

Project Title: Advancing Safety Culture by Enhancing Provider Engagement and Accountability for Infection Prevention Processes

Name and Institution: Becky Smith, MD; Duke University Hospital, Durham, NC

Mentors: Lisa Pickett, MD; Jon Bae, MD

Collaborators: Ibukun Kalu, MD; Jessica Seidelman, MD, MPH; Melissa Campbell, MD; Erin Gettler, MD

Background:

Reducing patient harm related to healthcare-associated infections (HAI) is a critical priority for healthcare organizations. Historically, infection prevention activities and quality improvement initiatives have largely fallen on nurses. However, multiple aspects of infection prevention rely on providers' adherence to best practices. Engaging providers can facilitate a better understanding of their significant role and responsibility in performing key aspects of prevention processes. Additionally, providers serve as role models, often setting examples for other healthcare personnel. As better provider engagement promotes interdisciplinary teamwork, secondary benefits such as reduced team burnout, improved overall improvement culture may result.

Purpose: To advance safety culture by enhancing provider engagement and accountability for infection prevention processes, promote interdisciplinary teamwork, and improve patient safety through HAI reduction.

Approach: Kotter's method and a values-based leadership philosophy were used to develop a framework for change management. A3 thinking and the Deming Cycle were selected as established approaches for problem solving and process improvement within our quality structure.

Outcomes:

- Interviewed the following key stakeholders to ensure alignment: 1) Organizational leaders including CMO, CNO, COO, CQO, and Chancellor; 2) Hospital epidemiology and infection prevention team; 3) Quality team representatives; 4) Unit triad leaders (medical directors, nurse managers, and administrators) from two ICUs with track records of successful and sustained HAI reductions.
- Requested an inventory of quality committee meetings to identify existing opportunities for bidirectional information sharing.
- Leveraged the ongoing integration process between our physician private practice and health system as an opportunity to redefine medical director contracts, providing clear language on accountability for key quality metrics including HAI.
- Developed a sub structure within our hospital epidemiologist team to facilitate partnerships between our hospital epidemiologist team and unit medical directors.
- Initiated targeted improvement efforts on units with current opportunities for HAI reduction and existing high levels of medical director-hospital epidemiologist engagement and to demonstrate proof-of concept.
- Developed and disseminated a Knowledge, Attitudes, & Perception (KAP) survey tool to service line and unit medical directors in preparation for individual meetings.
- Developed standardized medical director meeting content/approach with our hospital epidemiology team to guide our meeting agenda: 1) Review survey results; 2) Share unit-specific targets and outcomes data; 3) Assess needs, readiness, and capability for targeted improvement efforts; 4) Establish cadence for future meetings.
- Outlined medium- and long-term project plans and timeline.

Discussion: Managing culture change is a complex process that requires a solid foundation from which shared accountability and collaboration can grow. Investing the time to develop a clear framework for change cycles and build foundational relationships will pay dividends in future success.

Conclusion: Promoting provider engagement and shared accountability for infection prevention processes can lead to better improvement culture and sustainable reductions in HAI.