



ACTIVITIES FOR NURSING ENGAGEMENT

A. Activities that Can be Used Throughout the Hospital

- 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.” 
 - Make/distribute buttons for nursing staff to wear: “Catheter Out!” or “We  the CAUTI Prevention Program.”
 - Welcome other ideas too. If an idea comes from the nurses and is used, the nurses will be more likely to want to keep it up.

- Provide feedback on progress
 - Initially, feedback on “baby steps” and small changes may be best.
 - Regular feedback, as often as on a weekly basis is crucial to maintaining engagement.
 - Feedback can take the form of:
 - recognition
 - praise for a job well done overall
 - praise for progress on specific aspects of the CAUTI prevention program.
 - Include feedback on prevention program adherence as part of staff annual evaluations.

B. Activities that Can be Tailored to Specific Nursing Units

- Culture change activities—getting nurses excited about the CAUTI prevention program
 - Get a volunteer from the staff to be a change champion for each shift. This person need not be the most senior staff member, but someone who other staff respect and who is committed to the process (examples include a front line nurse or a nurse educator). You can have more than one champion if that works best in your unit.
 - Remember to recognize the change champion with a small token of appreciation and also at annual evaluation time!
 - Give nursing staff authority to make changes to the CAUTI prevention program, based on evidence they collect.
 - Involve all nursing staff in the development of unit-specific CAUTI prevention programs. Make it a team effort.
 - Provide space and time for nurses to develop the program.
 - Set aside staff meeting time to report on progress of the program
 - Have discussion on the successes and challenges of the CAUTI prevention program be a standing meeting agenda item.
 - Encourage more experienced staff to mentor new staff in maintaining the CAUTI prevention program
 - Use the buddy system
 - Reward mentors

- Acknowledge new staff if/when they come up with an idea that moves the CAUTI prevention program even further along.
- Provide ice cream socials or other such events when predetermined goals are met.
 - Have staff be involved in the setting of predetermined goals
- Promote empowerment:
 - Routinely provide nursing staff with **information** about CAUTI rates, catheter use rates, infection rates, and other relevant updates as they become available.
 - 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 pans, standard sized bedpans, and/or measurement “hats” (toilet inserts that measure urine output) may be needed, depending on the unit and patient population. Linen cart PAR levels may need to be increased; skin protectants may need to become part of the standard cart supply.
 - 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.

- 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
 - Consider qualitative as well as quantitative elements of workload. Qualitative workload is workload you can't put a number on, and comes from:
 - lack of skill necessary to complete tasks,
 - aspects of the program that may not be easy to quantify but still take up time, for example more frequent linen changes, hunting for missing supplies.
 - Consider adding CAUTI prevention program information to annual competency evaluations, and to orientation programs. This helps assure that nursing staff have the skill set to perform tasks properly.
 - Ask nurses about elements of the CAUTI prevention program that they don't think are included in workload, but should be.
 - Then add those elements into workload consideration.
 - For example, using portable bladder scanners may take away the need for catheterization. If bladder scanners are not readily available or in proper working order, however, the hunt for a scanner and troubleshooting to get it working will increase workload.

C. Comprehensive Longer-Term Activities

- Integrate an evidence-based, professional nursing practice model into the workplace
 - Include a nursing philosophy that incorporates evidence-based practice into the mission, vision, values of the organization and relevant inpatient units.
 - Organize a committee of staff nurses from several areas (areas that have the highest catheter use rates) to help draft an evidence-based nursing philosophy and disseminate it to their peers.
 - Transition to an evidence-based practice approach for patient care delivery.
Several evidence-based practice models are available to choose from; they all provide guidelines for enlisting nurse support and buy-in.
 - Base nursing documentation on a nursing framework that includes evidence-based practice.
 - Enable collaborative and decentralized decision-making. Allow nurses to make decisions that affect their practice.