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
     - 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, click here.

3. For existing presentations, fliers, and pocket cards, click here.

4. Further Reading Suggestions


5. For an example of one hospital’s success at overcoming this barrier, click [here](#).