

CAUTION PORTFOLIO



الإدارة العامــة لمكافحــة عـــدوى المنشــآت الصحيــة General Directorate of Infection Prevention and Control

















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- 4. Monitoring Compliance
- 5. Education & Training

CAUTION STRATEGY

(CAUTI Out of Nation)

CAUTION is a national strategy aims to reduce CAUTI in all national healthcare facilities through comprehensive approach of intensive implementation of multiple evidence -based measures.





Catheter Associated Urinary Tract Infections (CAUTIs) are the most common type of healthcare-associated infection, and it is accounting for more than 30% compared to other HAIs.

The increasing rate of CAUTI lead to significant negative impacts on healthcare facilities such as increased healthcare cost, prolonged length of stay (LOS), high morbidity and mortality rate.

It is essential to develop a well-constructed approach to prevent CAUTI among patients in the healthcare facilities.

We've put together evidence-based interventions as tools for CAUTI Prevention and aid in the reduction of CAUTI rates

EVIDENCE-BASED CAUTION INTERVENTIONS

- A. Guideline Guideline for Prevention of CAUTI
- B. Tools
- 1. CAUTION Roadmap Implementation Assessment
- 2. Urinary Catheter Insertion Competency
- 3. Urinary Catheter Maintenance Competency
- 4. Urinary Catheter Insertion Adherence Monitoring
- 5. Urinary Catheter Maintenance Adherence Monitoring
- 6. Daily CAUTI Safety Huddle
- 7. CAUTION Champions Criteria
- **C. CAUTION Supplies Tools**
- 1. CAUTION Implementation Related Supplies Codes Tools
- 2. CAUTION Supplies Consumption Calculator Tool
- D. Education Materials
- 1. Lectures on CAUTI Surveillance and CAUTI Prevention
- E. Posters







WHAT IS INSIDE A CAUTION PORTFOLIO

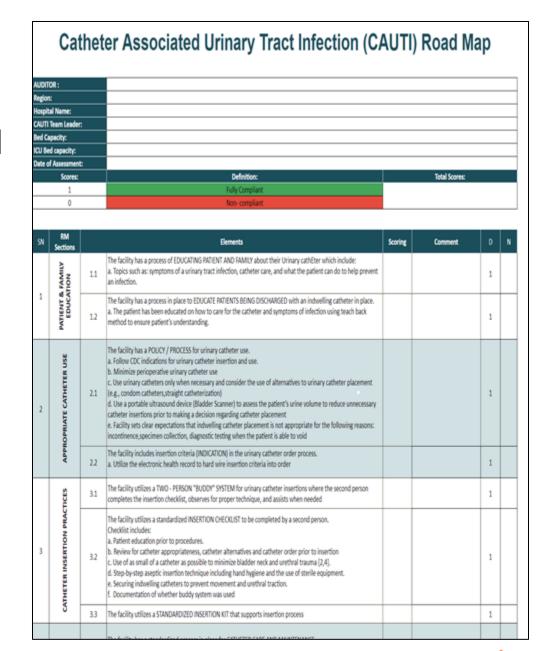




CAUTI PREVENTION TOOLS

CAUTION Roadmap Assessment Tool

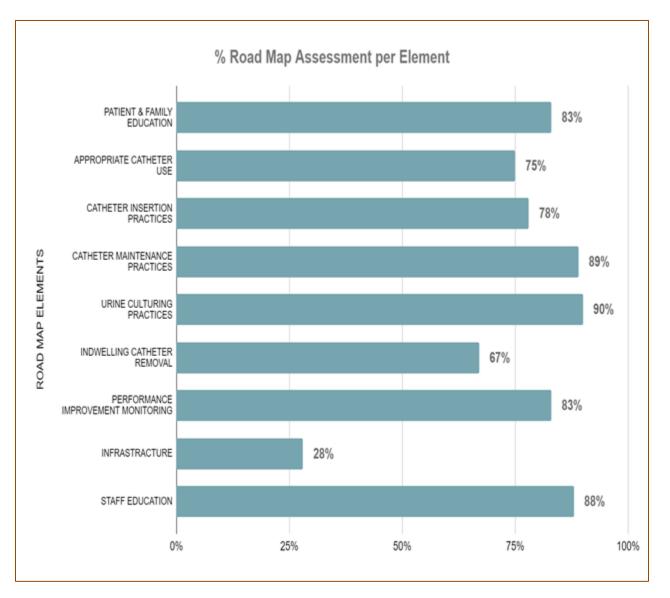
It is an assessment tool to have a view of the hospital situations with regards to CAUTI rates and urinary catheter utilization ratios, to know where are the gaps and make a plan on how to fill the gaps





ROAD MAP ASSESSMENT ELEMENTS:

- 1. Patient & Family Education
- 2. Appropriate Catheter Use
- 3. Catheter Insertion Practices
- 4. Catheter Maintenance Practices
- 5. Urine Culturing Practices
- 6. Urinary catheter removal
- Performance Improvement Monitoring
- 8. Infrastructure- Human
- 9. Staff education



HOW

- By Regional Surveillance Coordinator Visits
- By Hospital Self- Assessment

WHEN

- 1ST Assessment FEB 2023 by Hospital IC
- 2nd Assessment NOV 2023- by Regional IC

WHAT

- SCORING
- 0 Not compliant actions to be done
- 1 Compliant maintain and follow up

WHERE

- SUBMISSION
- Hospital Region GDIPC
- Email-crrs.gdipc@gmail.com

THE ROADMAP ASSESSMENT

URINARY CATHETER INSERTION COMPETENCY

ASSESSMENT:

To be done annually by schedule in ICU to assess knowledge, skills and practice in the Urinary Catheterization

ROLES:

- 1. Supervisor Registered Nurse/Medical Officer capable of supervising Indwelling Urinary Catheterization.
- 2. Assistant Assisting the inserter (RN, Clinical Technician)
- 3. Inserter Person inserting the Indwelling Urinary Catheter

DEVIATIONS:

If there is deviation in any of the critical steps, the supervisor must immediately notify the inserter and stop the procedure until corrected.

SCORING:

- = > 90% Competent
- < 89% Needs more training session



General Directorate of Infection Prevention and Control

الإدارة العامة لمكافحة عدوى المشأت الصحية

CAUTION STRATEG

COMPETENCY ASSESSMENT CHECKLIST (Insertion of Indwelling Urinary Catheter)

| e of Supervisor: | ID No.: | Date: |
|---------------------|---------|---------------------|
| lame of Supervisor: | | |
| | | ACHIEVED BE ASSESSE |

| | | ACHIEVED X | IEVED | RE-ASSESSMEN (If required) or |
|-----|--|------------|-------|----------------------------------|
| | PROCEDURE | 1 | X | Comments |
| BE | FORE THE PROCEDURE | | | |
| 1. | Confirm doctor's order and prepare supplies. a. Use the smallest appropriate IUC size. b. Keep a second catheter to use if the first one is accidentally contaminated. | | | |
| 2. | Identify the patient. Explain the procedure, its necessity, and its potential complications and ensure patient's privacy and good lighting. | | | |
| 3. | Position the patient correctly for the procedure; consider asking an assstant to help patient stay in position and decrease potential contamination of sterile catheter. | | | |
| 4. | Perform hand hygiene, don clean gloves, and cleanse the perineal area with a skin cleanser, and warm water, moving from front to back. | | | |
| 5. | Remove gloves and perform hand hygiene. | | | |
| DU | RING THE PROCEDURE | | | |
| 1. | Open the sterile catheterization kit on a clean bedside table, using sterile technique. | | | |
| 2. | Put on sterile gloves and drape the patient. | | | |
| 3. | Prepare the antiseptic solution; ensure the patient is not allergic to iodine. | | | |
| 4. | Apply sterile single-use lubricant jelly to the catheter tip. Consider attaching catheter to drainage system first, if not already attached, and ensure the drainage bag emptying port is clamped. | | | |
| FEI | MALE CATHETERIZATION | | | |
| a. | With non-dominant hand, identify meatus and be prepared to keep this hand in this position until after the urine is flowing. | | | |
| b. | With dominant (sterile) hand, clean the meatus opening with the antiseptic solution, moving from top to bottom. Use a new wipe/swab each time. Allow the antiseptic to dry. | | | |
| M | ALE CATHETERIZATION | | | |
| a. | With sterile dominant hand, use the forceps to pick up a cotton ball and cleanse the glans penis with a saturated cotton ball in a circular motion from the center of the meatus outward. | | | |
| b. | Discard the cotton ball after use into the plastic outer wrap not crossing the sterile field. Repeat the procedure three times using new cotton balls each time. | | | |

URINARY CATHETER MAINTENANCE COMPETENCY

A. COMPETENCY

- 1. Training is provided to all personnel who are given responsibility for urinary catheter maintenance (e.g., perineal care, emptying the drainage bag aseptically, maintaining the closed drainage system, maintaining unobstructed urine flow). Personnel may include, **but** are not limited to, nurses, nursing assistants, medical assistants, technicians, and transport personnel.
- 2. Training is provided upon hire, prior to being allowed to perform urinary catheter maintenance
- 3. Assessment is done at least annually.
- 4. Training is provided when new equipment or protocols are introduced.
- 5. Personnel are required to demonstrate competency with catheter maintenance (i.e., correct technique is observed by trainer) following each training.
- 6. Hospital maintains current documentation of competency with urinary catheter maintenance for all personnel who maintain urinary catheters.

B. ROLES

Supervisor – Registered Nurse/Medical Officer skilled on Indwelling Urinary Catheterization.

C. Scoring:

- = > 90% Competent
- < 89% Needs more training session



General Directorate of Infection Prevention and Control الإدارة العامة لمكافحة عدوى المنشأت الصحية CAUTION STRATEGY

COMPETENCY ASSESSMENT CHECKLIST (Maintenance of Indwelling Urinary Catheter)

| Name of Staff: | ID No.: | Date: |
|---------------------|---------|-------|
| Name of Supervisor: | | |

| | | ACHIEVED | | RE-ASSESSMEN (If required) o | |
|--------|--|----------|---|---------------------------------|--|
| | PROCEDURE | 1 | X | Comments | |
| 1. H | AND HYGIENE | | | | |
| a. | Perform hand hygiene before each and every patient contact and before any manipulation of the catheter device or site | | | | |
| 2. M | AINTAIN A CLOSED SYSTEM | | | | |
| a. | If breaks in aseptic technique, disconnection or leakage occur, replace the catheter using aseptic technique and sterile equipment | | | | |
| b. | Ensure indwelling catheters are only inserted when clinically indicated | | | | |
| 3. M | AINTAIN UNOBSTRUCTED URINE FLOW | | | | |
| a. | Maintain the bag below the level of the bladder | | | | |
| b. | Perform a simple check prior to transport to ensure that all lines and catheters are patent | | | | |
| c. | Use a catheter securement device to anchor the catheter | | | | |
| d. | Keep the urine bag off the floor | | | | |
| 4. M | EATAL CLEANING (USE SOAP AND WATER) | | | | |
| a. | Clean the meatus during daily bathing (do not clean with antiseptics) | | | | |
| b. | Remove any encrusted materials on the tubing | | | | |
| c. | Ensure the tubing does not go in and out of the urethra during cleaning | | | | |
| 5. RI | EVIEW CATHETER NECESSITY DAILY | | | | |
| a. | Document indication for urinary catheter on each day of use | | | | |
| TOTAL | SCORE | | | | |
| TOTAL | PROCEDURE SCORE | 11 | | | |
| Percen | tage Score (Total score/ Total Procedure Score x 100) | | | | |

URINARY CATHETER INSERTION ADHERENCE MONITORING

- 1. The IPC staff will do random audit once in a week in adult medical surgical ICU and use this tool to observe staff's Insertion practice in patients for indwelling Foley's catheter
- 1. Observe each practice and check the box if adherent, Yes or No.

NOTE: If the observed staff is not adherent to UC insertion practice, Kindly take the name and include in the training.

- 3. Check the box for each practice observed
- 4. Write the total number of "Yes" for adherent practices observed and total number of observations
- 5. Calculate the adherence rate (%) Total number of yes / total number of observed x 100



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CAUTION STRATEGY

Adherence Monitoring: Indwelling Urinary Catheter Insertion Practices

| Unit: Assessment completed by: (Name) | | 20000 | | | |
|---|-----------|-----------|-------------------|-----------|--|
| | Staff 1 | Staff 2 | Adherence by Task | | |
| Before IUC Insertion | Yes/No | Yes/No | #Yes | #Observed | |
| Determine if there is indication for insertion of IUC | ☐Yes ☐No | □Yes□ No | | | |
| Prepare the UC insertion kit if available or the things for insertion of UC | □Yes □No | □Yes □ No | | | |
| Select the smallest appropriate IUC size (14 Fr, 5ml or 10 ml balloon is appropriate unless there was an order) | □Yes □No | □Yes □ No | | | |
| Obtain assistance to facilitate appropriate insertion technique (2-person insertion) | □Yes □No | Yes No | | | |
| 5. Perform hand hygiene | □Yes □No | □Yes □ No | | | |
| Patient Preparation/Insertion of IUC | | | | | |
| 6. Wear clean gloves and perform peri -care | □Yes □No | □Yes □ No | | | |
| 7. Remove clean gloves and re-perform hand hygiene | □Yes □No | □Yes □ No | | | |
| Wear sterile gloves and maintain strict aseptic technique throughout the procedure | □Yes □No | □Yes □ No | | | |
| Insert IUC to appropriate length and check for urine flow before balloon inflation | □Yes □No | ☐Yes ☐ No | | | |
| Inflate balloon correctly (5ml or 10 ml per manufacturer's instructions) | □Yes □ No | □Yes □ No | | | |
| | | ПинПин | | | |

□Yes □ No

☐Yes ☐ No

12 Secure the catheter and keep the urine bag below the

URINARY CATHETER MAINTENANCE ADHERENCE MONITORING

- 1. Do random audit once in a week in adult medical surgical ICU and use this tool to observe staff's IC practice in patients With indwelling Foley's catheter
- 1. Observe each practice and check the box if adherent, Yes or No.

NOTE: If the observed staff is not adherent to UC maintenance practice, Kindly take the name and include in the training

- 3. Check the box for each practice observed
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- 5. Calculate the adherence rate (%) Total number of yes /total number of observed x 100.



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CAUTION STRATEGY

Adherence Monitoring:

Indwelling Urinary Catheter Maintenance Practices

| Unit: | Month/Day/Year: |
|---------------------------------|-----------------|
| Assessment completed by: (Name) | Position: |

| Urinary Catheter Care Practices | Patient 1 | Patient 2 | Patient 3 | Patient 4 | Adhere | ence by Task |
|--|---|--|---|--|--|--|
| | Yes/No | Yes/No | Yes/No | Yes/No | #Yes | #Observed |
| The indwelling catheter is being used for appropriate indication | Yes No | □Yes □ No | □Yes □ No | Yes No | | |
| Necessity for continuing indwelling Foley's catheter is documented | □Yes □No | □Yes □ No | Yes No | □Yes □ No | | |
| Hand Hygiene is observed before handling IUC | □Yes □No | □Yes □ No | ☐Yes ☐ No | □Yes □ No | | |
| Clean gloves donned before handling IUC | □Yes □No | □Yes □ No | □Yes □ No | □Yes □ No | | |
| A sterile, continuously closed drainage system is being observed | □Yes □No | □Yes □ No | □Yes □ No | □Yes □ No | | |
| Catheter was properly secured to prevent movement and urethral traction | □Yes □No | □ _{Yes} □ No | □Yes□ No | □ _{Yes} □ _{No} | | |
| The collection bag is below the level of the bladder | □Yes □No | □Yes □ No | □Yes □ No | □Yes □ No | | |
| There is an unobstructed urine flow, no kinking of tubing. | Yes No | ☐Yes☐ No | ☐Yes☐ No | ☐Yes ☐ No | | |
| Collection bag emptied regularly, observing aseptic technique | □Yes □No | □Yes □ No | □Yes □ No | □Yes □ No | | |
| Routine hygiene of cleansing of the meatal surface during daily bathing | □Yes □No | ☐Yes ☐ No | ☐Yes☐ No | ☐Yes ☐ No | | |
| Collection of urine samples done under aseptic technique | □Yes □ No | □Yes □ No | □Yes □ No | □Yes □ No | | |
| Gloves removed immediately after handling IUC | □ _{Yes} □ _{No} | □Yes □ No | □Yes □ No | □Yes □ No | | |
| Hand Hygiene is observed after handling IUC | □Yes □ No | □Yes□ No | □Yes □ No | □Yes □ No | | |
| | The indwelling catheter is being used for appropriate indication Necessity for continuing indwelling foley's catheter is documented Hand Hygiene is observed before handling IUC Clean gloves donned before handling IUC A sterile, continuously closed drainage system is being observed Catheter was properly secured to prevent movement and urethral traction The collection bag is below the level of the bladder There is an unobstructed urine flow, no kinking of tubing. Collection bag emptied regularly, observing asseptic technique Routine hygiene of cleansing of the meatal surface during daily bathing Collection of urine samples done under asseptic technique Gloves removed immediately after handling IUC Hand Hygiene is observed after | The indwelling catheter is being used for appropriate indication Necessity for continuing indwelling foley's catheter is documented Hand Hygiene is observed before handling IUC Clean gloves donned before handling IUC A sterile, continuously closed drainage system is being observed Catheter was properly secured to prevent movement and urethral traction The collection bag is below the level of the bladder There is an unobstructed urine flow, no kinking of tubing. Collection bag emptiled regularly, observing aseptic technique Routine hygiene of cleansing of the meatal surface during daily bathing Collection of urine samples done under aseptic technique Gloves removed immediately after handling IUC Hand Hygiene is observed after | The indiwelling catheter is being used for appropriate indication | The indiwelling catheter is being used for appropriate indication Necessity for continuing indiwelling Foley's catheter is documented Hand Hygiene is observed before handling IUC Clean gloves donned before handling IUC Clean gloves donned before handling IUC A sterile, continuously closed drainage system is being observed Catheter was properly secured to prevent movement and urethral traction The collection bag is below the level of the bladder There is an unobstructed urine flow, no kinking of tubing. Collection bag emptied regularly, observing aseptic technique Routine hygiene of cleansing of the meatal surface during daily bathing Collection of urine samples done under aseptic technique Gloves removed immediately after handling IUC Yes No Y | The indiveiling catheter is being used for appropriate indication Necessity for continuing indiveiling Foley's catheter is documented Necessity for continuously indiveiling Foley's catheter is documented Necessity for continuing indiveiling foley's catheter is no catheter indiveiling indiveiling foley individual catheter individual catheter is not catheter individual catheter indiv | The indwelling catheter is being used for appropriate indication Yes No Yes No Yes No Yes No Yes No Yes No Necessity for continuing indwelling Foley's catheter is documented Yes No Yes N |

CAUTI CHAMPIONS

CAUTI Champions are those skilled professionals with a knowledge and passion for CAUTI Prevention.

The Head of ICU will choose at least two "NURSE CHAMPIONS" and/or two "PHYSICIAN CHAMPIONS" in the targeted unit (Adult Medical Surgical) to be a role model, a coach or a leader of the multidisciplinary approach of CAUTI Prevention best practices based on the following criteria below.

One will be a reliever if the Nurse Champion 1 or Physician Champion 1 is not available.

The chosen champions will be rewarded or motivated as per hospital agreement



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A. NURSE CHAMPION

Role:

- 1. Facilitate the education and training of other nurses
- 2. Develops and shares expertise in technical skills to reduce CAUTI
- Promotes the goals and interventions of the strategy both on the unit and within the hospital
- 4. Serves as a role model for nurse empowerment

Criteria to choose A Nurse Champion:

- 1. Strong organizational and communication skills
- 2. A strong commitment to patient safety
- Respected by peers; advocates on behalf of nurses
- 4. Has good rapport with the medical staff
- 5. A nurse manager, charge nurse, educator, or frontline nurse in the targeted unit
- 6. Can be a Quality improvement nurse or an Infection prevention link nurse in the unit

B. PHYSICIAN CHAMPION

Role:

- Responsible for the education of medical staff about the appropriate indications for urinary catheter use
- Serves as the liaison to promote the goals and interventions of the strategy to unit medical staff and hospital medical staff
- Actively works with the team and other physicians to develop and implement strategies to remove identified physician barriers

A. NURSE CHAMPION

Role:

- 1. Facilitate the education and training of other nurses
- 2. Develops and shares expertise in technical skills to reduce CAUTI
- 3. Promotes the goals and interventions of the strategy both on the unit and within the hospital
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B. PHYSICIAN CHAMPION

Role:

- 1. Responsible for the education of medical staff about the appropriate indications for urinary catheter use
- 2. Serves as the liaison to promote the goals and interventions of the strategy to unit medical staff and hospital medical staff
- 3. Actively works with the team and other physicians to develop and implement strategies to remove identified physician barriers

Criteria to choose A Physician Champion:

- 1. Strong communication and quality improvement skills
- 2. Respected by medical staff peers and nursing staff
- 3. Demonstrates a spirit of cooperation to all team members
- 4. Can be a Urologist, infectious disease specialist, hospitalist, quality/patient safety officer or any physician interested in improving safety and quality

DAILY CAUTI SAFETY HUDDLE

The Daily CAUTI Safety Huddle is a short stand up meeting 15 minutes or less before start of each workday or shift in a clinical setting. It gives teams a way to manage quality and safety with a review of all patients with urinary catheters, reason for placement and compliance with the CAUTI Prevention bundles. It enable teams to look back and review performance and look ahead and be more cautious

Multidisciplinary team included in the Huddle:
Unit Manager/ Head of ICU
Unit Charge Nurse
Unit Nurse Champion
Unit Physician Champion
Infection Control Practitioner

DOCUMENTS TO BE REVIEWED:

- a. Daily UC Utilization Updates
- b. CAUTI Prevention Bundles



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CAUTION STRATEGY

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It also serve as a gathering where team members can hold one another accountable, ask questions and ensure protocol is being followed. With up-to-date patient data, teams can plan and use data to manage and make more informed decisions about patient care.

I. Multidisciplinary team included in the Huddle:

Unit Manager/ Head of ICU

Unit Charge Nurse

Unit Nurse Champion

Unit Physician Champion

Infection Control Practitioner

II. Documents for review during CAUTI Safety Huddle

A. Daily Urinary Catheter Utilization Updates:

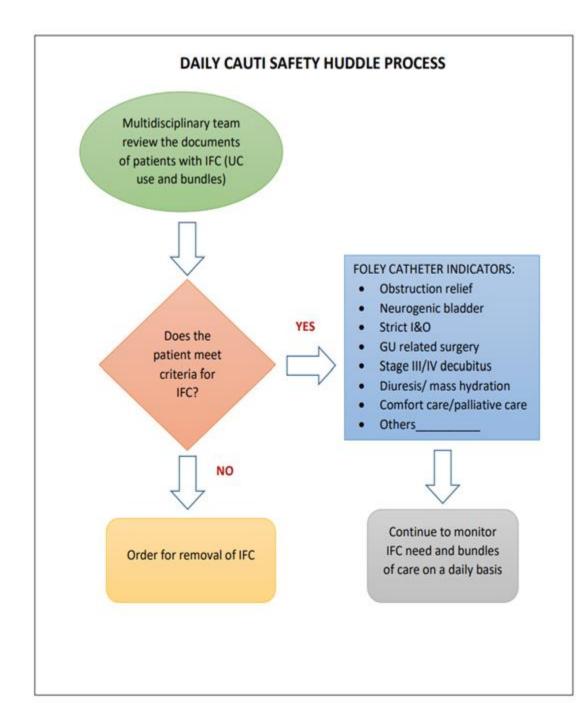
- a. Present on admission (Yes or No)
- b. Date of placement
- c. Type of device
- d. Indication
- e. Plans for removal
- f. Barriers for removal if present

B. CAUTI Prevention Bundles

- a. Avoid unnecessary urinary catheters
- b. Insert catheter using aseptic technique
- c. Maintain catheters based on recommended guidelines (daily care)
- d. Review catheter necessity daily and remove promptly

III. The Daily CAUTI Safety Huddle Process

- The night shift charge nurse will review the patients with UC, check the UC utilization and bundles and update before CAUTI Safety Huddle in the morning.
- The multidisciplinary team who will do the huddle will review all patients with urinary catheter using the prepared DU Form and the CAUTI Prevention bundles
- The multidisciplinary team will discuss and decide the need to keep or remove the urinary catheter
- If there is a case of CAUTI, the team will do Root Cause Analysis and follow up the Prevention Bundles of Care to prevent another incident to happen





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CAUTION STRATEGY

Daily CAUTI Safety Huddle Form (Urinary Catheter Utilization & Bundles of Care)

| No No | MRN | POA (Yes/No) | Date of Placement | Type of Device | Indication | Plans of Removal (Yes/No) | Barriers for removal | Bundles of care (Yes/No) | A case of CAUTI (Yes/No) |
|----------|-----|-----------------|----------------------|-------------------|------------|---------------------------------|-------------------------|--------------------------------|--------------------------------|
| | | □ Yes | | | | □ Yes | | □ Yes | □ Yes |
| _ | | □ No | | | | □ No | | □ No | □ No |
| | | □ Yes | | | | ☐ Yes | | □ Yes | □ Yes |
| _ | | | | | | | | □ No | □ No |
| | | ☐ Yes | | | | ☐ Yes | | □ Yes | □ Yes |
| _ | | | | | | | | □ No | □ No |
| | | □ Yes | | | | ☐ Yes | | □ Yes | ☐ Yes |
| _ | | | | | | | | | |
| | | □ Yes | | | | □ Yes | | □ Yes | ☐ Yes |
| _ | | - 110 | | | | - | | | |
| | | □ Yes | | | | ☐ Yes | | □ Yes | □ Yes |
| _ | | | | | | | | □ No | □ No |
| | | ☐ Yes | | | | ☐ Yes | | □ Yes | □ Yes |
| _ | | | | | | | | □ No | □ No |
| | | ☐ Yes | | | | ☐ Yes | | □ Yes | ☐ Yes |
| _ | | | | | | | | | |
| | | ☐ Yes ☐ No | | | | ☐ Yes | | □ Yes | □ Yes |
| _ | | | | | | | | □ No | □ No |
| | | □ Yes | | | | ☐ Yes | | □ Yes | ☐ Yes |
| _ | | | | | | | | | |
| | | ☐ Yes | | | | □ Yes | | □ Yes | □ Yes |
| _ | | | | | | | | □ No | □ No |
| | | □ Yes | | | | □ Yes | | □ Yes | □ Yes |
| | | □ NO | | | | □ NO | | □ No | □ No |

Note: 1. Check if Yes or No on the questions indicated above.

2. Submit a copy of the form to IPCD for documentation daily.

MONITORING COMPLIANCE TO CAUTI PREVENTION TOOLS

- 1. Shared Google Sheet per region (Hospitals-Region-GDIPC)
 - need a g-mail account
 - review of shared data from hospitals
 - monitor compliance rates
 - re educate staff if necessary
 - continuous follow up with hospitals
- 2. Compliance rates will be shared by GDIPC in a dashboard monthly for the 1st 6 months then quarterly after improvement.

Format of the dashboard for monitoring CAUTI Prevention Tools Compliance

| CAUTI | CAUTI PREVENTION TOOLS COMPLIANCE MONITORING | | | | | | | | | | |
|----------|--|------------------------|-------------------|---|---|--|-------------------------|---|--|---|--|
| MONTH | REGION | HOSPITAL | NO. OF ICU NURSES | NO OF ICU NURSES RECEIVED EDUC & TRAINING FOR THE MONTH (CAUTI PREVENTION)- update monthly the number | NO OF COMPETENCY ASSESSMENT DONE FOR NURSES ON UC INSERTION FOR THE MONTH (update monthly the number) | NO OF COMPETENCY ASSESSMENT DONE FOR NURSES ON MAINTENANCE OF UC FOR THE MONTH (update monthly the number) | NO OF ICU PHYSICIANS | NO OF ICU PHYSICIANS RECEIVED EDUC & TRAINING FOR THE MONTH (CAUTI PREVENTION) - update monthly the number | NO OF COMPETENCY ASSESSMENT OF DOCTORS ON UC INSERTION FOR THE MONTH (update monthly the number) | ADHERENCE RATE (%) ON MONITORING OF UC INSERTION (4 observations per month) | ADHERENCE RATE (%) CON MONITORING OF UC MAINTENANCE (4 observations per month) |
| FEBRUARY | RIYADH | KING SAUD MEDICAL CITY | 28 | 10 | 5 | 5 | 10 | 3 | 3 | 100% | 100% |
| | | | | | | | | | | | |
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EDUCATION & TRAINING

TOOLS:

- 1. MOH Guidelines on CAUTI Prevention
- 2. CAUTI Surveillance Lecture
- 3. CAUTI Prevention Lecture

MONITOR EDUCATION OF ICU STAFF: (Doctors, Nurses & Other concerned staff)

All concerned staff must receive education and training on CAUTI Prevention during hiring as part of orientation and annually for competency



الادارة العامة لمكافحة عدوى المنشآت الصحية

General Directorate of Infection Prevention and Control in Healthcare Facilities

(GDIPC)

Guidelines for Prevention of Catheter Associated Urinary Tract Infections (CAUTI)

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Thank You



