

## Question 3. Do you have an effective physician champion for your CDI prevention activities?

You indicated that either you do not have a physician champion or that the one you have is not effective. The physician champion is responsible for engaging physicians in CDI prevention efforts and coordinating CDI prevention efforts that require physician support. A successful CDI prevention initiative requires collaboration and cooperation with physicians. A physician champion is needed to bring the initiative to the other physicians, to help engage them, to be a part of problem solving when there is resistance or another challenge from this group of providers, and to gain physician cooperation.

### A. If the physician champion role needs to be filled, then:

- Identify the type of physician who will work best in your organization. There is no “one-size-fits-all” strategy. Some suggestions include hospital epidemiologists, hospitalists, infectious diseases specialists and gastroenterologists. At teaching hospitals, residents or chief residents may also be good candidates. However, beware of choosing people based on their job title; unfortunately, titles do not guarantee an individual will be up to the task.
- Recruit a physician champion who has pride in the hospital’s culture of excellence or concern over the lack of one. Ideally, this physician may have the ear of the hospital administration and the respect of their peers from the quality of their service and excellent patient care. They would be someone who has the patience to hear others’ views that may differ from their own.
- Temporarily relieve the physician champion of some responsibilities to give them time for CDI-related work.
- Assure physicians that their role will not take too much time. Physicians, especially those who are not hospital employees, may be resistant to the idea of taking on more work. Physician champions should not, for example, be expected to attend all meetings or be otherwise involved in matters unrelated to clinical concerns, unless of course they want to be. Their chief responsibility will be to share the details of the initiative with colleagues and gain their cooperation.
- Consider including the champion’s activities towards their obligations to meet credentialing requirements for the hospital.
- Consider using co-champions if other measures do not work as this can help to lighten the workload; however, this can also diffuse responsibility.

- Consider ways to recognize and reward physicians, including:
  - 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.
  - Providing financial compensation to physicians who actively participate in infection prevention initiatives as champions.

B. If the physician champion on your team is not as effective or engaged as needed, then:

- Use influencers, such as strong nurse-physician working relationships, to garner physician buy-in and support, especially if the new practice is viewed as a “nursing initiative.” However, since there are significant physician practice initiatives within CDI prevention work, such as antibiotic stewardship, having one or even two strong physician champions is essential.
- Check to see if the physician champion has been given dedicated time to work on CDI prevention. If not, engage leadership to help with this.
- In some instances, the physician champion is not a good fit for the initiative; perhaps they were appointed rather than recruited. Consider replacing the physician champion.
- Make sure that medical leadership supports the initiative.
- Find a member of the ‘tribe.’ Some physicians respond better and are more receptive to ideas from physicians within the same discipline. For example, surgeons may be more receptive to a new collaborative or protocol if you have another surgeon championing the initiative. For CDI prevention initiatives, consider recruiting a physician champion who is an infectious disease specialist, an internist, or hospitalist. However, it is important to keep in mind the culture of your hospital’s medical staff. Which individuals are thought leaders and are well-respected among their colleagues? These individuals will have more success at getting buy-in from resistant peers.

## Tools, Resources and Further Reading

- STRIVE Content:
  - [Onboarding 4: Team Formation](#)
  - [Uber-Adaptive Strategies for Infection Prevention](#) (UA101, UA102, UA103, UA104)
- 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.
- 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](http://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.