

Question 4. Is senior leadership supportive of CDI prevention activities?

You indicated that you do not have the support of senior leadership. Given the many competing priorities of hospitals, having the support of leadership is key to making immediate and lasting progress with your CDI prevention initiative. Having a member of the hospital executive leadership team oversee the initiative lets the hospital staff know the importance of the initiative.

A. Strategies to Engaging Leadership

- Understand senior leadership's perspective and priorities and tailor what and how you communicate information about this initiative. Senior leaders are essential allies in securing resources, overcoming barriers and aligning organizational priorities for your CDI prevention activities. The American College of Healthcare Executives annual survey highlights that the top issues of immediate concern for hospital CEOs are: financial challenges, government mandates and patient safety and quality. (From Top Issues Confronting Hospital in 2016. American College of Healthcare Executives. 2016. Accessed July 12, 2017. Available at <https://www.ache.org/pubs/research/ceoissues.cfm>)
- Appreciate that different senior leaders may have different concerns about the initiative or hospital priorities. For example, the chief nursing officer may be concerned about nursing shortages and their impact on patient outcomes, while the finance executive may worry more about how to help keep costs down. By understanding what matters to the individual, you can more effectively tailor your communications, and your requests will be more likely to gain support.
- Create a business case to help succinctly present your plan to leadership, ensure sufficient resources are available to sustain performance, summarize the goals and vision of the initiative, define how the organization will avoid errors and prepare for success, and connect your CDI prevention efforts with other safety initiatives and organizational performance.
 - For more information on how to develop a business case review the STRIVE Module BC101 and BC102.
- Share monthly data and high-level progress updates with leadership. Important data to share include:
 - Number of patients with hospital-associated CDI
 - Compliance with process measures, such as hand hygiene, environmental cleaning, stool testing, etc.
 -

B. Ways for Leaders to Show Support

- Share information about the CDI prevention initiative in leadership and staff meetings and during staff encounters. Consider including initiative updates and successes in hospital-wide newsletters, patient and family information, and online communications. Make sure to emphasize that CDI prevention efforts reflects the hospital's mission and values.
- Attend and listen to report-outs on CDI prevention efforts. This will help to boost the improvement team's sense of purpose.
- Include staff engagement in infection prevention initiatives in hospital employee credentialing requirements.
- Encourage supervisors to provide support and backing when the improvement team encounters roadblocks.

Tools, Resources and Further Reading

- STRIVE Content:
 - [Uber-Adaptive Strategies for Infection Prevention](#) (UA101, UA102, UA103, UA104)
 - [Building a Business Case for Infection Prevention](#) (BC101, BC102, BC103)
- Tools for an Infection Prevention Business Case
 - Murphy D, Whiting J, Hollenbeak CS. Dispelling the myths: the true cost of healthcare-associated infections. Washington, DC: Association for Professionals in Infection Control and Epidemiology (APIC). 2007. Available at <http://www.spyderstyle.com/media/pdf/white-papers/The%20True%20Costs%20of%20Healthcare%20Associated%20Infections.pdf>
 - Kerkering TM. Building a Business Case for Infection Prevention. Society of Hospital Medicine. Available at <https://www.hospitalmedicine.org/CMDownload.aspx?ContentKey=95f19518-799c-4e62-ae27-07aa87b6f53e&ContentItemKey=765daf1b-7065-4b48-8e5c-7168331bfc4f>
- Lipp MJ, Nero DC, Callahan MA. Impact of Hospital-Acquired Clostridium difficile. *J Gastroenterol Hepatol*. 2012; 27(11): 1733-7.
- Kotter J. Leading change: why transformation efforts fail. *Harv Bus Rev*. 1995; 59-67.
- 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.
- Scott RD. The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention. Centers for Disease Control and Prevention. March 2009.