The goal is to have the patient's bedside nurse, as part of the daily nursing assessment, note the urinary catheter's presence and evaluate whether or not the catheter is still indicated. If an appropriate indication is not identified the nurse may remove the catheter per protocol or contact the physician to discuss and obtain an order to discontinue.

Getting nurses to buy-in to *any* new initiative can be challenging, but especially an initiative aimed at changing nursing practice. So, how can nurses break their bond with the indwelling urinary catheter?

Suggested Strategies for Nurse Engagement:

- Get a volunteer from the nursing staff to be a change champion for each shift—someone who other staff respect and who is committed to the process (examples include a front-line nurse or a nurse educator).
- Consider portable bladder ultrasound as a non-invasive portable tool for diagnosing and managing urinary outflow dysfunction. It can be used to detect that a patient has insufficient quantities of urine to justify catheterization.
- Provide leadership/administrative support to nursing staff as they work to implement the CAUTI prevention program. For example, unit-level nurse managers can demonstrate support by being visible on the unit, and rounding regularly (e.g., weekly) with staff to discover successes and challenges of the program. Arrange a time for staff to meet with senior administrators to report on successes and challenges of the initiative.
- When nurses are having a difficult time speaking up to physicians it is important to find a physician champion to support nurse requests for removal. A nurse manager can then prompt nurses to speak with physicians.
- Consider education on communication between nurses and physicians.
- Encourage nurses to be creative, developing visual cues to stimulate interest and keep the catheter-associated urinary tract infection (CAUTI) initiative a top priority. Post flyers/banners on the unit, such as “This is a catheter out zone.”
- Involve nursing staff in deciding on the resources they believe they need to implement the CAUTI prevention program, and then do your best to provide those resources. For example, more bedside commodes and/or bedpans may be needed to accommodate frequent toileting needs of patients who are no longer catheterized. More fracture bedpans (smaller than standard-sized), standard sized bedpans, and/or measurement “hats” (toilet inserts that measure urine output) may be needed, depending on the unit and patient population. Linen levels may need to be increased, and skin protectants may need to become part of the standard cart supply.
- Provide regular feedback on progress, urinary catheter prevalence, and CAUTI rates.
- Provide opportunities to nursing staff to become involved in data collection and analysis efforts related to the CAUTI prevention program.
- Consider changes to workload as a result of implementing a CAUTI prevention program. For example, if the champions are having difficulty getting the bed-side nurses to remove indwelling urinary catheters because of concerns about the potential increased workload if they have patients who were incontinent or required assistance to the bathroom, institute a “small zone” so that nurses could be given a somewhat lighter workload if they had a patient that needed help with frequent toileting.

Please see the following website for more information:
Go to Resources, then Engaging Providers (tab) > Nurse Engagement

Nurse Engagement: Key Tips
From www.catheterout.org

NURSING BARRIERS	POSSIBLE SOLUTIONS
Some nurses may not to be on board with indwelling urinary catheter removal *[Go to **Resources**, then **Engaging Providers (tab) > Nurse Engagement**]*	• Get buy-in before implementation. For example, ask, "Who do we have to convince on this floor?" Have that person help to develop the plan or participate in the education for that unit. • Listen to nurses' concerns and address them to nurses' satisfaction.
Lack of or problems with nurse champions *[Go to **Resources**, then **Engaging Providers (tab) > Nurse Engagement**]* • Nurse managers tell your team that they are "too busy" to implement the new practice. • Individuals identified as champions do not go out on the unit and do not have direct contact with inpatients.	• Identify the types of champions that work in your organization. Not a one-size-fits-all strategy. For example: ○ Use nurse educators as champions. ○ Have more than one nurse champion, e.g., co-champions, nurse managers and educators. ○ An LPN can be the champion if s/he is someone who others on the unit respect and go to for advice. • Recognize nurse champions via mechanisms such as certificates of recognition, annual evaluation appraisals, newsletters, notifying CNO.
Nurses schedules are inflexible, so difficult to do education • Overtime not allowed. • No "dedicated" time away from patient care.	• Rather than having the nurses attend education sessions, bring the education to the bedside by, for example, doing competencies on the unit and talking with nurses one-to-one during the point prevalence assessments. • Incorporate education on CAUTI into annual competency testing (e.g., at the same time that CPR is renewed).
Nursing workload • Nurses are concerned that they will have to spend more time cleaning up patients if the indwelling urinary catheter is removed. • General feeling of being overworked ("just trying to get through my shift"). • What you might see: ○ Nurses tell the physician or other nurses, "I do not want this catheter out" or that the physician doesn't want the catheter out (e.g., 'the physician needs I's and O's'). ○ Especially problematic on weekends—no one is monitoring catheter removal.	• Monitor ○ Catheter patrol: daytime charge nurses monitor which patients have indwelling urinary catheters, assisting with toileting, and assess indications. If not indicated, talk with bedside nurse or ask physicians to DC. *[See section on Data Collection & Evaluation: Go to **Resources**, then **Implementation (tab) > Tracking Performance**]* ○ Daily assessment tool: bedside nurse assesses indications for continued use and if not indicated, nurses discuss removal with physician. • Feedback: ○ Data board in nurse units w/ monthly indwelling urinary catheter prevalence and CAUTI rates. • Education Workload reduction Nurse aides delegated to prioritize toileting activities over other activities (e.g. stocking supplies or cleaning equipment).
Nurses are not confident speaking with physicians about removal.	• Find a physician champion to support nurse requests for removal. Nurse manager prompts nurses to speak with physicians. • Education on communication.
Physician resistance to nurses discontinuing indwelling urinary catheters using an automatic stop order	• Nurses prompt physicians for DC order as an initial strategy to build rapport. *[See section on Nurse-Initiated Removal: Go to **Detailed Protocols**]* • Identify a physician champion who can act as an advocate.