

**Physicians:**

- Play a significant role in shaping care in the hospital setting.
- Most are autonomous and may not be employed by the hospital.
- All are interested in treating illness, but may not be trained in quality improvement.
- Many are unaware of the efforts being implemented to promote safety in the hospital.
- Many may have a limited amount of time to volunteer for supporting a quality improvement agenda.

**Physician involvement:**

- Indwelling urinary catheters lead to both infectious and non-infectious complications. However, studies have found that urinary catheterization is inappropriate about one-third of the time.
- A common reason for inappropriate continued catheter use is that physicians forget, or are never aware of, the presence of the catheter.
- Physicians should assess daily whether or not their catheterized patient still requires the catheter.
- The physician champion can inform physicians about the planned prevention program, encourage support for the program, be available to answer questions, and help educate other physicians about the appropriate indications for catheter use.

**Strategies for Physician Engagement:**

- In order to ensure that physicians consistently comply with only ordering indwelling urinary catheters for appropriate indications you need to involve physicians as much as possible in planning, education, and implementation; include physicians (e.g., hospitalists, urologists, hospital epidemiologists, infectious disease physicians) on your team.
- Garner support of medical leadership, e.g., chief of staff, chief medical officer.
- Have the physician champion meet with physicians to get them on-board.
- Conduct education on, for example, CMS rule changes, proper indications, evidence supporting reducing catheter use, evidence that physicians are often not aware that a patient has a catheter.
  - Education can be conducted through, for example, presentation in staff meetings by the physician champion and nurse managers, CME's, one-on-one, and through printed and electronic materials such as pocket cards, flyers, or a newsletter.
- Periodically post catheter prevalence and CAUTI rates in a physician venue.
- If you are part of a large health care system, influence and leverage system policies on physician practices.
- See strategies on the following page for specific motivators for physicians, depending on their role/type. In many cases merely focusing on reduction of rates or prevalence will not be enough to motivate the physicians to change their behavior. Consider focusing on, for example, mobility and prolonged length of stay.

Please see the following website for more information:

Go to [Resources](#), then **Engaging Providers (tab) > Physician Engagement**

Please see the following link for information on common barriers and solutions to overcome them:

Go to [Resources](#), then **Engaging Providers (tab) > Barriers and Possible Solutions**

## The Physician Champion...and Physician Supporters



### Physician Supporters: Reasons for them to Support the Champion

#### Infectious Disease Specialists

- Reduce CAUTI.
- Reduce antibiotic use.
- Reduce potential of increased antimicrobial resistance and *Clostridium difficile* disease.

#### Urologists

- Reduce trauma (mechanical complications):
  1. Meatal and urethral injury.
  2. Hematuria.

#### Hospitalists

- Infectious and mechanical complications.
- Potential catheter complications prolonging length of stay.
- Hospitalists care for a large number of patients. Their support may help improve the appropriate use of the urinary catheter.

#### Geriatricians

- Many elderly are frail.
- Urinary catheters are placed more commonly in elderly inappropriately.
- Urinary catheters increase immobility and deconditioning risk, in addition to infection and trauma.

#### Rehabilitation Specialists

- The urinary catheter reduces mobility in patients: it can be a “one-point” restraint.
- Rapid recovery (improvement in ambulation) may be hampered by the catheter (in addition to the other associated risks).

#### Surgeons

- Surgical Care Improvement Project: Remove catheters by postop day 1 or 2.
- Inappropriate urinary catheter use postoperatively may negatively affect the surgeon’s profile.
- Risk of infection and trauma related to the catheter.

#### Intensivists

- A significant opportunity is present upon transfer from the ICU to discontinue no longer needed devices, including urinary catheters.
- Intensivists can support the evaluation of catheter need before transfer out of the unit and may significantly impact use.

#### Emergency Medicine physicians

- Up to half of patients are admitted through the emergency department (ED).
- Inappropriate urinary catheter placement is common in the ED.
- Promoting appropriate placement of urinary catheters in the ED will reduce inappropriate use hospital-wide.