

Making It Work Tip Sheet

Engaging Physician Champions in Preventing CLABSI and CAUTI

This “Making It Work” tip sheet provides additional information to help intensive care unit (ICU) team leaders implement effective strategies and achieve goals to reduce central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) and improve safety culture at the unit level.

Issue

One of the most important roles physicians play in performance improvement is that of physician champion to support clinicians’ engagement and drive success of clinical improvement work. What makes this engagement a challenge is multifactorial and often includes factors such as:

- Time limitations due to clinical workload;
- Physicians’ formal education, which often does not prepare them to address the challenges of leading or championing healthcare process improvement; and
- Prior, unfavorable experiences. This could be due to lack of engagement in the decision-making process, lack of awareness of broader patient safety initiatives within the unit, and lack of feedback on progress toward quality improvement goals.

Suggested Strategies

- Look for a physician champion who is influential and is respected by their peers; has good working relationships with staff; uses effective communication, leadership, and social skills; and has the courage to speak up when needed.
 - In some cases, there may already be a physician champion from other projects. If this is the case, leverage the working relationship and ensure capacity to take part in another project as the physician champion.
 - If needed, consider asking physicians and nurses in the unit, the ICU medical director, and the chief medical officer who they would recommend as a physician champion and why.
 - Work with senior leadership and your champion to establish clear objectives and a shared mental model for this role, including what the expectations are and what success looks like.
 - Acknowledge needs and expectations of time commitment for quality work.
 - Attempt to align professional priorities as a way to integrate this work into existing commitments.

- Connect the physician champion to resources such as subject matter experts (e.g., the infection preventionist), evidence-based practices, and relevant data to support the quality work.
- Provide an easy-to-read data dashboard report as needed for education, meetings, etc.
- Work with the physician champion in leading the ICU team in establishing realistic, short- term goals throughout the program.
- Build in processes to support succession planning of other physicians to support the team. This will be especially helpful during extended periods of leave or in the case of staff turnover.

Conversation Starters To Solicit for a Physician Champion

To solicit a clinician to be your unit’s physician champion, gather all the facts, identify a time to approach the physician, and use SBAR (Situation-Background-Assessment-Recommendation or Request) to request participation in the Comprehensive Unit-based Safety Program (CUSP) team. A sample script could be:

Situation: Dr. Adams, we are beginning a project to reduce the number of CLABSIs in our unit and are looking for a physician champion to join our team.

Background: Last year, we had eight CLABSIs. These CLABSIs prolonged their ICU stay on average 10 days, and one patient had to stop her chemotherapy for several weeks while her methicillin-resistant staphylococcus aureus (MRSA) CLABSI was treated. I know we have sick patients, but these infections could have been prevented.

Assessment: Other ICUs like ours have been able to get to and sustain zero CLABSIs over time; our team needs to believe this can happen in our unit, too. You have a passion for patient safety and have tremendous influence with the physicians and nursing staff. We can do this as a team with you as the physician champion to help drive change. We think this role would require about 3–4 hours per month to prepare for and attend one ICU staff meeting and one medical staff meeting a month and to provide coaching and guidance to physicians as they onboard to the unit or as needed. Your modeling and conversations with staff on the unit during your day-to-day activities will be an invaluable asset to this project.

Recommendation/Request: I’d love to discuss this with you, along with our team’s senior executive champion Chief Medical Office Dr. Lindsey, to explore how we can help you be our champion. Would you be open to discussing this with us? What would you need to be successful?

Case Studies, Tools, and Resources

- [Assessing CAUTI Physician Champion Potential for Success](#) (AHRQ Toolkit for Reducing CAUTI in Hospitals) provides examples of what to look for in a physician champion and a summary of key roles and responsibilities of this role.

- The [Resident Physicians as Champions in Preventing Device-Associated Infections](#) toolkit (AHRQ) can help guide quality improvement efforts to evaluate the risk and need for invasive devices in hospitals with a clinical learning environment (CLE).
- The [Role of Clinical Learning Environments in Preparing New Clinicians to Engage in Patient Safety](#) (from the National Collaborative for Improving the Clinical Learning Environment [NCICLE]) is a guide for CLEs in engaging new clinicians in Quality Improvement efforts to eliminate health care disparities.
- The [Team Roster](#) outlines team member roles and key characteristics for this role, and outlines suggested responsibilities to help you be clear with your expectations of each role.

References

1. Agency for Healthcare Research and Quality. Appendix A. Checklists for Assessing Executive and Physician Champion Potential. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/cauti-tools/impl-guide/implementation-guide-appendix-a.html>. Accessed November 29, 2021.
2. Casey BR, Chisholm-Burns M, Passiment M, et al. The Role of the Clinical Learning Environment in Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities. National Collaborative for Improving the Clinical Learning Environment; 2019. <https://www.ncicle.org/disparities>. Accessed November 29, 2021.
3. Fakih MG, Krein SL, Edson B, et al. Engaging health care workers to prevent catheter-associated urinary tract infection and avert patient harm. *Am J Infect Control*. 2014 Oct;42(10 Suppl):S223-9. PMID: 25239714.
4. Agency for Healthcare Research and Quality. Resident Physicians as Champions in Preventing Device-Associated Infections. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/cauti-tools/phys-championsgd/index.html>. Accessed November 29, 2021.

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