Because the day-to-day operation of a quality improvement project requires the ability of staff to adopt new goals and practices, it is important that the physicians either embrace, or at a minimum do not resist the implementation of catheter-associated urinary tract infection (CAUTI) prevention activities at your site/unit.

1. If there are some physicians who are resisting the initiative
   - Educate them on the clinical and economic consequences of continuing the status quo.
     - Clinical consequences are both infectious and non-infectious (see **Resources**, then click on **Overview > Infectious Complications** or **Overview > Non-infectious Complications**)
     - The **CAUTI Cost Calculator** estimates your hospital's costs due to CAUTI. It can be used to estimate both current costs and projected costs after a hypothetical intervention to reduce catheter use.
   - Provide data to physicians about Foley use highlighting:
     - how often physicians have a patient with an indwelling urinary catheter and forget about it
     - monthly Foley incidence
     - CAUTI rates
   - Engage medical leadership support by discussing the issue of CAUTI with the chief of staff (or chief medical officer) who in turn can, as needed, have a frank conversation with physician resistors.
   - Involve the physicians as much as possible in the planning, education, and implementation of the project.
   - Identify and discuss specific reasons why catheter use might be of interest for a given type of physician.
     - For example, a geriatrician might be inclined to support catheter removal given that urinary catheters increase immobility and is a deconditioning risk for their already frail patients.
   - If you are still struggling with CAUTI efforts related to physician engagement, it may be useful to determine the type of people-related issues you may be confronting: active resistance, organizational constipation, and time-serving.
     - For more information related to this click here.

2. For more specific suggestions for engaging physicians, see **Resources**, then click on **Engaging Providers > Physician Engagement**.

3. For existing presentations, fliers, and pocket cards, see **Resources**, then click on **Educational Tools > Presentations** or **Educational Tools > Fliers and Pocket Cards**.

4. Further Reading Suggestions

- Dyc NG, Pena ME, Shemes SP, Rey JE, Szpunar SM, Fakih MG. The effect of resident peer-to-peer education on compliance with urinary catheter placement indications in the emergency department. *Postgrad Med J*. 2011;87(1034):814-8.
- Kalra R, Kraemer RR. LESS IS MORE Urinary Catheterization—When Good Intentions Go Awry A Teachable Moment. *JAMA Intern Med.* Published Online: August 18, 2014. doi:10.1001/jamainternmed.2014.3806.
- Kennedy EH, Greene MT, Saint S. Estimating hospital costs of catheter-associated urinary tract infection. *J Hosp Med* 2013;9(9):519-522.
- Saint S, Wiese J, Amory JK, et al. Are physicians aware of which of their patients have indwelling urinary catheters? *Am J Med.* 2000;109:476-80.
- Umscheid CA, Mitchell MD, Doshi JA, Agarwal R, Williams K, Brennan PJ. Estimating the proportion of healthcare-associated infections that are reasonably preventable and the related mortality and costs. *Infect Control Hosp Epidemiol*. 2011;32(2):101-14.

5. For an example of one hospital's success at overcoming this barrier, click here.