# **CATHETER-ASSOCIATED URINARY TRACT INFECTIONS:** THE MULTIMODAL STRATEGY OF THE GHENT HOSPITAL NETWORK

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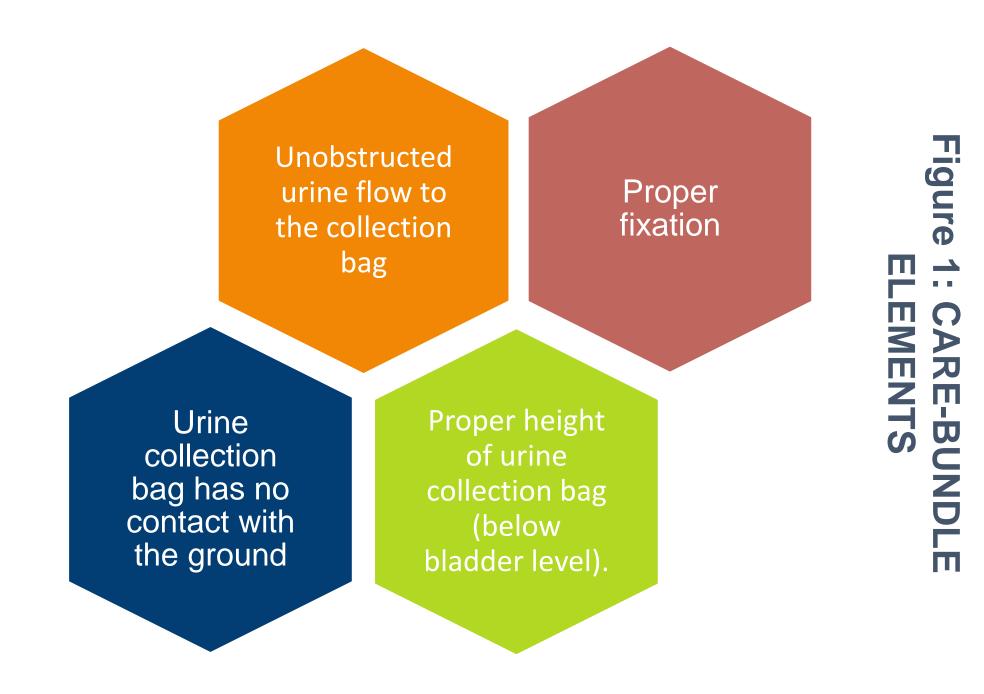
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#### INTRODUCTION

In 2021, the Belgian government took significant steps to enhance "Infection Prevention and Control" (IPC) and "Antimicrobial Stewardship" (AMS) by establishing Hospital Outbreak Support Teams (HOST). These specialized teams operate within hospital networks and offer support to local IPC and AMS teams.

The Ghent Hospital Network (ZNG) encompasses four healthcare facilities, including a tertiary hospital and three regional centers. In August 2022, a gap analysis was performed regarding catheter-associated urinary tract infections (CAUTI) prevention by assessing care bundle adherence (Figure 1). Overall care bundel compliance was low (27.6%) (Figure 2). This led us to formulate and prioritize a CAUTI prevention strategy

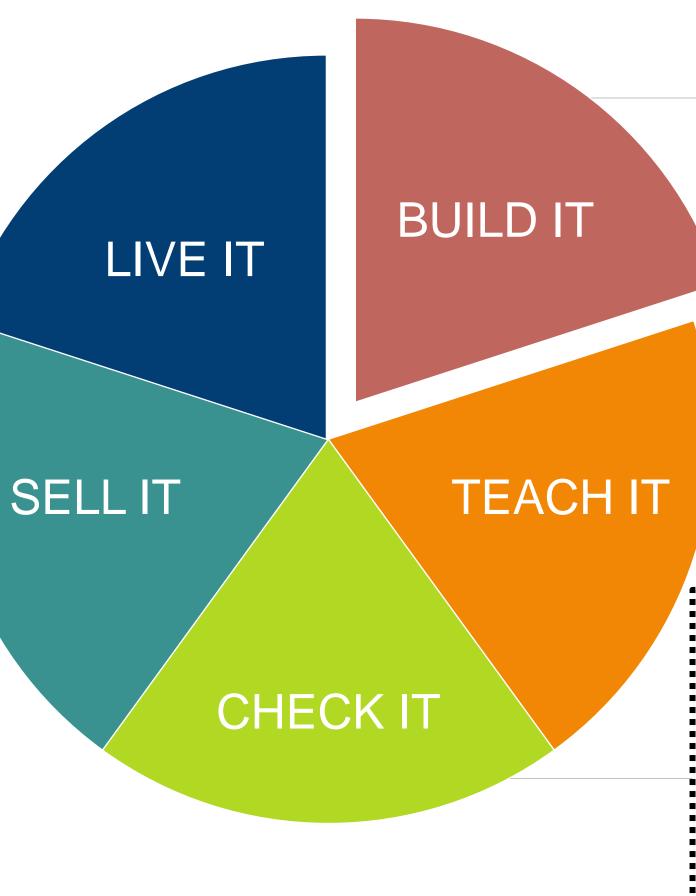


## **OBJECTIVE**

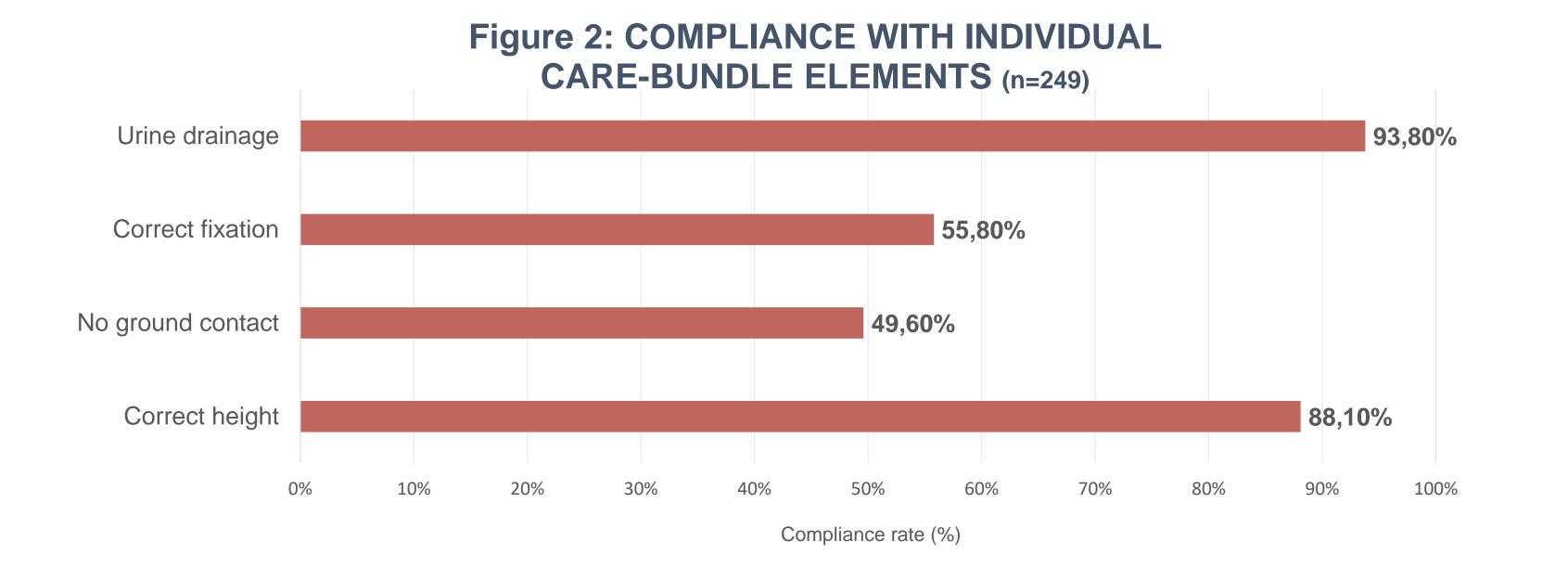
- To improve compliance with the CAUTI care bundle, a three-part objective was : formulated:
- .Establish action strategies addressing knowledge, processes, and followup measures
- 2. Enhance the consistency and effectiveness of structure, processes, and outcome indicators.
- 3. Assess the feasibility of implementing a **unified CAUTI strategy** within a network.

## **MULTIMODAL STRATEGY**

The measurements receive support from the Infection : Prevention and Control (IPC) teams of network hospitals and are systematically integrated into each hospital's



At the network level, a **shared** objective, protocol, and set of indicators were developed, offering flexibility for **customization** to each hospital's unique needs, and were



internal systems. This integration ensures that the generated data remains accessible and relevant to the : respective institutions. Consequently, a standardized data model is established for the **consistent** measurement of CAUTI incidence and bundle compliance, facilitating: cross-hospital continuous comparisons and benchmarking.

Optimizations were carried out in processes and electronic health records (EHR). Identified deficiencies within the ICT systems (EHR) were found to impede compliance with the care bundle.

validated by all network hospitals.

Through benchmarking among network hospitals and the exchange of CAUTI data and procedures, a variety of training methods have been implemented. These methods have a **shared core** but are **customized** to suit the unique needs of each hospital, with the objective of enhancing CAUTI prevention efforts.

A standardized procedure, uniform data collection, and a common set of benchmarks will facilitate transparent comparisons among network hospitals. This shared set of benchmarks includes three structural, eight process-related indicators (e.g., care bundle compliance), and five outcome indicators (e.g., CAUTI incidence). HOST ZNG will oversee the follow-up assessments scheduled for December 2023.

#### **BARRIERS AND FACILITATORS**

Differences in the case mix, size and culture of the network hospitals, resulting in a lower priority of CAUTI within the institution and/or different speeds of progress between hospitals.

#### **PRELIMINARY CONCLUSION**

The current strategy is being established through the ongoing action strategies and tested through the planned follow-up measurement. The feasibility **assesment** is planned following these measurements.



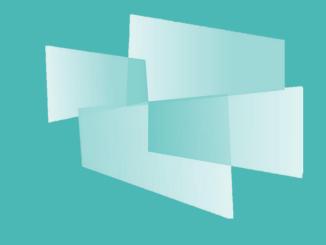
- The **different EHR** used by the network hospitals, which do not allow automated communication. As a result, there is a great need for manpower to carry out the measurements.
- **Research-related gaps** that affect the validity of observations (e.g., inability to observe catheter placement).

**Clear gap analysis** demonstrating need for a CAUTI strategy. Support from **local IPC teams** to provide translation to the local setting.

The largest barrier detected was the **diversity** between institutions and the most important facilitator was the **sense of urgency** around a common goal.







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