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 trouble-shooting 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.