A study on prevalence and prevention of CAUTI

(Catheter associated-urinary tract infection)

ORGANISATION DESCRIPTION

Eternal Hospital (A unit of Eternal Heart Care Centre and Research Institute) is a state-of-the-art tertiary care hospital in Jaipur city, founded by Dr. Samin k Sarma, a world renowned interventional cardiologist, in 2013.

With a capacity of 250 beds, hospital has state-of-the-art technology focusing on multispeciality care.

The hospital is JCI, NABH, NABL accreditated and affiliated with Mount Sinai hospital, USA.

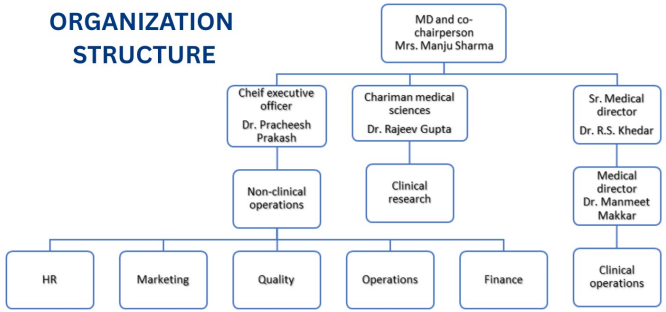
VISION

A centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

MISSION

To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services.

ORGANIZATION STRUCTURE



STRENGTHS

- Established CAUTI bundles and checklists.
- Infection control team in place.
- Periodic internal audits.
- NABH accreditation standards

WEAKNESS

- Occasional irregularity in checklist compliance.
- Low Awareness Among Some Staff.
- Manual process.

OPPORTUNITIES

- Regular refresher training
- Digitization of CAUTI checklists.
- Internal awareness drives for infection control practices.

THREATS

- Poor documentation may lead to undetected CAUTI cases.
- Proper documentation maybe deprioritized by nursing staff.

THEORETICAL LEARNING V/S PRACTICAL EXPOSURE

While theory highlights perfect compliance, practical working taught how everyday challenges like staff workload, coordination issues, and human limitations shape how care is actually delivered and documented.

KEY LEARNINGS

- Overview of hospital acquired infections and in depth understanding of CAUTI.
- Learned to conduct quality audits across various departments.
- Operational workflow of clinical and non-clinical departments and their interdependencies.
- Improved self confidence and communication skills through daily interactions.

CHALLENGES FACED

- Hesitation of staff in sharing relevant information.
- Balancing multiple tasks and duties
- Transitioning from academic learning to unpredictable healthcare environment.

SUGGESTIONS FOR IMPROVEMENT

- Patient/attendant entry and exit should be from different gates to manage the flow.
- Complete counselling of patients/attendants at the time of discharge.
- Appointing a health counsellor for PHC.

STUDY OBJECTIVE

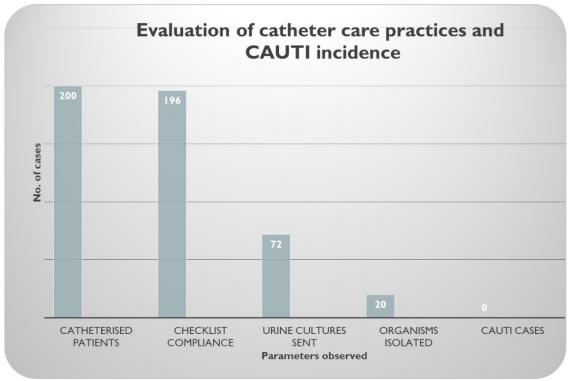
To assess the prevalence of CAUTI and to evaluate the compliance with precautionary protocols as per the standard guidelines.

SAMPLE SIZE = 200

Patients with indwelling catheter during two-month study period in all ICUs and general wards.

PARAMETERS ANALYSED FOR CAUTI PREVENTION

- Hand hygiene
- Reason medically justified
- Closed drainage system
- Aseptic insertion technique
- Rational use of urine sample
- Timely removal of catheter
- Documentation compliance
- Daily catheter need review



Reasons for CAUTI not being diagnosed in cases where organisms were isolated

- Lesser colony count
- Sample sent on same day/next day of catheterisation
- Fever <38 C

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SUMMER INTERNSHIP PROGRAM 2025

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Organization mentor: Dr. Ruchi Khanna