC PRIORITY

3. Improve efficiency and decision-making

Project Name

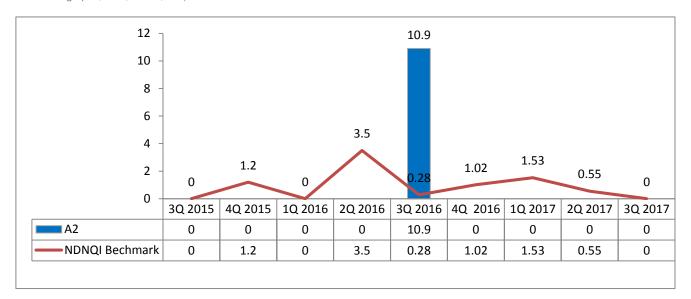
Reduce Catheter Associated Urinary Tract Infection (CAUTI) in A2

Site Riyadh Project Status Project Start Date		Department Nursing Pediatric- A2	
		Completed	10-01-2016
Problem: Why the project was needed?		Aims: What will the project achieve?	
on reinforcing the hospital s care on urinary catheter ins	fety Goal #5. A2 staff worked specific standards of nursing	Reduce CAUTI Infection rate from 10.9 to 0 in A2 before the end of 3Q 2017	
Benefits/Impact: What is the improvement outcome? (check all that apply)		Quality Domain: Which of the domains of healthcare quality does this project support? (Select only one)	
□ Contained or reduced costs		Efficient	
☐ Improved productivity		Lincient	
☐ Improved work process			
☐ Improved cycle time☑ Increased customer sat	infantian		
Increased customer satOther (please explain)	istaction		
	er text.		
Click or tap here to ente	er text.		
Measures: Performance metrics to be evaluated		Targets: Expected outcomes	
CAUTI Infection Rate		Zero	

Interventions: Overview of key steps/work completed

- Formulation of A2 CAUTI task force
- In-services on Urinary Catheter maintenance provided when needed.
- Development of urinary catheter maintenance competency check off.
- Education material developed and uploaded to unit shared file.
- Random unit audit performed.
- Daily review of urinary catheter is checked.

Results: Insert relevant graphs and charts to illustrate improvement pre and post project (insert relevant graphs, data, charts, etc.)



Project Lead

Name

(person accountable for project)

Yasser Qadous, AAHN

Team Members

Names

(persons involved in project)

Jasmin, Erlinda-SN 1 Ismail, Hodan-SN1 Hinola, Jo-SN1 Canoy, Virna marie-SN 1 De francia, Jelly marie-SN1 Villanueva, Analyn-SN1 Mirabueno, Emily-SN1