Making It Work Tip Sheet

Engaging Senior Leaders in Preventing Healthcare Associated Infections

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

Senior leaders play an essential role in building staff engagement and accountability and creating the infrastructure for safe care by providing necessary resources. Their support to frontline healthcare workers that provide direct care can have a dramatic impact on accelerating the prevention of catheter-associated infections in the ICU. However, senior leaders' time is limited, so engaging them can be challenging. A demonstration of how powerful senior leader involvement can be is the landmark investigation on CLABSI prevention spearheaded by Pronovost and colleagues within a multifacility collaborative. They found that after communication occurred with senior executives to enroll their hospital in a quality improvement project that included a multimodal intervention, the incorporation of chlorhexidine gluconate skin antiseptic into the central venous catheter dressing increased from 19 percent to 69 percent after 6 weeks. Subsequent investigations of CLABSI prevention have shown use of this antiseptic and maximal sterile barrier are now universal, core practices for prevention of CLABSI. This is one example of how increasing senior executive engagement can bolster technical and adaptive work of change in your patient safety program.

Barriers

Lack of clinical background: A senior leader may not possess clinical knowledge and will need more background about specific challenges the team may encounter. If your initiative involves leadership beyond the executive team, such as the hospital board, they may have even less clinical background, but their contribution may be valuable when it comes to obtaining a different perspective such as those from a business leader, process improvement expert, or consumer of healthcare.

Limited availability and competing priorities: Senior leaders have limited availability and competing priorities. Addressing these challenges ties back into ensuring that your senior executive really understands the goals of your program and recognizes the larger value that comes with achieving those outcomes. Engage a senior executive who is able to align or connect your program's goals with other strategic efforts across the organization. Educate them on your program's goals and the value of its outcomes as well as directly connect it to other strategic priorities.

Lack of meaningful recognition: A senior leader may not directly recognize the value of patient safety or more specifically your patient safety program's efforts. Make it meaningful so they recognize the importance of your efforts and provide buy-in and support. To do this, educate and inform them on how

your program's goals directly impact the ICU as well as "make a business case" for how your program's goals (or existing gaps) impact larger hospital operations (e.g., increased length of stay, increased morbidity, and increased costs). The APIC Healthcare Associated Infections (HAI) Cost Calculator Tools listed in the resources section below can be used to support making a business case.

Lack of communication: A senior leader receives a lot of information everyday via email, face to face, phone calls, etc. It is important to evaluate the preferred, most effective communication modality as well as ensure that communication that you do provide is focused and that the senior leader is able to pull out priority information.

Suggested Strategies

Unit leads can take these actions to ensure they are supporting senior leader involvement:

- Ensure your work is supportive of organization-wide mission, vision, and values. As you communicate the plan to improve CLABSI and CAUTI reduction efforts to the team, intentionally include this connection.
- Discuss barriers with senior leaders to ensure they are informed of the program and ask for support as needed to overcome obstacles.
- Look to your senior executive to "set a tone at the top" that encourages and motivates the team to prevent HAIs. Connect frontline staff with the senior executive so they can hear from this executive that zero cases is an attainable goal and infections are not just a cost of doing business.
- Encourage the senior executive to round with the team to facilitate frontline personnel interaction with the senior leader.
- Communicate the various reasons for CLABSI and CAUTI root causes to the senior executive including both basic technical and socio-adaptive causes.
- Seek support from the senior leader to engage nurse and physician champions on the unit. Ensure that the senior leader knows of their efforts in order to show gratitude for their role.
- Regularly share related all data related to the work, not only data points that are outliers.

Senior leaders can take these actions to ensure they are supporting the team working to reduce CLABSI and CAUTI:

- Ensure organization-wide mission, vision, and values are focused on patient safety and communicate this alignment consistently.
- Support removal of barriers across the organization to uphold efforts to move the strategic priorities forward and create safe care for patients. If these teams do not communicate their needs, be intentional to ask for the support they need.
- "Set a tone at the top" that encourages and motivates the teams to prevent HAIs. Encourage the team that zero is attainable and infections are not just a cost of doing business by modeling this mindset.

- Include HAIs in the organization's patient safety goals and avoid too many competing priorities for healthcare personnel.
- Establish a presence on the unit by checking in on a recurring basis to demonstrate and model that prevention activities in the ICU are vital. Use this time to support open dialogue with the direct care personnel to assure your connection with them and greater support of the overall work.
- Understand that there are complex rationales that lead to CLABSI and CAUTI, and they typically include both technical and socio-adaptive reasons.
- Provide resources for teams doing CLABSI and CAUTI reduction work. This can be in allocated time, connections across the organization, or infrastructure supports, such as electronic health record decision support, routine use of problem-solving tools (learn from defect), etc.
- Support the teams to engage nurse and physician champions on the unit; offer gratitude and acknowledgment of the work done.
- Regularly review data related to patient safety efforts.
- Share work happening in the ICU with other leaders to proactively navigate potential staff turnover.
- Encourage and model a multidisciplinary, collaborative approach to the work. Additionally, when an individual avoids practice change, use curiosity and ask questions to seek further understanding as to why the practice change is being avoided.

Conversation Starters

To engage a senior leader in efforts to reduce CLABSI and CAUTI, gather all the facts (who, what, when, where, why, and how) and identify a time to approach the leader. Be intentional in your comments while offering background context for them, since they have many competing priorities. A sample script could be:

"Hello, Ms. Smith. Thanks for meeting with me consistently in our monthly check-in on the CLABSI reduction work. I had shared our most recent dashboard data with you, and I wanted to discuss one specific area of support. We are working with Information Technology to incorporate a forced stop into the electronic ordering of blood cultures. However, the team has been overwhelmed with other IT changes, and this task has gotten pushed back twice. I am wondering if there is any support you can provide to assist the IT team with this request so we can move forward with the change."

Case Studies, Tools and Resources

- AHRQ Engage the Senior Executive To Reduce HAIs Video
  https://www.ahrq.gov/hai/cusp/videos/03a-engage-senior-exec/index.html
- AHRQ ICU Safety Program Senior Leader Podcast Series
  https://www.ahrq.gov/hai/tools/preventing/index.html
- APIC HAI Cost Calculator Tools https://haitools.apic.org/

- Preventing CAUTI: Engaging Clinicians and Senior Leadership to Implement Change, slides 38-45 https://www.ahrq.gov/hai/cauti-tools/archived-webinars/preventing-cauti-engaging-leadership-slides.html

References

1. Greene MT, Saint S. Followership characteristics among infection preventionists in U.S. hospitals: Results of a national survey. Am J Infect Control. 2016;44:343-5. https://www.sciencedirect.com/science/article/abs/pii/S0196655315010755. Accessed November, 29, 2021.

2. Knobloch MJ, Chewning B, Musuuza J, et al. Leadership rounds to reduce health care-associated infections. Am J Infect Control. 2018;46:303-10. https://www.sciencedirect.com/science/article/abs/pii/S0196655317310532. Accessed November, 29, 2021.

3. Knobloch MJ, Thomas KV, Musuuza J, et al. Exploring leadership within a systems approach to reduce health care–associated infections: A scoping review of one work system model. Am J Infect Control. 2019;47:633–7. https://www.sciencedirect.com/science/article/abs/pii/S0196655318311805. Accessed November, 29, 2021.

4. Krein SL, Fowler KE, Ratz D, et al. Preventing device-associated infections in US hospitals: national surveys from 2005 to 2013. BMJ Qual Saf. 2015;24:385-92. https://qualitysafety.bmj.com/content/24/6/385.short. Accessed November, 29, 2021.

5. Pronovost P, Needham D, Berenholtz S, et al. An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006;355:2725-32. https://www.nejm.org/doi/full/10.1056/nejmoa061115. Accessed November, 29, 2021.

6. Saint S, Kowalski CP, Banaszak-Holl J, et al. The importance of leadership in preventing healthcare-associated infection: results of a multisite qualitative study. Infect Control Hosp Epidemiol. 2010;31(9):901-7. https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/abs/importance-of-leadership-in-preventing-healthcareassociated-infection-results-of-a-multisite-qualitative-study/FCFD77D13DF00BDC1837264BE5560DA9. Accessed November 29, 2021.

7. Saint S, Meddings J, Fowler KE, et al. The guide to patient safety for health care-associated infections. Ann Intern Med. 2019;171:S7-S9. https://www.acpjournals.org/doi/full/10.7326/M18-3443. Accessed November, 29, 2021.

- Vaughn VM, Saint S, Krein SL, et al. Characteristics of healthcare organisations struggling to improve quality: results from a systematic review of qualitative studies BMJ Qual Saf. 2019;28:741-74. https://qualitysafety.bmj.com/content/28/1/74.abstract. Accessed November 29, 2021.