Preventing Healthcare-Associated Infections

Healthcare-associated infections (HAI) are a threat to patient safety. The prevention and reduction of healthcare-associated infections is a top priority for us.

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, approximates 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 common 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.

Central Line-Associated Bloodstream Infections (CLABSIs)

A central line (also known as a central venous catheter) is a catheter (tube) that doctors often place in a large vein in the neck, chest, or groin to give medications or fluids or to collect blood for medical tests. You may be familiar with intravenous catheters (also know as IVs) that are used frequently to give medicine or fluids into a vein near the skin's surface (usually on the arm or hand), for short periods of time. Central lines are different from IVs because central lines access a major vein that is close to the heart and can remain in place for weeks or months and be much more likely to cause serious infection. Central lines are commonly used in intensive care units. 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.

We have implemented the following actions to keep you safe and to reduce the incidence of infections:

- Specific criteria is required to place central lines and urinary catheters
- Alternatives to central lines and urinary catheters are encouraged
- Daily review of all central lines and urinary catheters in order to remove as soon as possible to reduce change of infection
- Specially trained registered nurses to place central lines and urinary catheters
- Daily bathing with Chlorhexidine



There were 8 Central Line-Associated Bloodstream Infections out of 4,720 central line days



There were 3 Catheter-Associated Urinary Tract Infections out of 4,978 indwelling catheter days

Nothing is more important to us than you. Thank you for helping us put safety FIRST.

