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.

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:

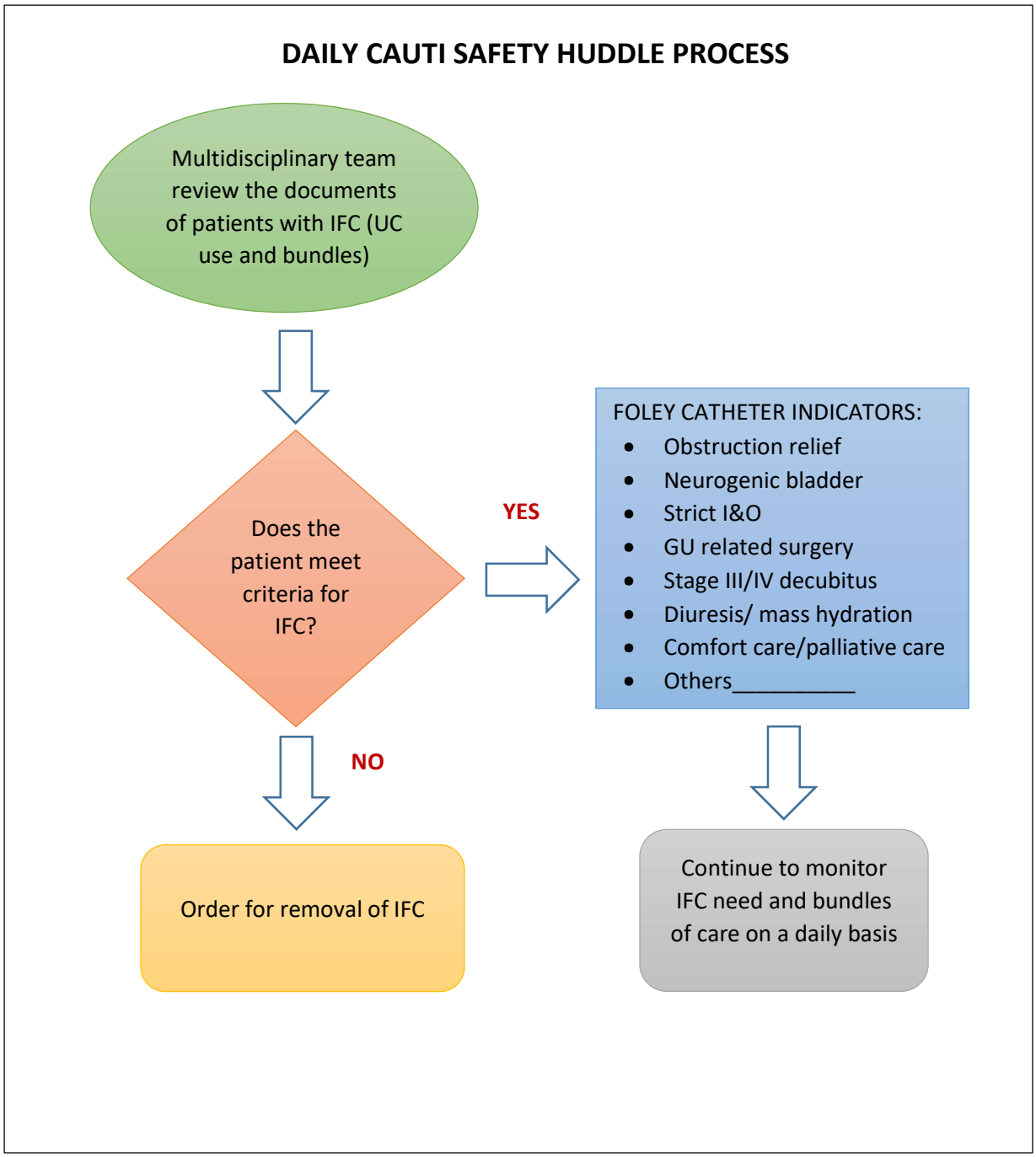
a. Present on admission (Yes or No)
b. Date of placement
c. Type of device
d. Indication
e. Plans for removal
f. Barriers for removal if present

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

1. 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.
2. 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
3. The multidisciplinary team will discuss and decide the need to keep or remove the urinary catheter
4. 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


DAILY CAUTI SAFETY HUDDLE PROCESS
Multidisciplinary team review the documents of patients with IFC (UC use and bundles)
Does the patient meet criteria for IFC?
YES
FOLEY CATHETER INDICATORS:
Obstruction relief
Neurogenic bladder
Strict I&O
GU related surgery
Stage III/IV decubitus
Diuresis/ mass hydration
Comfort care/palliative care
Others_____
NO
Order for removal of IFC
Continue to monitor IFC need and bundles of care on a daily basis

General Directorate of Infection Prevention & Control
الإدارة العامة لمكافحة عدوى المنشآت الصحية
CAUTIoN STRATEGY

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

Unit: **Time:** **Date:**

Multidisciplinary team: ☐ Unit Manager/ Head of ICU ☐ Unit Charge Nurse ☐ Unit Nurse Champion ☐ Unit Physician Champion ☐ Infection Control Practitioner

Bed 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 ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No				☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No

Recommendations:

Note: 1. Check if Yes or No on the questions indicated above.
2. Submit a copy of the form to IPCD for documentation daily.