

Because catheter-associated urinary tract infection (CAUTI) prevention efforts require collaboration and support of both physicians and nurses, an effective physician champion can be important.

1. To identify a physician champion

- There is no “one-size-fits-all” strategy. You must identify the type of physician that will work best in your organization. Some suggestions include hospital epidemiologists, hospitalists, infectious diseases specialists, and urologists. Beware of choosing people on the basis of their job title. Unfortunately, titles don’t guarantee that a person will be appropriate for this task.
- Our experience has been that the most successful physician champions are those that have pride in the hospital’s culture of excellence or concern over the lack of one. Ideally, they are ideally a person who has the ear of the hospital administration and the respect of his or her peers, a doctors’ doctor, and someone who has the patience to hear out people who disagree with his or her point of view.
- Because many physicians are not employees of the hospital and convincing a physician, employee or not, to take on any extra work is likely a tough assignment, we suggest the following
 - While we do not believe that paying doctors to take part in a patient-centered intervention is necessary or preferred, we see no problem with
 - Temporarily relieving the physician of some of his/her responsibilities
 - Or as was done in one hospital, recognizing a member of the medical staff with a “physician champion” award, complete with a certificate signed by the hospital’s chief of staff and a gift certificate to a local restaurant.
 - Assure the physician champion that their role will not take too much of their time. They should not, for example, be expected to attend all meetings or be otherwise involved in matters unrelated to clinical concerns such as budget discussions or internal promotional plans or working out details of data collection, unless of course they want to be. Their chief responsibility will be to share the details of the intervention with colleagues and gain their cooperation.

2. If the physician champion on your team is not as effective or engaged as needed

- In institutions where there are good nurse-physician working relationships, most physicians may be willing to go along with recommendations by nurses, especially if the new practice is viewed as a “nursing initiative.”
- As with other members of the team, we have found that in many instances the physician champion has not been given dedicated time to work on this particular project.
- Make sure that medical leadership supports the initiative.
- A ‘strong’ physician champion may not be entirely necessary if both nurses and medical leadership supports the initiative and there is no active resistance from physicians,

- Find a member of the ‘tribe’. “Surgeons are very tribal,” the chief of staff said, discussing the difficulty an infection prevention leader (an internist) might have trying to bring his message to a group of surgeons. “The first thing we’re going to do is we’re going to say, ‘Look, you’re not one of us.’ The way to get buy-in from surgeons is you got to have a surgeon on your team.”

3. Further reading suggestions

- Damschroder LJ, Banaszak-Holl J, Kowalski CP, Forman J, Saint S, Krein SL. [The role of the champion in infection prevention: results from a multisite qualitative study.](#) *Qual Saf Health Care.* 2009;18(6):434-40.
- Fakh MG, Krein SL, Edson B, Watson SR, Battles JB, Saint S. [Engaging healthcare workers to prevent catheter-associated urinary tract infection and avert patient harm.](#) *Am J Infect Control.* 2014;42(10 Suppl):S223-9.
- Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. [Engaging physicians in a shared quality agenda.](#) IHI Innovation Series white paper. (2007);Cambridge, MA: Institute for Healthcare Improvement. (Available on www.IHI.org)
- Saint S, Kowalski CP, Banaszak-Holl J, Forman J, Damschroder L, Krein SL. [The importance of leadership in preventing healthcare-associated infection: results of a multisite qualitative study.](#) *Infect Control Hosp Epidemiol.* 2010;31(9):901-7.