# **Preventing Healthcare-Associated Infections**

Healthcare-associated infections (HAI) are a threat to patient safety. Centers for Disease Control and Prevention (CDC) provides national leadership in surveillance, outbreak investigations, laboratory research, and prevention of healthcare-associated infections. The prevention of healthcare-associated infections remains our top priority. Types of infections:

## Catheter-associated Urinary Tract Infections (CAUTI)

A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney. UTIs are the most common type of healthcare-associated infection reported to the National Healthcare Safety Network (NHSN). Among UTIs acquired in the hospital, approximately 75% are associated with a urinary catheter, which is a tube inserted into the bladder through the urethra to drain urine. Between 15-25% of hospitalized patients receive urinary catheters during their hospital stay.

The most important risk factor for developing a catheter associated UTI (CAUTI) is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed. The use of external catheters is encouraged when appropriate.

## Central Line-associated Bloodstream Infections (CLABSIs)

A central line-associated bloodstream infection (CLABSI) is a serious infection that occurs when germs (usually bacteria or viruses) enter the bloodstream through the central line, a catheter often placed in a large vein in the neck, chest, or groin to give medication or fluids or to collect blood for lab tests. Healthcare providers must follow a strict protocol when inserting the line to make sure the line remains sterile and a CLABSI does not occur. In addition to inserting the central line properly, healthcare providers must use stringent infection control practices each time

### We have reached our goal of remaining **below national and** hospital benchmarks for infections!

By our hospital utilizing the above processes, we continue to keep our community safe.

1.0													
RATE													
0.0	0.00.0	0.00.00 0.00.00 0.00.00 0.00.00 0.00.00 0.00.0											
0.0	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	TOTA
2 Med Surg RATE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<ul> <li>2 Med Surg RATE</li> <li>CHU RATE</li> </ul>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHU RATE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHU RATE  3E Ortho RATE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHU RATE  3E Ortho RATE  ICU RATE	0.0 0.0 0.0	0.0 0.0 0.0	0.0 0.0 0.0	0.0 0.0 0.0	0.0	0.0	0.0	0.0 0.0 0.0	0.0 0.0 0.0	0.0	0.0 0.0 0.0	0.0	0.0
CHU RATE  SE Ortho RATE  ICU RATE  PCU RATE	0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0

a catheter in 2022 with 3,573 catheters days

they check the line or change the dressing.

CDC, in collaboration with other organizations, has developed guidelines for the prevention of CLABSI and other types of healthcare-associated infections. Facilities can monitor the rates of CLABSI and assess the effectiveness of prevention efforts through CDC's National Healthcare Safety Network (NHSN).

#### Hand Hygiene Program

We have a commitment to performing hand washing at each moment of opportunity. Practicing hand hygiene is a simple yet effective way to prevent hospital acquired infections. We observe one another more than one thousand times per month cleaning our hands with either soap and water or alcohol hand sanitizer to keep you safe. We continue to train new staff and monitor established processes to ensure we maintain a clean and healthy environment.

# What have we done to ensure your safety and reduce incidence of infections?

- We try to avoid placing central line catheters or indwelling urinary catheters (known as a "Foley).
- Alternative methods have been established to avoid placing these catheters.
- At our hospital we use chlorhexidine soap daily for bathing or showering to help prevent infections.
- Our staff are trained and adhere to standardized protocols created to improve catheter maintenance and dressing changes.
- Evidence based infection control studies has shown that applying an alcohol based nasal antiseptic twice daily drastically reduces the colonization of bacteria in the nose. Some of these common bacteria are: Staph Aureus and MRSA.
- We review any catheter for appropriateness daily.
- We participate in daily Safety Huddles with all department leaders to communicate and anticipate barriers and resolve any infection control issues timely.

		Adv	entH	lealt	h Ca	rroll	woo	d: Cl	ABS	I - Al	l Un	its 2	022	
	1.2													
	1.0													
Kate	0.8													
	0.6													
	0.4													
	0.2													
	0.0	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	TOT
2 Med Surg	RATE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHU RATE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3 East Orth	o RATE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ICU RATE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PCU RATE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4E/MSU RA	TE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
5E/MSU RA	TE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL RAT	E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

\*There were zero infections related to a central line in 2022 with 4,527 central line days

