

Because your catheter-associated urinary tract infection (CAUTI) prevention team is responsible for defining, designing, leading, and sustaining the initiative, it is crucial that it functions well.

“For the change effort to be successful a powerful group must lead the change; and members of that group must work together as a team. Key characteristics that must be represented on the team include power, leadership skills, credibility, communications ability, expertise, authority, analytical skills, and a sense of urgency.” (From [TeamSTEPPS](#))

1. Team Membership

- The composition of the team is important for the success of the initiative. We suggest that the team – at a minimum – include:
 - **Team leader/project manager:** When selecting a team leader, consider whether s/he has successfully led another quality improvement project. Leadership and management skills, and previous success are more important than the job title or content expertise.
- **Nurse champion:** When selecting a nurse champion, consider someone who is well respected and in a position to obtain support from the other nurses given that avoiding catheter use may be perceived as additional nursing work (monitoring indwelling urinary catheter placement, increased toileting time, and possible data collection). We believe that having an effective nurse champion is critically important to the success of your initiative! For more information on overcoming a lack of/or challenges with a nurse champion, visit [Resources](#), then click on **Engaging Providers > Nurse Engagement**.
- **Physician champion:** When selecting a physician champion try to involve a physician who is highly regarded. If finding someone who is able to be actively engaged in the process is not possible, then consider selecting a respected physician who is willing to lend their name to this initiative. For overcoming a lack of/or challenges with a physician champion, visit [Resources](#), then click on **Engaging Providers > Physician Engagement**.
- **Data person:** Because the success of the intervention will be determined by the data, this person is a key component of any team. They are responsible for collating information- specifically, the presence of a Foley, the explanation for its original insertion or continued use, and any indication of a healthcare-associated urinary tract infection—and feed it back to the floor unit involved and to the hospital office responsible for sending the results to the CDC. This is often an infection preventionist, quality manager, or patient safety officer and it is common that s/he is already collecting and reporting the data to the internal leadership and for public reporting. For further information click [here](#).
- Other important team members can include a member of the senior leadership, a nurse educator, an infection preventionist, and a quality improvement officer.
- Ideally the team will be composed of members with different backgrounds and various levels of experience.

- Despite the possibility that the initiative may take place over many units, we suggest that there only be one CAUTI Prevention Team.

2. What the Team Does

- The team must **take ownership** of the initiative.
- Team members must **meet on a regular basis** (we suggest biweekly to begin).
- They must **develop and implement an initiative**, which will involve educating healthcare providers of the existing evidence and severity of catheter complications.
- They must **collect data** and feed it back to the unit.

3. Information and Exercises for Team Evaluation and Improvement

- For a video overview of the assembly of a CAUTI prevention team, [click here](#)
- For an example of a team assessment tool, please [click here](#)
- For more information on team roles and responsibilities, [click here](#)

4. 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.
- Fakhri 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.
- Jain M, Miller L, Belt D, King D, Berwick DM. [Decline in ICU adverse events, nosocomial infections and cost through a quality improvement initiative focusing on teamwork and culture change.](#) *Qual Saf Health Care.* 2006;15(4):235-9.