



Question 9: Is senior leadership supportive of CLABSI prevention activities?

You indicated that you do not have the support of senior leadership for your CLABSI prevention activities. Preventing CLABSI is no easy task and often requires additional material, support and staff to enable change. These types of initiatives are costly and often require the approval of managerial staff in departments such as medical executive leadership, purchasing and accounts. A key element that led to the success of the Michigan Keystone study was requiring senior leadership presence during CLABSI meetings so that data and action items could be reviewed and discussed with the multidisciplinary team. These meetings thus serve to ensure buy-in from those that may not have clinical roles, but make decisions regarding supplies and purchases. Given the many competing priorities of hospitals, having the support of leadership is key to making lasting progress with your CLABSI prevention initiative. Having a member of the hospital executive leadership team oversee the initiative also lets the hospital staff know the importance of the initiative.

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>
- Kotter J. Leading change: why transformation efforts fail. *Harv Bus Rev.* 1995; 59-67.
- 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(26):2725-32.

- 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.